



Essex County Council

People and Families Policy and Scrutiny Committee

10:30	Thursday, 23 July 2020	Online Meeting
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The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

For information about the meeting please ask for:

Graham Hughes, Senior Democratic Services Officer

Telephone: 033301 34574

Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

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The agenda is also available on the Essex County Council website, www.essex.gov.uk. From the Home Page, click on 'Running the council', then on 'How decisions are made', then 'council meetings calendar'. Finally, select the relevant committee from the calendar of meetings.

Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

		Pages
**	Private Pre-Meeting for PAF Members Only Please note that Members are requested to join via Zoom at 9.30am for a pre-meeting.	
1	Membership, Apologies, Substitutions and Declarations of Interest	5 - 5
2	Minutes PAF 18 June 2020 To approve as a correct record the minutes of the meeting held on 18 June 2020.	6 - 10

- 3 Questions from the Public**
A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. If you would like to ask a question at the meeting, please email democratic.services@essex.gov.uk before 12 Noon the day before (Wednesday 22 July).
- 4 SEND - Joint Care Quality Commission and OFSTED Inspection** **11 - 55**
- 5 Essex County Council SEND Structure Update** **56 - 67**
- 6 Work Programme** **68 - 71**
- 7 Date of Next Meeting**
To note that the next meeting is scheduled for Thursday 10 September 2020, which may be a private committee session, public meeting, briefing, site visit etc. - to be confirmed nearer the time.
- 8 Urgent Business**
To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

9

Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Agenda item 1

Committee: People and Families Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership

(Quorum: 4)

Councillor J Chandler	Chairman
Councillor J Baker	Vice-Chairman
Councillor J Deakin	
Councillor B Egan	Vice-Chairman
Councillor M Durham	
Councillor C Guglielmi	
Councillor M Hardware	
Councillor J Lumley	
Councillor P May	
Councillor R Pratt	
Councillor P Reid	
Councillor C Souter	
Councillor M Steptoe	
Councillor L Wagland	

Non-elected Members

Richard Carson
Lee Cromwell
Marian Uzzell

New nominations for the co-opted education representatives will be sought over the next few weeks.

Minutes of the virtual meeting of the People and Families Policy and Scrutiny Committee, held at 10.30am by video conference on Thursday, 18 June 2020

Present:

County Councillors:

J Chandler (Chairman)

J Baker (Vice Chairman)

J Deakin

M Durham

B Egan

C Guglielmi

J Lumley

P May

R Pratt

P Reid

C Souter

M Steptoe

L Wagland

Joanna Boaler, Head of Democratic Services and Graham Hughes, Senior Democratic Services Officer, were also present throughout.

1 Membership, Apologies, Substitutions and Declarations of Interest

The report on updated Membership, Apologies, Substitutions and Declarations was received and noted. Apologies for absence had been received from Councillor Hardware.

No declarations of interest were made.

2. Minutes

The draft minutes of the meeting held on 14 May 2020 were approved as a true record and signed by the Chairman.

3. Questions from the public

There were no questions from the public.

4. Respite care - update

The Committee considered report PAF/11/20 comprising an update on respite care in Essex.

The following joined the meeting to introduce the item:

County Councillor Louise McKinlay, Cabinet Member – Children and Families;

Russell Breyer, Director Local Delivery (Children and Families);

Clare Burrell, Head of Strategic Commissioning and Policy.

During the introduction the following was highlighted:

- (i) Many families had ‘bunkered down’ during the lockdown but a significant issue now was how long that was sustainable;
- (ii) Additional resources had been targeted at particular families during the lock-down when it had been deemed necessary;
- (iii) The continuing impacts of the pandemic on vulnerable families would be unpredictable. Multi-agency future planning would be crucial as the lockdown was eased;
- (iv) There was an intention to continue to maximise flexibility in delivering the services, particularly around the introduction and administration of Direct Payments, where it would be beneficial to service users to do so;
- (v) The need to communicate effectively about all the additional and related services and training that was available. The Essex Welfare Service was an important care navigator;
- (vi) There was a cohort of families who needed a lower level of support and who would ordinarily be relying on various clubs and activities, for example, which were not now being held due to the pandemic. These families still needed some level of support to avoid accelerating into needing higher levels of support;

Thereafter the following was acknowledged, considered and/or noted during subsequent discussion with members:

- (vii) The Cabinet Member felt that communication with families had improved with positive feedback received on the workshop held earlier in the year. The next round of workshops with families were planned for July;
- (viii) The Managers at Lavender and Maples were now at the core of decision-making which had helped to better inform the assessment process;
- (ix) Ensuring the wellbeing of shielded children and families was complex and challenging. Additional support had been put in place across different agencies to try and help families;

- (x) Providers had responded quickly to the lock-down moving services on-line where possible. However, this could not completely replace the benefits of face-to-face contact;
- (xi) The positives that could be drawn from the lockdown was that the service had seen good work by families themselves in digging deeper and improving their own resilience. Families had also benefitted from signposting to other services and increased awareness of other support available.
- (xii) The Cabinet Member confirmed that ongoing work which had been looking at support for JAMs (those Just About Managing) would now need to also encompass and respond to the challenges exacerbated by the pandemic (parents and carers balancing home schooling, parenting, and own work commitments);
- (xiii) There were educational needs and social care needs that do not fit within the family. Different types of advocacy were on offer to help with that depending on the client group and individual needs. It was hoped that some of the thousands of EWS volunteers would be encouraged to train-up as advocates.

Conclusion:

The following actions were agreed:

- (i) A further update on the ongoing review of the service and future support would be presented to the Committee in approximately six months;
- (ii) Further information on advocacy services would be circulated to Committee members.

The witnesses were thanked for their attendance by the Chairman and then left the meeting.

The meeting adjourned at 11.38am and reconvened at 11.46am

6. Deprivation of Liberty Safeguards

The Committee considered report PAF/12/2020 which had been requested by the Chairman in response to an Audit, Governance and Standards Committee recommendation.

The following joined the meeting to introduce the item and respond to questions:

County Councillor John Spence, Cabinet Member – Adult Social Care and Health

Nick Presmeg, Executive Director Adult Social Care.

Fiona Davis, Director, Safeguarding and Quality Assurance.

Giles Goodeve, Service Manager, Children and Families

During the introduction the following was highlighted:

- (i) The deprivation of liberty safeguards legislation had been put in place to put a framework around limitations in place in residential care settings. The legislation had created a significant workload including triaging, identifying urgent authorisations and administering a formal assessment and appeals process. Local authorities had been struggling to catch up with a backlog of assessments.
- (ii) There was a practical challenge in helping people who may have fading cognitive ability to fully understand the assessment process.
- (iii) The service continued to observe current government guidelines in conducting assessments (legal responsibilities had remained unchanged during the lockdown period). However, the lock-down had put pressure on assessors to try and maintain some momentum through holding virtual assessments if possible. This would need to be balanced with the needs and concerns of care homes and ensuring that a robust assessment process was still undertaken if it was done virtually.
- (iv) It was stressed that the legislation had been intended to prevent the unreasonable restraining of personal liberty. Those people who were waiting longer for a formal assessment had been triaged and their risk assessed as manageable (for example, a deprivation of liberty assessment was less time critical when the person was already bed bound in a care home). There was a higher risk when someone was trying to leave the building and these would be prioritised. Anyone who had been waiting more than eighteen months for an assessment also would be re-prioritised.
- (v) There was no geographical concentration of the backlog of assessments. The majority of outstanding assessments were for people in care homes. The County Council currently were also responsible for assessments in hospital settings (this responsibility would switch to the NHS when Liberty Protection Safeguards were implemented although statutory guidance on this was still awaited) and the numbers in this cohort waiting assessment had seen no noticeable increase during the lockdown.

- (vi) Some members challenged whether there was a policy in place to deal with the backlog effectively. The Cabinet Member acknowledged that the Committee seeking confirmation as to whether there was sufficient capacity and working practices in place was a valid challenge. The Cabinet Member acknowledged that there needed to be further thought given to ensuring the transparency of the plan to reduce the backlog, the ongoing safety of the process and mitigation of risk. The Cabinet Member was confident that the County Council had the resource and funding in place to address the backlog once lockdown restrictions were sufficiently eased.
- (vii) The backlog of assessments had reduced over time and the County Council had been working with an external provider to carry out an increased number of assessments (up to 1000 per month) to further reduce the backlog but this had been on hold due to the pandemic. Discussions had restarted with the provider as to when it would be reasonably practical to step-up the number of assessments again.

Conclusion:

It was agreed that a further update would be given to the Committee in approximately six months.

The witnesses were thanked for their attendance by the Chairman and then left the meeting.

7. Work Programme

The Committee considered and noted report PAF/10/20 comprising the current work programme for the Committee. Some changes would be made to the scheduled timing for items in September and October.

8. Date of Next Meeting

The next meeting would be on Thursday 23 July 2020.

There being no further business the meeting closed at 12.30pm.

Chairman

SEND services – OFSTED Inspection

Reference Number: PAF/14/20

Report title: Special Educational Needs and/or Disabilities – Joint Care Quality Commission and OFSTED Inspection	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 23 July 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The February meeting of the Committee discussed actions being taken to address concerns raised in a joint Care Quality Commission (CQC) and OFSTED Inspection Report on SEND services in Essex (“the Inspection Report”) and asked for a further update which is attached.

2. Action required

- 2.1 The Committee is asked to consider:
- (i) the attached joint update prepared by Essex County Council and the NHS (Appendices 3-5) updating on the current status on actions identified in the Written Statement of Action submitted to the CQC and OFSTED;
 - (ii) the appropriate future role for the Committee on this issue;
 - (iii) identifying how the Committee may be of assistance to agencies in the ongoing implementation of identified actions and addressing issues raised;
 - (iv) identifying an appropriate level of future oversight and challenge; and
 - (v) identifying any further appropriate process for seeking reassurance about actions being taken.

3. Background

- 3.1 Between 30 September 2019 and 4 October 2019, the CQC and OFSTED conducted a joint inspection to judge the effectiveness of the Essex area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

SEND services – OFSTED Inspection

- 3.2 OFSTED and the CQC issued their Inspection Report on 17 November 2019 (attached as **Appendix A**). Representatives from both Essex County Council and the CCGs attended the Committee in February this year to discuss the issues identified and provide their broader context and an extract copy of the minutes recording that discussion are attached as **Appendix B**.
- 3.3 A further update from Essex County Council and the Clinical Commissioning Groups (CCGs) is attached (**Appendix 3**) together with a copy of the submitted Written Statement of Action to the CQC/OFSTED (**Appendix 4**) and the CQC/OFSTED Response to the Written Statement of Action (**Appendix 5**).

4. Update and Next Steps

See Appendices 3-5 for the update.

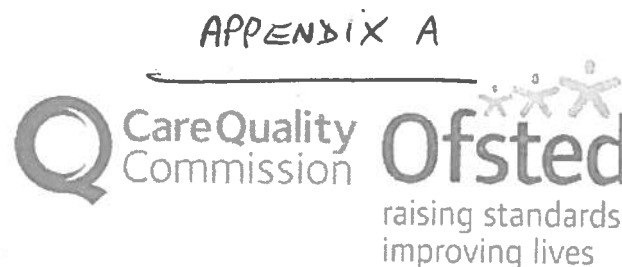
See Action Required above for possible Next Steps.

5. List of Appendices –

1. Care Quality Commission and OFSTED report – Joint local area SEND inspection in Essex dated 17 November 2019.
2. Extract Committee minute from the meeting held on 13 February 2020.
3. Further update to the Committee from Essex County Council and the Essex Clinical Commissioning Groups.
4. Essex Local Written Statement of Action to the CQC/OFSTED.
5. CQC/OFSTED Response to the Essex Local Written Statement of Action dated 6 April 2020.

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk



17 November 2019

Ms Helen Lincoln
Director of Children's Services, Essex

Ms Lisa Allen
Clinical Accountable Officer, Basildon and Brentwood Clinical Commissioning Group

Dr Ed Garrett
Accountable Officer, North East Essex Clinical Commissioning Group

Mr Andrew Geldard
Chief Officer, West Essex Clinical Commissioning Group

Mr Terry Huff
Accountable Officer, Castle Point and Rochford Clinical Commissioning Group

Ms Caroline Russell
Accountable Officer, Mid-Essex Clinical Commissioning Group

County Hall
Market Road
Chelmsford
CM1 1QH

Copied to: Clare Kershaw, Local Area Nominated Officer

Dear Ms Lincoln, Ms Allen, Dr Garrett, Mr Geldard, Mr Huff and Ms Russell

Joint local area SEND inspection in Essex

Between 30 September 2019 and 4 October 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Essex to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was jointly led by one of Her Majesty's Inspectors (HMI) from Ofsted and a CQC inspector. Team inspectors were two HMIs, an Ofsted Inspector and two children's services inspectors from the CQC.

Inspectors spoke with children and young people with special educational needs

and/or disabilities (SEND), parents and carers, local authority officers and National Health Service (NHS) officers. Inspectors visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning. Inspectors considered the views and comments from parents and carers from the open meetings, the webinar, emails and letters.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning groups are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

Main Findings

- The pace of change across education, health and care services has not been quick enough to implement the disability and special educational needs reforms since 2014.
- Since 2017, partners in education, health and care have worked more closely to improve services. Senior leaders now have a shared commitment to learn from one another, make use of what they know, and make sustainable change. Their work has not yet made the required difference to parents, carers and their children.
- There are significant areas of weakness in the local area's practice in identifying the needs of children and young people, in the way that partners work together to plan services, and in the quality of education, health and care (EHC) plans.
- The reasons why so many children are identified with moderate learning difficulties have not been investigated sufficiently to make sure that the identification is accurate. Not only does this mean that the children and young people may not be getting their needs met appropriately, but also that commissioners do not have the information they need to jointly commission the services needed.
- Insufficient progress has been made to improve the way that local partners work together to provide services for children and young people aged 0–25

with SEND. Senior leaders across education, health and care are still gathering information about gaps in provision and what is working well. They have been too slow to agree the outcomes that will be measured, how to measure and evaluate the effectiveness of their actions, and to use the information to jointly commission services.

- Too many EHC plans are of poor quality and are not as useful as they should be in helping professionals to work together to improve outcomes. Too often, the information within the plans does not give a complete picture of children's and young people's needs, particularly about health and social care.
- Parental satisfaction is mixed across the local area, often linked to two particular things: first, there is too much variability in the quality and availability of services between the four areas within Essex (known as quadrants) and the CCGs; second, the experiences of children and young people are often dependent on individual professionals rather than on consistently high-quality services and robust systems for sharing information.
- Appeals to tribunal are high and increasing. More decisions are made in favour of parents and carers than for the local authority. Most appeals relate either to parents and carers not getting a special school place for their children, or not getting the specialist provision that is identified in EHC plans, such as therapy. In some cases, appeals relate to EHC plans not including all of the specialist provision required to meet the needs of the children and young people.
- Many parents do not know about the local offer website and/or the activities available for their children, and find it difficult to find their way around the website.
- The Essex Family Forum (the parent carer forum) was relaunched in February 2018 and now communicates with a far greater number of parents and carers than before. The forum has recently established family champions, whose role is to gather the views of those groups of parents and carers who are not part of the forum.
- School leaders understand the need to change the way that local authority leaders and schools work together to improve the outcomes for children and young people with SEND. Headteachers have worked collaboratively with the local authority on the new inclusion values statement for schools. Not all school leaders have signed up to the values statement.
- In some aspects of their work, senior leaders have in place the foundations for improvement, including an ambitious programme for additional specialist educational provision. Leaders have an honest and broadly accurate picture of the current strengths, weaknesses and complexities of the practice across the quadrants and the five CCGs and the three sustainability and transformation partnerships.

- The Emotional Well-being and Mental Health Service (EWMHS) and the Essex Child and Family Well-being Service were co-produced with parents and carers. The services are starting to make a difference to the support available to parents and carers and their children.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Typically, parents and carers are positive about the accurate, early identification of young children's needs, particularly for children under five years old.
- Educational psychologists in mid- and north-east Essex successfully identify the needs of some children and young people at risk of exclusion from school. The success of this work is attributed to recognising children and young people who may be affected by traumatic stress. The collective work of the educational psychologists and school staff is leading to improved attendance, avoiding the use of exclusions, and increased levels of parental satisfaction.
- The use of 'flags' and 'alerts' in health records successfully identifies the children and young people with an EHC plan who are known to different services. When used well, this helps professionals to consider how their work links with the work of other professionals. This ensures that parents and carers do not have to explain their children's circumstances more than once to different professionals.

Areas for development

- During the antenatal period and in the early years, the identification of children's needs is sometimes limited. Notifications of pregnancies, where appropriate, are not universally shared between the hospital trusts and the Essex Child and Family Well-being Service.
- The provision of universal antenatal and integrated two-and-a-half-year checks varies too much across the local area. There has been a drop in the number of checks made, which limits the opportunities to identify children's needs at the earliest point and to check on children's readiness for school.
- Arrangements within health services to notify the local authority of children under five with SEND are not thoroughly embedded. Procedures vary across the local area, which delays the identification of children's needs. Leaders are working to standardise approaches, but this has not yet been achieved.
- The Essex Child and Family Well-being Service does not proactively check for

health needs in school-aged children through their school years. This reduces the opportunity to identify children's needs or review children's changing health needs after the age of five. As a result, the service is reactive and, too often, does not provide what is needed to children in a timely and well-considered way.

- Children and young people entering social care services for the first time do not get good access to statutory assessments of their health needs. The timeliness of initial health assessments is poor. Although improved from last year, the current rate remains very low, at 17%. This deficit is yet to be fully understood and tackled by leaders to ensure vulnerable children and young people have their health needs effectively assessed and identified.
- The completion of annual health checks for those children and young people over 14 years of age with a learning disability varies too much. While there was a good uptake at some GP practices, other GP practices have not completed any checks on those children and young people known to them. When completed, the outcomes of the checks were not often shared with the special school nurse services. This lack of joint working limits the opportunities to meet children and young people's health needs.
- The number of children and young people identified with moderate learning difficulties is high. Local authority leaders have suspected for some time that the over-identification may be linked to weak teaching or to under-identification of speech, language and communication needs, and social, emotional and mental health needs.

The effectiveness of the local area in assessing and meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- The Multi-school Council is well established and growing in size and influence. The council meets termly and involves 138 schools. The council is a group of children and young people with SEND from across the local area. They provide opportunities to raise awareness within schools and with leaders about the needs and views of children and young people with SEND, particularly those with social, emotional and mental health needs. Local area leaders are keen to listen to what this group of children and young people have to say about what is important to them.
- For children in early years, professionals from education and health often work well together to meet children's needs. The collaboration leads to well-planned and smooth transition into early years settings, particularly for

children with the most complex needs.

- The EWMHS has increased its provision of services for children and young people looked after and for those with a learning disability. The provision was for those up to the age of 12 years and is now for those up to the age of 18 years. The extension of the provision and the strong joint approach are improving the identification and prioritisation of children's and young people's mental health needs.
- School nurses often provide children and families with good support. School nurses support those children who have already had their needs identified through home visiting, liaison and planning to help with transition to school.
- Specialist teachers give good support to school staff in assessing and meeting the ongoing needs of children and young people with visual impairment, hearing impairment, and profound and multiple learning difficulties. The collaboration between professionals ensures that there is effective planning for children and young people's needs, including planning for children and young people as they get older, or as their needs change. This joined-up approach also helps professionals to respond quickly when the unexpected happens and children and young people are in urgent need of support.
- Monthly meetings between local authority officers, health professionals and school special educational needs coordinators provide opportunities to share good practice for meeting children's and young people's needs.
- Current work to improve young people preparing for adulthood focuses well on a wide range of post-16 provision and on making plans in good time to explore options and concerns with parents and their children.

Areas for development

- Strategic, needs-led joint commissioning is not sufficiently developed for children and young people up to the age of 25. As a consequence, the children and young people have not benefited from equitable access to services to meet their needs. The quality of, and access to, educational support and health services varies too much depending on where families live and the schools their children attend.
- The lack of shared learning expectations and outcomes across the CCGs has affected children and young people with SEND aged 0–25 in accessing the services they need to meet their needs. Weaknesses in commissioning and strategic oversight have resulted in unwarranted variation, gaps in provision and unacceptable waiting times before needs are assessed and addressed.
 - In some areas, the waiting time for autism spectrum disorder assessments can be as long as 18 to 24 months and post-diagnosis support is not effective, which is not compliant with National Institute for

Clinical Excellence (NICE) guidelines. An autism assessment has been developed in one CCG, with positive outcomes for families and their children, but the findings are not being used to develop practice in other CCGs at the required pace.

- The gaps in the commissioning of services for speech and language therapy (SALT), physiotherapy, occupational therapy and attention deficit hyperactivity disorder services between CCGs mean that some children and young people get access to assessments and support and others do not.
 - Some specialist nurses actively work with local schools to improve awareness of specific health needs and the impact on capacity to learn and behave well, but this is not a shared approach across the local area.
 - The specialist healthcare training service is not utilised across the local area because some children's community nurses are unaware of the service.
- Significant weaknesses in the local area's approach to joint commissioning have not ensured that processes for planning and implementing EHC plans is effective for children and young people aged 0–25 years with SEND. The weaknesses result in insufficient advice from the right professionals in health and social care services, which weakens the effectiveness of plans to meet children's and young people's needs.
- Some plans are not specific enough about what must be provided and do not always fully consider social care and health needs, such as tracheostomy care.
 - Information and plans linked to combinations of education, health and care needs are not sufficiently joined up to identify how support will be coordinated.
 - EHC plans are not shared effectively with health practitioners even when they had provided advice. Staff are unaware whether their advice is used accurately to specify the needs, provision and outcomes.
 - Ongoing provision in EHC plans is not always clear enough to make sure that young people moving from paediatric to adult services get continued support from like-for-like services, such as therapy services.
- 'One planning', which underpins assessment and support for children and young people identified for SEN support or with an EHC plan, is seen by many parents and carers as unhelpful in meeting their children's needs.
- Annual reviews of EHC plans, including those for children and young people placed in independent schools outside the local area, are not consistently completed within the required timescales.
- The CCGs do not have robust oversight of the provision specified in EHC

plans, which limits assurance that needs will be met. This is exemplified by weaknesses in health provision at a special school that was not fully meeting children's and young people's needs.

- In some cases, parents and carers were not informed in a timely or compliant way that their children's EHC plans would cease.
- Children, young people and their families do not experience a 'tell it once approach'. They often have to explain their concerns and circumstances over and over again.
- Joint working between some paediatricians and settings is limited at times because information is not shared effectively and in a timely manner. Delays in typing some clinic letters and the quality of the information shared limit planning to better meet children's and young people's needs. Furthermore, too great a reliance was placed on parents and carers to share this information with settings.
- The demand for the Special Educational Needs Information, Advice and Support Services (SENDIAS) has increased to a point that the service is overwhelmed. Minimum standards for the service are not met. Increased demand is linked to the rise in appeals to tribunals.
- In schools, for some children and young people, reasonable adjustments are not made to help them to attend each day and to do well. A lack of basic attention to educational, emotional and behavioural needs leads to anxiety and not getting the learning that they are entitled to.
- Many parents and carers are not confident that their children's speech and language needs are met. The SALT services often give school staff relevant advice, training and programmes. However, this guidance is not always followed through in school. This has created much dissatisfaction among parents and carers.
- Children and young people do not always get the specialist equipment they need in schools in a timely way. In some instances, education and health services act quickly to adapt premises and provide sufficient funds and equipment. However, other children and young people experience lengthy delays in getting necessary resources. Where this occurs, schools and families often are forced to step in to provide whatever they can to support the child or young person in their care.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- The gap between the achievement of primary-aged children with SEND and

those with no SEND nationally is reducing, slowly but surely.

- The number of young people with SEND who are not in education, employment or training has reduced. Additional support is provided. For example, the young people now have pathways that are more specific to their needs.
- The local authority is committed to supported internships, with the ambition that the young people will secure paid employment within the local area. Now in its second year, the programme is successfully helping a small but growing group of young people to gain meaningful and useful skills for employment. Good practical support is provided to develop skills for independent living. The young people support one another and those in their second year are good role models for the new intake.
- Although at an early stage, some services, such as the educational psychology service and the Essex Child and Family Well-being Service, are starting to measure the meaningful outcomes of children and young people.

Areas for development

- Weak use of measurable and clearly understood outcomes hampers the development of services, including joint commissioning for equality of provision across the local area.
- Strategic leaders across education, health and social care are still working on creating a shared agreement about the outcomes that they want for children and young people with SEND in Essex. Leaders are not reviewing the wealth of information that they have available to them well enough. They do not yet use this information to measure the impact of the work that they have already undertaken or to evaluate whether enough improvement is being made.
- Strategic leaders are sensibly looking for good practice across the services for education, health and social care. The ambition to systematically promote good practice is high, but at an early stage across most services.

The inspection raises significant concerns about the effectiveness of the local area.

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- The joint commissioning arrangements between the local authority and the CCGs do not work well enough to provide children and young people with the services that they need.
 - Too much variation between the CCGs leads to inequality, inconsistency and unacceptably long waiting times for services.
 - Joint commissioning is not sufficiently informed by what is already known about the gaps in services for health and education across the 0–25 age range, across the whole local area.
- The reasons for, and accuracy of, the high proportions of children and young people identified with moderate learning difficulties are yet to be resolved. Potential over-identification could mask underlying difficulties in communication and language, and social, emotional and mental health development.
- Too many EHC plans do not include the information needed to secure high-quality outcomes for children and young people.
 - The EHC plans do not consistently secure the right professional advice to meet children's and young people's needs, and do not have specific details of the provision that will be put in place.
 - Strategic oversight is not effective in making sure that EHC plans are fit for purpose.

Yours sincerely

Ofsted	Care Quality Commission
Paul Brooker Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Heather Yaxley HMI Lead Inspector	Elaine Croll CQC Lead Inspector
Stefanie Lipinski-Barltrop HMI	Sue Talbot CQC Inspector
Elizabeth Flaherty Ofsted Inspector	Tessa Valpy CQC Inspector
Paul Wilson HMI	

Cc:

Department for Education

Basildon and Brentwood Clinical Commissioning Group

Castle Point and Rochford Clinical Commissioning Group

Mid-Essex Clinical Commissioning Group

North East Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group

Director Public Health for Essex local area

Department of Health

The National Health Service England

Extract Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 11am in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 13 February 2020

4. SEND Services – Care Quality Commission/Ofsted Inspection

The Committee considered report PAF/04/20 comprising (i) a joint Inspection Report dated 17 November 2019 from the Care Quality Commission and OFSTED on SEND services in Essex, (ii) a joint briefing paper from North East Essex Clinical Commissioning Group (as lead for the five Essex CCGs) giving context to the inspection conclusions and initial reaction and (iii) anecdotal case studies of lived experience in relation to SEND services from Healthwatch Essex.

The following joined the meeting to introduce the item:

County Councillor Ray Gooding, Cabinet Member – Education (from 11.20am);
Clare Kershaw, Director – Education, Essex County Council (ECC);
Adrian Coggins, Head of Wellbeing and Public Health ECC;
Ed Garrett, Chief Executive, North East Essex Clinical Commissioning Group (NEECCG);
Ralph Holloway, Head of SEND Strategy and Innovation, ECC;
Lianne Nunn, Associate Director of Nursing, NEE CCG;

During discussion the following was highlighted and/or noted:

- (i) Reforms under the Childrens and Families Act 2014 placed a statutory duty on Education, Health and local authority to work together to deliver the requirements of the legislation;
- (ii) Government had recognised the extra financial cost to deliver the reforms and some further short-term funding had been provided;
- (iii) OFSTED had deemed that the Essex self-evaluation undertaken before the inspection was accurate and officers felt that no 'surprises' had come out from the inspection;
- (iv) The CQC/OFSTED had judged the pace of change and reform to local services had been too slow although acknowledging that it had accelerated since 2017. The acceleration did align with the timing of a leadership restructure at ECC;
- (v) Agencies were required to respond to the inspection through the submission of a written statement of action to the CQC/Ofsted by the end of March 2020. Essex Family Forum would be contributing to the submission;
- (vi) Agencies would increase prioritisation of the issues raised in the inspection report;
- (vii) The inspection had re-confirmed that there was inconsistency of services across Essex and that development of a joint commissioning framework would ensure a 'common offer';

SEND services – OFSTED Inspection

- (viii) Partnership working could be difficult when partners may have different priorities. There had been challenges in co-ordinating work across five CCG areas and the nomination of North East CCG now as lead for the five of them was seen as a positive development and welcomed by ECC;
- (ix) There was significant over-identification of moderate Learning difficulties – this was at a level considerably higher than any other local authority area. ECC had already recognised this prior to the inspection but had not addressed the issue;
- (x) The process for obtaining Educational Care Health Plans (ECHP) process was not working properly for everyone. However, it was important to recognise that families should still be able to receive support whilst awaiting formal assessment;
- (xi) There was no consistent or single approach to speech and language therapies. ECC had jointly commissioned children's services in West Essex with West Essex CCG, which included additional speech and therapy services, and they were keen to support other CCGs in sharing that learning and benefits of that commissioning structure;
- (xii) It had been recognised during the inspection that not all schools had signed the Inclusion Statement and that this process needed to be re-energised;
- (xiii) The number of Tribunal appeals were high. Partners were looking to establish a better system that can resolve concerns before they need to get to a tribunal. There was ongoing work with advocacy groups to agree a new protocol to enable more discussion rather than families going straight to tribunal;
- (xiv) A concept of a SEN navigator had been agreed and there was ongoing work to ascertain if this should be an actual person or digital platform (or both) so as to assist families better understanding the system and processes;
- (xv) Links with Healthwatch Essex needed to be further strengthened so as to link it in more with relevant strategic governance groups;
- (xvi) ECC were talking to stakeholders to clarify the complementary role school nurses should play in contributing to and promoting public health.

Conclusion:

The Chairman thanked the Cabinet Member and officers for their attendance. The following actions were **agreed**:

- (i) A draft of the local statement of action would be shared with Councillor Baker, as the Committee's lead member on this issue, ahead of submission to the CQC/Ofsted;
- (ii) The committee to consider seeking feedback from families, possibly through visiting the Essex Family Forum;

SEND services – OFSTED Inspection

- (iii) A further update on the responses and actions being taken would be scheduled for July 2020 to align with the already planned update item on the SEN service restructure to be given by Mr Holloway. The timing of further updates beyond that may align with the submission of progress reports to regulators and the DfE;
- (iv) That officers be requested to investigate formalising the requirement to enter into the Inclusion Statement as a pre-condition of appointing Head Teachers for new schools.

SEND Ofsted Inspection Update

Purpose

- To share with the People and Families Scrutiny Committee the written statement of action in response to the Ofsted/CQC local area SEND inspection;
- To inform the Committee on the Ofsted/CQC response to the WSOA and areas for further development;
- To inform the Committee of progress made against the three areas of significant weakness.

Background

The SEND Local Area Review Inspection Framework is a joint inspection conducted by Ofsted and the Care Quality Commission (CQC) and it covers three questions:

- How effective is the local area in identifying children and young people with SEND;
- How effective is the local area in meeting the needs of children and young people with SEND;
- How effective is the local area in improving the outcomes of children and young people with SEND;

Ofsted and the Care Quality Commission (CQC) visited Essex from 30 September to 4 October 2019. Ofsted and the CQC determined there were three areas of significant weakness:

1) Joint Commissioning:

- The joint commissioning arrangements between the local authority and the CCGs do not work well enough to provide children and young people with the services that they need:
 - Too much variation between the CCGs leads to inequality, inconsistency and unacceptably long waiting times for services.
 - Joint commissioning is not sufficiently informed by what is already known about the gaps in services for health and education across the 0-25 age range, across the whole local area.

2) Pupils with moderate learning difficulties:

- The reasons for, and accuracy of, the high proportions of children and young people identified with moderate learning difficulties are yet to be resolved. Potential over-identification could mask underlying difficulties in communication and language, and social, emotional and mental health development.

3) Education, Health and Care Plans:

- Too many EHC plans do not include the information needed to secure high-quality outcomes for children and young people.

- The EHC plans do not consistently secure the right professional advice to meet children's and young people's needs, and do not have specific details of the provision that will be put in place.
- Strategic oversight is not effective in making sure that EHC plans are fit for purpose.

ECC and the five clinical commissioning groups were required to submit a joint written statement of action (WSOA) within 70 days of the publication of the report.

Actions taken since the inspection.

The Written Statement of Action (attached as a background paper) was submitted to Ofsted on the 27th March 2020. Ofsted wrote to the local area on the 6th April (attached as a background paper) confirming that the WSOA is deemed to be fit for purpose in setting out how the area will tackle the significant areas of weakness identified in the published report letter. Ofsted and the CQC recognised that during the current uncertainties coming out of the COVID-19 pandemic, progress through the plan may not be as at first intended. The timeframe for reinspection following submission of a written statement of action is 18 months but there have been strong indications that this is likely to be delayed. However, all parties to the written statement of action have committed to the original timeframe as far as is possible.

The letter from Ofsted/CQC requested some further detail to make clear how the local area intended to carry out the activities and how we will evaluate the impact. The written statement of action has subsequently been strengthened to address these points which are summarised below.

- It is not clear where area leaders and professionals for care will contribute to the delivery and evaluation of the activities.
 - Education, Health and Social Care leaders will have an equal role in the leadership and evaluation of the SEND improvements identified throughout the programme.
 - The roles of all sectors will be represented in the review of governance: The Children and Young People's Partnership Board is a joint health, care and education board. The SEND Improvement board will report into this. There are quadrant level meetings, which the operational activities are shaped by and progress shared with.
 - All parties are represented on all workstreams, at an appropriate level.
- The plan states that 'The role of education settings will be crucial to our success.' The specific roles and accountabilities of leaders in schools and other educational settings are not clear in the activities and success measures.
 - The Head Teacher Round Table will drive forward the work around developing 'inclusive schools'. Leading on the development of 'The Case for Being an Inclusive School in Essex' and associated implementation, so that schools have the ownership and accountability required for success.

- Partnership SENCOs (from Essex Schools) will work with the ECC inclusion team and health partners to improve quality of practice amongst all SENCOs in Essex.
- The SEND clusters of schools will be a key vehicle in the delivery of identified improvements. These groups of schools will have access to cluster level data, will provide a level of peer to peer challenge and support around SEND improvement.
- Stipulate clearly the outcome measures for effective leadership .
 - Clear vision and shared outcomes framework, which all organisations have jointly developed and signed up to will enable a shared ambition, aligned resources and improvement against key SEND performance indicators.
 - Performance framework/ data dashboard that sits under the shared outcomes framework will measure progress and impact of our improvement. It will be reviewed and regularly reported to SEND Improvement Board.
 - SEND Improvement risk register will be established which identifies and risks & the mitigating actions in place along with an escalation process.
 - Governance structure, terms of reference and clear accountabilities.
 - Implementation of effective operational leadership structures will result in improved quality of EHCPs through the moderation process, escalation of any trend and improvements implemented system wide so impact is greater.
- The views and experiences of parents and carers not accessing POET or the Essex Family Forum could be missed, and likely to be a sizable proportion of those affected by the activities and outcomes.
 - Data to be collated through:
 - Essex Family Forum engagement
 - the Young People's POET Challenge 2020
 - Multi schools council
 - Feedback from those accessing services such as short breaks
 - Independent parent carer support groups
 - Quadrant SEND teams capturing family experience
 - Feedback from schools and settings
- The plan sets out the intention that the local offer website provides meaningful information to families and that the information is used to access services, but it is not clear how this will happen.
 - The creation of an up-to-date, user friendly and searchable platform for Local Offer advice and signposting.
 - Jointly commissioned across health, education and social care The Local Offer shall include all relevant information and represent all sectors.
 - The Total Offer work will insure the content remains up to date and meaningful

- A structured and wide reaching communications and marketing strategy will be delivered for the Local Offer to increase awareness and access
- The plan sets out the intention to inform parents and carers of intentions to cease EHC plans in a timely way. The plan lacks information about how to make sure that the rationale will be clearly understood by parents and carers.
 - Annual reviews will consistently review progress against the CYPs outcomes and families will be informed at each stage that support may change with progress made and/or needs changing. The fact that a plan is ceased will be a natural response to outcomes being met and not a surprise for families.
 - The consultation process around post 16 will be improved so information is shared in a more timely way with colleges so the decision regarding support and communications with families are more informed.

The updated written statement of action was signed off by the SEND Improvement Board on 7th July 2020. The Board is made up of representatives from each of the five CCGs, Education and Social Care and the Essex Family Forum on behalf of parents.

Work has progressed against each of the three areas of significant weakness:

- 1) Joint Commissioning:
 - The NE CCG has taken a lead on joint commissioning and has convened a board to oversee the work. Work on the commissioning of speech and language therapy is already underway with Essex engaging an approach known as the 'balanced system' which takes account of strengths and capacity and maps the gaps in provision.
- 2) Pupils with moderate learning difficulties:
 - Detailed analysis on the over-identification of moderate learning difficulties at a county, quadrant, district and school level is underway. The analysis demonstrates that over-identification is far more pronounced at SEN support than it is after completion of the statutory assessment process. This indicates that work is needed with those schools that identify a higher proportion of their SEND population than should be expected. Work will start in the Autumn term in North East Essex to be shared across the county to work with those schools where MLD is most prevalent.
- 3) Education Health and Care Plans:
 - An independent organisation, ISOS, have been commissioned to undertake a root and branch review of the assessment process in Essex. This work is underway and engages all partners including parents. The review will look at all aspects of the identification of need and how this subsequently leads into the assessment process.

There are quarterly monitoring meetings held with the Department for Education and NHS England reporting on the progress made against the written statement.

Appendix 4

Essex Local Area Written Statement of Action in relation to Special Educational Needs and Disabilities

Purpose of this written statement of action

This document sets out our approach to improvement following recent inspection of the local area by Ofsted and the Care Quality Commission. The document includes the following:

1. Background to the written statement of action.
2. Statement of commitment from senior leaders
3. Areas of weakness identified
4. Key strengths identified
5. Our shared vision for children and young people with Special Educational Needs or Disability.
6. Principles of working together
7. Governance structure
8. The outcomes we want to achieve
9. Our action plan for improvement
10. A guide to the acronyms and content of this document

1. Background to this written statement of action

Between 30 September 2019 and 4 October 2019, Ofsted and the Care Quality Commission (CQC) carried out an inspection of the local area's effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities. Her Majesty's Chief Inspector determined that a Written Statement of Action is required to address three key areas of weakness in the local area's practice.

The following are jointly responsible for submitting this written statement of action, which has been co-produced in partnership with the independent parent carer forum, Essex Family Forum:

- Essex County Council (ECC)
- Basildon and Brentwood Clinical Commissioning Group (B&B CCG)
- Castle Point and Rochford Clinical Commissioning Group (C&R CCG)
- Mid Essex Clinical Commissioning Group (CCG)
- North East Essex Clinical Commissioning Group (NE CCG)

- West Essex Clinical Commissioning Group (CCG)

2. Commitment by senior leaders accountable for Essex SEND services

As leaders of our local area we fully accept the outcome of the Ofsted/CQC inspection of the local area's effectiveness in implementing the disability and special educational needs reforms (as set out in the Children and Families Act 2014).

Prior to the inspection we had already begun an improvement and development journey as our own self-assessment had identified areas that require improvement; these were confirmed by the inspection.

We see the report as a constructive part of this journey and take seriously the need to address and improve on the specific areas identified within the report. As a local area we are ready for the challenge ahead and determined to improve our SEND services for Essex children, young people and their families. We will continue to work alongside the Essex Family Forum to do so.

The action plan within this joint written statement of action has been developed following the inspection, by a group of senior officers from across our organisations, approved and endorsed by the SEND Improvement Board. It sets out how our improvements will be achieved, how we will work together with parents, carers, young people and school leaders, to improve outcomes for children and young people with special educational needs and disabilities (SEND).

As leaders, we are committed to ensuring that our SEND Improvement Programme is properly resourced, and our action plan implemented in full. We shall establish clear and effective governance practices to monitor the progress and impact of our action plan. We are confident that, when re-inspected, inspectors will see significant and sustainable improvements for Essex children and young people with SEND and their families.

3. Areas of weakness identified through the inspection

The three areas of significant weakness identified during the inspection, which we seek to address within this joint written statement of action, are:

1. The reasons for, and **accuracy of, the high proportions of children and young people identified with moderate learning difficulties (MLD)** are yet to be resolved.

- Potential over-identification could mask underlying difficulties in communication and language, and social, emotional and mental health development.
- 2. The **joint commissioning arrangements between the local authority and the CCGs do not work well enough** to provide children and young people with the services that they need.
 - Too much variation between the CCGs leads to inequality, inconsistency and unacceptably long waiting times for services.
 - Joint commissioning is not sufficiently informed by what is already known about the gaps in services for health and education across the 0–25 age range, across the whole local area.
- 3. Too many **EHC plans do not include the information needed** to secure high-quality outcomes for children and young people.
 - The EHC plans do not consistently secure the right professional advice to meet children's and young people's needs, and do not have specific details of the provision that will be put in place.
 - Strategic oversight is not effective in making sure that EHC plans are fit for purpose.

4. Key strengths identified through the inspection

The inspection identified a number of areas of strength, which we will continue to build upon;

- Since 2017, partners in education, health and care have **worked more closely to improve services**. Senior leaders now have a shared commitment to learn from one another, make use of what they know, and make sustainable change.
- School leaders understand the need to **change the way that local authority leaders and schools work together** to improve the outcomes for children and young people with SEND.
- In some aspects of their work, **senior leaders have in place the foundations for improvement**, including an ambitious programme for additional specialist educational provision. Leaders have an honest and broadly accurate picture of the current strengths, weaknesses and complexities of the practice.
- The Emotional Well-being and Mental Health Service (EWMHS) and the Essex Child and Family Well-being Service were **co-produced with parents and carers**. The services are starting to make a difference to the support available to parents and carers and their children.

5. Our shared vision for children and young people with SEND in Essex

Our vision for children and young people with SEND is the same as our vision for all children. Regardless of age, stage, unique characteristics or circumstances, our children and young people will have access to appropriate, high quality health and social care support and an education which provides:

- A positive experience of learning;
- A sense of belonging, value and worth;
- Aspirational outcomes;
- The right support at the right time;
- Information and opportunities to enable informed decision making, choice and control;
- Successful, planned transition at any point of movement, between phases or settings;
- Thoughtful and thorough preparation for their future progression to a fulfilling adult life.

Our vision is for a SEND system which identifies and assesses need at an early stage and which provides appropriate and impactful support without high dependence on statutory services. We would like our children, young people and families to have confidence in the type, quality and amount of support received and see year on year impact of the support in their child's life.

We have a greater commitment to working collaboratively across organisational boundaries to accelerate progress towards our vision, and the impact of the improvement and development journey that we have been on. As partners we see the report as a constructive next part of this journey and are committed to improve on the areas identified within the report in a timely way.

The newly implemented Local Authority SEND Service is now in a positive position to be able to implement required changes, work differently and improve quality.

The Essex Family Forum are a crucial part of our improvement team and will share with us the lived experience of families in Essex throughout our improvement journey, enabling us to assess progress and impact.

We strive to increase consistency and reduce the variation in level of service – ensuring equity in access to high quality support, whilst also enabling community capacity and local differences based on need.

We will streamline processes, reduce waiting times and remove barriers to accessing appropriate provision and support.

The role of education settings will be crucial to our success. **The Head Teacher Round Table will drive forward the work around inclusive schools. Leading on the development of ‘The Case for Being an Inclusive School in Essex’ and associated implementation, so that schools have the ownership and accountability required for success.** As a cohesive group of organisations, we will work in partnership with schools and settings to ensure accurate identification of need, timely and appropriate provision, increased consistency and improved experiences for children and young people with SEND in Essex and their families.

6. Our principles for working together

Our SEND Improvement Programme is underpinned by the following set of agreed principles:

- ECC and the CCGs fully accept the outcome of the Ofsted/CQC inspection. The leadership and workforce from across all of our organisations are fully committed to improving our SEND services for Essex children, young people and their families
- We will accelerate the pace of change – we are agile and able to implement improvements quickly.
- We shall work collaboratively, across organisational boundaries to increase our effectiveness.
- Essex Family Forum and the experiences of Essex families will be at the heart of our improvement journey.
- Families will feel listened to and have a greater level of confidence in the provision and support they receive.
- There will be greater consistency in timely access to good quality provision across the county.

7. Governance Structure

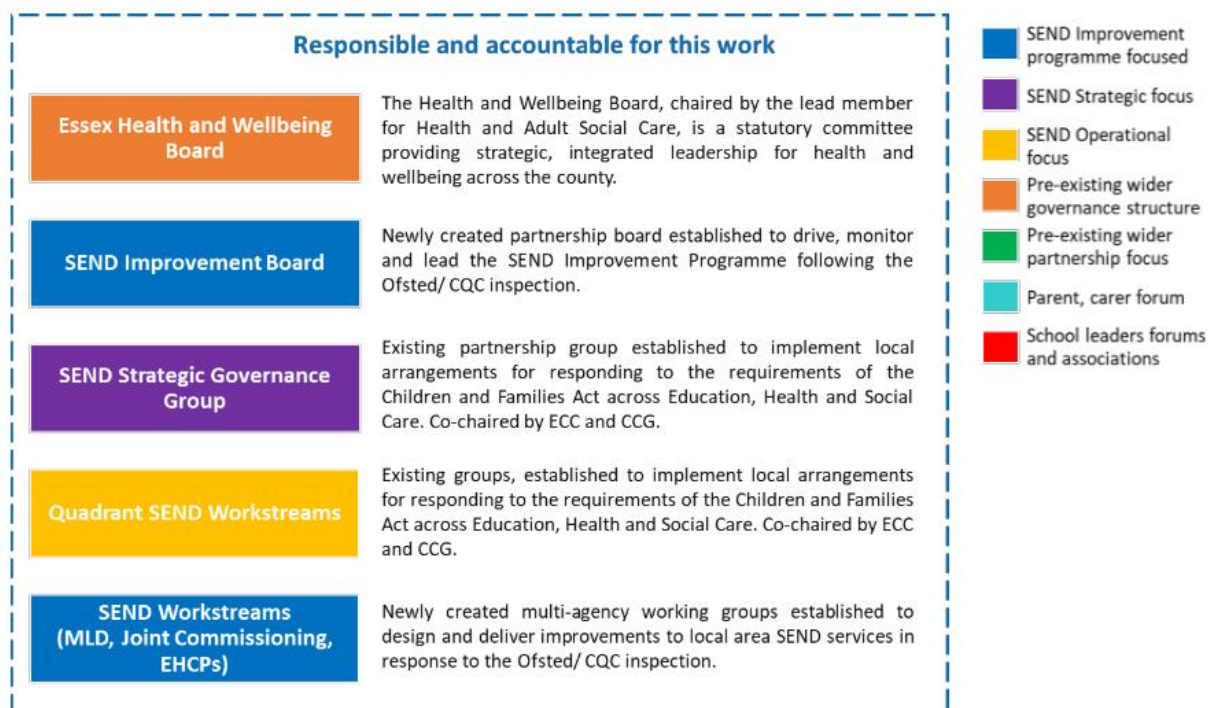
A review of our SEND governance and partnership structures is currently underway, below is a visual of the current elements.

A local area SEND Improvement Board has been established with all organisations represented and chaired by the Director of Education (ECC). This board is responsible for the development and delivery of the JWSOA and the subsequent work to improve our services.

Workstreams have been established to address each of the identified areas of weakness, with dedicated representation from health, social care, education and the parent/carer forum.

These workstreams will:

- Agree specific targets for the improvements detailed in the measures of the action plan, based on 2019 baselines, historic data, national data and the Essex context
- Maintain detailed action plans in response to initial findings
- Take forward the actions detailed in our action plan
- Obtain relevant input from other professionals, parent/carer or young people representatives
- Measure the impact of initiatives put in place from baseline measures taken in 2019 at the time of the inspection. These will include both quantitative and qualitative measures against specified indicators.
- Report on progress against specified indicators and impact to the SEND Improvement Board



8. The outcomes our SEND improvement programme will achieve

Our aims for the SEND improvement programme are aligned to the outcomes of our existing Essex Children and Young People's Strategic Partnership Plan (below). The full plan can be viewed [here](#).

Outcomes for Children and Young People

Children and young people are well looked after and safe, with their basic needs being met within resilient families	Children and young people are emotionally healthy and make good decisions	Children and young people are engaged in positive activities and are physically healthy	Children, young people and families positively support each other within their communities	Children and young people have good quality education, training and work opportunities
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The specific outcomes we aim to achieve for each workstream are:

Workstream & Ofsted / CQC Feedback	Outcomes	Action Plan Ref	What will be different as a result?	How will this be measured?
<p>Identification of Need:</p> <p>The reasons for, and accuracy of, the high proportions of children and young people identified with moderate learning difficulties (MLD) are yet to be resolved.</p> <p>Potential over-identification could mask underlying difficulties in SLC and SEMH development.</p>	<p>The needs of children and young people are accurately identified at the earliest opportunity.</p> <p>This leads to timely and appropriate support for children, young people and their families and the result is sustained, positive impact on their individual outcomes.</p>	<p>ID 1</p> <p>ID2 – 8</p>	<p>For Children, young people and their families:</p> <p>Children, young people and their families will be involved in early discussions and decision making about their individual needs.</p> <p>Children's needs will be accurately identified through effective One Planning, leading to co-produced, meaningful outcomes and support.</p> <p>Children and young people will know their outcomes, interim targets and what support is in place to help them achieve their outcomes.</p> <p>Families will experience a tell us once approach.</p>	<p>Qualitative data regarding parental and children/young people's confidence in One Planning, SEN Support and ongoing support/provision with an EHCP – <i>baseline measure POET survey (closing date July 2019, respondents n= 2471)</i></p> <p>Data to be collated through:</p> <ul style="list-style-type: none"> Essex Family Forum engagement the Young People's POET Challenge 2020 Multi schools council Feedback from those accessing services such as short breaks Independent parent carer support groups Quadrant SEND teams capturing family experience Feedback from schools and settings <p><i>Baseline experience:</i></p>

				<p>- POET survey (closing date July 2019, respondents n=2471);</p> <p>-Essex Family Forum engagement workshops (2019)</p> <p>-High Need Block survey (2018, respondents n=1800)</p>
		EHC 11	<p>For professionals:</p> <p>Information sharing between partner agencies, such as Section 23 and pregnancy notifications, will be consistent, timely and specific.</p>	<p>Increase in number of identifications shared between trusts and ECFWBS such as pregnancies and s23.</p> <p>Decrease in variation between geographical areas/ trusts. <i>Baseline measures and indicators to track progress through improvement workstreams (as per specified in paragraph 8 of this document).</i></p> <p>Quality of S23 information will be increased. – <i>data by LA, CCGs and ECFWBS.</i></p>
		EHC15	<p>Increased consistency and delivery of 2½ year old checks improves the early identification of children’s needs.</p>	<p>Quantitative data shows an increase in the number of integrated checks since 2019 and decrease in variability between geographical areas - <i>data from ECFWBS.</i></p>
		EHC16	<p>Increase in the number of 14 – 25year olds with LD undertaking the annual GP health check.</p>	<p>Increased percentage of children and young people with Learning Disability health checks delivered – <i>data from ECFWBS.</i></p>

				<p>Consistency in rates across the local area.</p> <p>Evidence that health checks result in identification of health needs and delivery of support – <i>data sampling, data provided by ECFWBS.</i></p>
		ID11	Partners will have confidence that identification of need is accurate and in-line with national/ evidence based expected averages.	<p>Data analysis of the numbers of children and young people identified with MLD, SLCN and SEMH show a reduction in deviation from the national averages – <i>via census data and national DfE data</i></p> <p>Forecasting data - <i>joint SEND data set.</i></p>
		1D10	Systems and processes will be in place to track, question and understand where there is deviance from the expected.	
		ID9	Census data will be an accurate reflection of children's needs enabling accurate joint forecasting, budgeting and future planning.	
		ID8	School and setting staff will feel more confident, and supported, in the correct identification and provision of early support, in relation to speech and language and social emotional mental health needs.	<p>Qualitative data regarding confidence in identifying needs and how to support their child – <i>via survey with schools and settings and training feedback.</i></p>
		ID9- 11	Records of children's needs will be accurate – enabling effective planning, forecasting, tracking and budget management.	<p>Children's progress - <i>as measured through termly One Planning and annual reviews</i></p> <p>Budget information</p>
		ID7 ID11	There may be a reduction in appeals in relation to schools for children with MLD.	<p>Quantitative data in relation to appeals for schools for children with MLD – <i>via data held by the LA.</i></p>

Joint Commissioning Workstream: Arrangements between the local authority and the CCGs do not work well enough to provide children and young people with the services that they need.	Children, young people and their families experience equitable access to a consistent, high quality range of educational support, health services and specialist provision, appropriate to their needs and circumstances. Commissioners share a common, accurate view of need across the county and use this to jointly commission consistently high-quality services, which are accessible across the county.	JC15 JC17	For Children, young people and their families: The autism and speech, language and communication needs pathways are clear and easily accessible to families.	Positive feedback from families regarding the clarity and effectiveness of the pathways – <i>captured through specific new question to be included in Essex personalised POET 202, Feedback from the Essex Family Forum, independent Parent Carer Groups and users of local authority and health services.</i>
		JC8 -17	A pathway is established that allows re-referrals as necessary without having to start again.	Re-referral data. Positive feedback from families on the services listed in J8-17 of the action plan
		JC8 -17	Waiting times are reduced and consistent across the county, in particular for ASD and Speech and language assessments. Children & young people receive a timely & thorough assessment and access to the appropriate level of support.	Quantitative data regarding clear reduction in waiting times for assessments for ASD and SL assessments - <i>via data held by CCGs.</i> Consistency in wait times across the county - <i>via data held by CCGs.</i> Timescales of the Neurodevelopmental pathway are compliant with NICE guidelines.

		JC 17	<p>Children, young people and families who are in receipt of specialist provision benefit from a coordinated and consistent approach by the service and other professionals, in supporting them to make progress against their outcomes.</p> <p>Parental satisfaction regarding access, quality and consistency of specialist provision is increased.</p>	<p>Positive qualitative data regarding parent and child satisfaction in access, quality and consistency of services received – <i>via Essex Family Forum consultation and/or survey.</i></p> <p>Consistency in the provision available across Essex.</p>
		JC15 JC9	<p>Parents have access to quality information and resources and are encouraged and supported in their role as primary communicators.</p>	<p>Positive feedback from families. Data from Talk, Listen, Cuddle website will show increased use.</p> <p>Data from Talk, Listen Cuddle social media accounts will show increased numbers of followers and/or members.</p> <p>Evidence of outcomes for children from parental engagement – <i>sample data, annual reviews.</i></p>
		JC15	<p>The Local Offer website provides meaningful information for families and families are utilising the information available to them.</p> <p>The creation of an up-to-date, user friendly and searchable platform for Local Offer advice and signposting.</p> <p>Jointly commissioned across health, education and social care The Local Offer shall include all relevant information and represent all sectors.</p>	<p>Qualitative data on parental awareness and use of the website– <i>via google analytics, monthly data, annual review survey measured from the 2018 baseline. (HNB survey of parents 2018).</i></p>

			<p>The Total Offer work will ensure the content of the Local Offer remains up to date and meaningful</p> <p>A structured and wide reaching communications and marketing strategy will be delivered for the Local Offer to increase awareness and access.</p>	
		JC2 JC3	<p>For professionals:</p> <p>A joint data set and provision map for the local area is in place and robust arrangements enable partners to use data and intelligence from across all agencies to form a shared understanding of the needs of the local area.</p>	<p>Creation of the joint SEND data set (JSNA), which informs joint commissioning strategy and shared sufficiency plan.</p> <p>Creation of joint commissioning strategy with clearly articulated shared ambitions to improve services and consistency across the county.</p> <p>Jointly commissioned:</p> <ul style="list-style-type: none"> • SENDIASS service • Essex Family Forum • Local Offer <p>Systems mapping to identify gaps reviewed pre and post integrated systems – <i>data gathered from LA, CCGs, third sector organisations and partners.</i></p>

		JC5	Develop of a joint SEND Strategy with outcomes framework will give clear strategic direction.	Production of SEND strategy and outcomes framework cp-produced by all partners and EFF.
		JC17	Essex has an integrated system for the delivery of specialist services (such as SALT) across the county, eliminating duplication of effort and financial resources between partners.	Successful implementation of the redesign of Speech & Language Services – complete Aug 1 st 2021. Planning in place for OT/Physiotherapy
		JC17	Essex has a clear and coherent pathway for the delivery of therapy services (inc. SLT), that clearly identifies roles and responsibilities needed across the system, to support children and young people with identified Therapeutic Needs. Removing duplication and aligning resources. To ensure that the children and young people receive the right support, at the right time, delivered by the right person.	for SLCN initially and other areas of need to follow. Quantitative data around spend and reduction in overlap between partners <i>from a baseline in 2019-budget information.</i> Qualitive data regarding effectiveness of partnership working – <i>staff consultation.</i>
		JC17	Therapists have confidence in the ability of the wider workforce to support children following intervention, allowing for timely and appropriate discharge.	% increase in the availability and reach of training and resources to support the wider workforce force to identify and meet need at an earlier stage as well as support following discharge - Measure of take up of courses. % increase in the frequency of discharge - Measure of re referrals to provider teams.

				<p>% reduction in the number of inappropriate referrals for specialist therapy support.</p> <p>Improved quantitative data around timeliness of discharges – <i>held by the services.</i></p>
		JC9, JC17	<p>Therapy pathways across Essex are coherent and equitable in order to meet the needs of the Essex population. All professionals working with children and young people are aware of how to access the appropriate support.</p> <p>The speech, language and communication needs pathway is clear and easily accessible to professionals</p>	<p>No. and reach of communications available.</p> <p>% reduction in the number of inappropriate referrals for specialist therapy support.</p> <p>Qualitative data on Staff awareness of the pathway.</p>
<p>EHCP Workstream:</p> <p>Too many EHC plans do not include the information needed to secure high-quality outcomes for children and young people.</p>	<p>Children and young people have high quality, specific and effective EHC plans, which have been co-created with them by education, health and social care through an efficient process. Plans continue to have meaningful impact on the child's outcomes.</p> <p>Staff across all agencies are confident and proficient in the production and</p>	ECH5	<p>For Children, young people and their families:</p> <p>Outcomes in EHC plans are co-created and fully consider educational, social care and health needs. Outcomes are measurable and it is clear to children, young people and their families how services are working together. Families and young people feel well supported by the local area to achieve high quality outcomes.</p>	<p>Increase in % of professional advice provided within timescales – <i>measured from Capita quarterly by provider and type</i></p> <p>Qualitative data re quality of plans shows an increase in quality of written advice – <i>moderation, sampling of plans and POET new plan survey</i></p> <p><i>Feedback from SENCOs on quality of new plans.</i></p>

	contribution towards high quality plans with relevant advice and provision.	EHC14 EHC5	New plans are of a high quality and accessible, so children and their families clearly understand the outcomes and support. Families and young people feel they have been listened to and have contributed to outcomes, targets, support and provision. Children and young people understand how they are going to make progress towards their outcomes.	Qualitative data re quality of new plans shows an increase in quality of written advice – <i>through moderation, sampling of plans and joint QA processes</i> <i>Young people's POET challenge - Priority two - measured through a young people's survey to peers.</i>
		EHC3 EHC5	Parents/ carers are informed in a timely way if EHC plans will cease. <i>Annual reviews will consistently review progress against the CYPs outcomes and families will be informed at each stage that support may change with progress made and/or needs changing. The fact that a plan is ceased will be a natural response to outcomes being met and not a surprise for families.</i> <i>The consultation process around post 16 will be improved so information is shared in a more timely way with colleges so the decision regarding support and communications with families are more informed</i> Increased parental confidence that the One Planning process leads to their child's needs being met in school.	Qualitative data re parental satisfaction with One Planning, EHCP, Annual Review processes and quality of plans - <i>through Essex Family Forum consultation and/or survey.</i> <i>Data on consultations with post 16 settings. Feedback from those settings regarding the consultation process and transition process into post 16.</i> <i>Feedback from families regarding the consultation process and transition process into post 16.</i>
		EHC5	Specialist provision identified within EHC plans is received.	Feedback from families re satisfaction with receipt of provision – <i>EFF/ POET.</i>

		EHC14	For professionals: The workforce, including evidence writers, receive training, guidance and support on the statutory processes and high-quality plans. As a result, all parties have an increased professional understanding, confidence and capability with regards to statutory processes and EHCPs.	Development or commissioning of training and guidance content. Data re staff confidence, quality of plans - <i>Training registers, moderation, staff survey and development plans.</i>
		EHC9	Effective multi-agency moderation of plans is in place, leading to better quality co-production of plans, strategic oversight, shared learning and improved outcomes.	Processes and systems in place such as moderation, recording, data sharing - <i>process maps, staff feedback.</i>
		EHC5 EHC6	Processes and systems enable professionals across the local area to work together when identifying, assessing, determining and reviewing support. All partners have robust oversight of the provision specified in EHC and there is assurance that it can be delivered.	Qualitative data re quality and joint working – <i>moderation, sampling and staff feedback.</i>
		EHC10	Annual reviews of EHC plans, including those for children and young people placed in independent schools outside the local area, are consistently completed within the required timescales to a consistently high quality.	Quantitative data re annual reviews – <i>data held by the LA</i>
		EHC7	Reduction in appeals related to receiving the specialist provision stated in plans.	Reduction in appeals - <i>data held by the LA</i>
		JC8	The Special Educational Needs Information, Advice and Support Services (SENDIAS) standards are met.	Improved quantitative data regarding access to SENDIAS

			<p>The service is jointly commissioned by Education, health and social care.</p> <p>The capacity within the service is reviewed and inline to meet local need.</p> <p>The website is improved and fit for purpose and accessible, through a renewed design.</p> <p>Training offer are is reviewed and in-line with need, delivered to professions in a way that directly improves practice.</p>	<p>services – <i>data held by the SENDIASS service.</i></p> <p>Data in line with national standards.</p> <p>SENDIASS Peer Review undertaken and improvements identified are implemented.</p> <p>Learning is gained from tribunals and acted on.</p> <p>Training registers and feedback. Service level data around training delivered and accessed, volumes of requests for support and advice and types of queries logged.</p>
		JC10	<p>We will have a streamlined process that ensures that specialist equipment is made available to all identified pupils in a timely way.</p> <p>Timescales will be measured and reduced to ensure no delay for children and young people.</p>	<p>Process in place by Sept 2020</p> <p>All children and young people will receive any required specialist equipment within 6 weeks of identification.</p>
		EHC5	<p>Children and young people have clear and measurable outcomes</p>	<p>Development of individual outcomes tool – life without labels</p> <p>Positive result/ feedback from pilot schools.</p> <p>Successful implementation across project schools.</p>

				Impact against individual outcomes shows clear and measured progress.
Additional Actions	<p>Increased social and academic outcomes, for pupils with special needs, through being educated in inclusive schools.</p> <p>Pupils with special educational needs have an improved sense of belonging, and feeling part of their local community.</p>		<p>HeadTeachers Round Table to develop the 'Case for Being an Inclusive School in Essex'</p> <p>Partnership SENCOs (from Essex Schools) will work with the ECC inclusion team and health partners to improve quality of practice amongst all SENCOs in Essex.</p> <p>The SEND clusters of schools will be a key vehicle in the delivery of identified improvements. These groups of schools will have access to cluster level data, will provide a level of peer to peer challenge and support around SEND improvement.</p>	<p>Academic outcomes for children with SEND in Essex.</p> <p>Information gathered through One Planning and Annual Review re progress against outcomes.</p> <p>Life without labels – feedback from schools and settings.</p> <p>Highly skilled workforce within schools.</p> <p>Increased staff retention.</p> <p>Feedback from CYP and their families regarding their outcomes and achievements.</p> <p>SEND cluster level data and feedback through Inclusion Partners and SEND Quadrant Managers.</p>
	Effective Governance for SEND Improvement is implemented.		<p>Education, Health and Social Care leaders will have an equal role in the leadership and evaluation of the SEND improvements identified throughout the programme.</p> <p>The roles of all sectors will be represented in the review of the governance (OV6): The Children and Young People's Partnership Board is a joint health,</p>	<p>Clear vision and shared outcomes framework, which all organisations have jointly developed and signed up to.</p> <p>Performance framework/ data dashboard that sits under the shared outcomes framework will</p>

			<p>care and education board. The SEND Improvement board will report into this. There are quadrant level meetings, which the operational activities are shaped by and progress shared with.</p> <p>All parties are represented on all workstreams, at an appropriate level.</p> <p>SEND Improvement risk register will be established which identifies and risks & the mitigating actions in place along with an escalation process.</p> <p>Implementation of effective operational leadership structures will result in improved quality of EHCPs through the moderation process, escalation of any trend and improvements implemented system wide so impact is greater.</p>	<p>measure progress and impact of our improvement. It will be reviewed and regularly reported to SEND Improvement Board.</p> <p>Governance structure, terms of reference and clear accountabilities.</p>
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9. Our action plan



2020-06-26 - JWSoA

Project Plan v0.6 AA.xl

10. A guide to the acronyms and content of this document

This document has been prepared to outline the actions we are taking following the inspection of the local area by Ofsted and the Care Quality Commission. We acknowledge that the document may contain technical language. Below is a list of some of the acronyms and a brief explanation of some of the services and content.

SEND – Special Educational Needs and/or Disability

OFSTED – Office for Standards in Education, Children's Services and Skills.

CQC – Care Quality Commission – the body that regulates all health and social care services in England.

CCG – Clinical Commissioning Group – A CCG plans and buys healthcare services for their residents.

JWSoA – Joint Written Statement of Action – our response and actions following the inspection

SALT – Speech and Language Therapy

MLD – Moderate Learning Difficulty

SEMH – Social Emotional and Mental Health

POET – Personal Outcomes Evaluation Tool

An online survey completed anonymously by young people, families and practitioners to give feedback on the support their child receives in Essex.

<http://www.essexlocaloffer.org.uk/listing/poet-personal-outcomes-evaluation-tool/>

EFF – Essex Family Forum

Our parent carer network. The Forum gather and share the lived experience of families in Essex through a network of family champions.

<https://essexfamilyforum.org/>

SENDIASS – Special Educational Needs Information, Advice and Support Service

<http://www.essexlocaloffer.org.uk/listing/send-information-advice-and-support-service/>

The Action Plan

The owner – the group or person that is accountable for the action.

A contributor – Teams, services or voluntary groups that are working together to improve the service or process. Contributors are not accountable for the outcomes.

Colour coding – this measures our progress

Blue: completed

Green: underway and on-track to deliver in time and expected benefits

Amber: medium risk to delivery time or expected benefits

Red: significant risk, not yet started, significant impact on time and/or expected benefits

Where can I find out more?

We intend to publish a summary of this document for families and young people on the Essex Local Offer. This will explain how you can be part of the improvements and help us to understand the changes and impact for you and your family.

6 April 2020

Ms Helen Lincoln, Director of Children's Services

Ms Lisa Allen, Clinical Accountable Officer, Basildon and Brentwood Clinical Commissioning Group

Dr Ed Garrett, Accountable Officer, North East Essex Clinical Commissioning Group

Mr Andrew Geldard, Chief Officer, West Essex Clinical Commissioning Group

Mr Terry Huff, Accountable Officer, Castle Point and Rochford Clinical Commissioning Group

Ms Caroline Russell, Accountable Officer, Mid Essex Clinical Commissioning Group

Essex County Council
County Hall
Market Road
Chelmsford
Essex
CM1 1QH

Dear Ms Lincoln, Ms Allen, Dr Garrett, Mr Geldard, Mr Huff and Ms Russell

This letter is written in accordance with The Children Act 2004 (Joint Area Reviews) Regulations 2015¹ to inform Essex local authority and the five clinical commissioning groups (CCGs), as principal authorities, that Ofsted and the Care Quality Commission (CQC) have jointly evaluated the written statement of action submitted to us on 27 March 2020.

The statement of action is deemed to be fit for purpose in setting out how the area will tackle the significant areas of weakness identified in the published report letter. We, at Ofsted and the CQC, recognise that during the current uncertainties coming out of the COVID-19 pandemic, progress through the plan may not be as at first intended. Importantly, and particularly relevant to current uncertainties, the plan focuses on the systems and processes to support leaders and front-line professionals in their roles and responsibilities through the life of the plan. Given there are five CCGs, it is good to see that the plan emphasises strong joint commissioning arrangements across the whole area, as set out in JC1-17, specifically JC8-14.

I note the priority given to firmly establishing governance arrangements, including clear roles, responsibilities and accountabilities. The arrangements indicate a sense of urgency and, as you say in the plan, actions ('activities') that build on existing programmes and strategies towards sustainable improvements.

¹ The Children Act 2004 (Joint Area Reviews) Regulations 2015
www.legislation.gov.uk/uksi/2015/1972/regulation/4/made.

Activities and milestones are spread out appropriately over the next two years, particularly in relation to joint commissioning. While not all activities are specific, they are measurable and time-bound.

Inevitably, the plan will benefit from some additional detail to make clear how the partnership will carry out the activities and what they look for to evaluate the impact. It may be that the specific information is within the associated action plans, but senior leaders could consider the following aspects to strengthen the written statement of action:

- It is not clear where area leaders and professionals for care will contribute to the delivery and evaluation of the activities.
- Page 5 of the plan states that 'The role of education settings will be crucial to our success.' The specific roles and accountabilities of leaders in schools and other educational settings are not clear in the activities and success measures.
- Stipulate clearly the outcome measures for effective leadership (EHC1, OV2).
- For ID1-8, the views and experiences of parents and carers not accessing POET or the Essex Family Forum could be missed, and likely to be a sizable proportion of those affected by the activities and outcomes.
- JC15 sets out the intention that the local offer website provides meaningful information to families and that the information is used to access services, but it is not clear how this will happen. The same lack of clarity applies to J8-14.
- EHC3 and 5 aim to inform parents and carers of intentions to cease EHC plans in a timely way. The plan lacks information about how to make sure that the rationale will be clearly understood by parents and carers.

The written statement of action must be published on local websites², so that parents, carers, children and young people can understand the actions you are taking to improve the effectiveness of the area in identifying and meeting needs, and improving outcomes for children and young people who have special educational needs and/or disabilities.

Yours sincerely

Paul Brooker

Ofsted Regional Director, East of England

² Regulation 4 (5); www.legislation.gov.uk/uksi/2015/1792/regulation/4/made

Essex County Council SEND structure update

Reference Number: PAF/15/20

Report title: Essex County Council SEND structure - update	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 23 July 2020	For: Consideration and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

This item is a further update following on from the last discussion with the Committee in November 2019.

2. Action required

The Committee is asked to consider:

- (i) **the attached latest update (Appendix 2).**
- (ii) **To consider how it wishes to continue to monitor the service restructure.**

3. Background

- 3.1 The 14 February 2019 meeting of the Committee discussed with Ralph Holloway, Head of SEND Development and Innovation, the aspirations and objectives behind a planned public consultation on future SEN services. A link to the meeting papers is here – [PAF 14 Feb 2019 agenda papers](#)
- 3.2 As part of that formal consultation the County Council was looking to have a principles and values based conversation with parents and discuss a vision for long-term service provision. The formal public consultation exercise was completed and an analysis of the feedback was incorporated in an update from Mr Holloway at a meeting of this Committee on 11 July 2019. A link to the meeting papers is here [PAF 11 July 2019 agenda papers](#)
- 3.3 A further update was discussed at the Committee's 14 November 2019 meeting. A link to the meeting papers is here [PAF agenda papers - 14 November 2019](#) . An extract of the minutes of that discussion are in Appendix 1 to this report. One of the actions arising was for Mr Holloway to return to update on the first few months of implementation of the new structure. Ralph Holloway, will be in attendance today to provide the update and participate in discussion.

Essex County Council SEND structure update

4. Update and Next Steps

The update is attached as Appendix 2 and 3. Next steps are as proposed under Action Required.

5 List of Appendices

Appendix 1 – extract minutes from 14 November 2019.

Appendix 2 – SEND structure update

Appendix 3 – The New SEND Structure (power point organisation charts)

Extract of the Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 10.15am in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 14 November 2019

4. Special Educational Needs update

The Committee considered report PAF/26/19 providing an update on a review undertaken of SEN provision in Essex and specifically public engagement on a SEND Strategy and Redesign. Ralph Holloway, Head of SEND Strategy and Innovation, Essex County Council joined the meeting to introduce the update and answer questions.

During discussion the following was highlighted and/or noted:

- A public engagement survey had been run between 22 March and 31 May 2019 seeking views on a proposed vision and principles for SEND and ways of working. It was proposed to enable and support the development of a school-led SEND system, grow the specialist SEND provision in Essex and redesign and new approach for ECC SEND teams.
- Around 30,000 parents of those children with ECHP plans had been consulted together with young people, and educational, health and social care practitioners. Over 1000 responses had been received with overwhelming support for the vision aspiration for the service.
- However, there has been some concerns expressed about the changing roles of the SEN teams. Schools had also queried whether there would be a further shift of accountability to them.
- The new strategy aimed to reduce the number of professional contacts for schools and parents and reduce the multiple handovers between professionals.
- In the spring term the service would work with the Family Forum to develop an action plan. A lot of work would be done to increase parental confidence in the system and move away from a focus on crisis (statutory) services and plan earlier intervention.
- There was some anecdotal evidence that some parents felt they had no choice other than to home educate to meet all their needs. As a result, the service was looking to see if they could develop a support model located within mainstream education which further reduced some of the barriers facing SEN pupils in such an environment – e.g. difficulties in moving around between classes.
- The new service design sought to support schools strategically and encouraging the use of any pre-existing in-school specialism first. Where bespoke support was needed then the service would develop an appropriate training process and programme.
- It was highlighted that in recent years there had been a 400% increase in diagnosis of autism. The number of people with an ECHP where the main component was autism, had increased significantly. Some members queried whether mainstream

Essex County Council SEND structure update

schools were able to meet the diverse needs across the autism spectrum. Four autism support centres had been established within mainstream schools to provide some specialist support and the service were looking to develop an outreach model to expand the access across the mainstream sector. Similarly, the service was looking at any opportunities for existing special and enhanced provision schools to share some of their specialist knowledge and support with the mainstream where appropriate.

- The new specialist schools being built were being funded by the Department of Education in a similar way to Free Schools. The County Council had limited influence on the surrounding infrastructure (i.e. parking provision) at specialist schools. However, Mr Holloway would raise the importance of adequate car parking provision with the infrastructure team.
- It was acknowledged that current feedback suggested that signposting for parents at a time of crisis was not as good as it could be with digital online tools, in particular, hard to navigate. To assist this, there would be an engagement facilitator role in the new structure.
- Four new 'preparing for employment' officers had been created in the new structure to work with employers and develop meaningful employment opportunities.

Conclusion:

The Chairman thanked Mr Holloway for his attendance. The new SEN teams would be in place in the new year. The following actions were **agreed**:

- (i) Mr Holloway agreed to return to update the committee in summer 2020 once an implementation review with schools had been completed.
- (ii) In the meantime, further information would be provided on the final service structure and individual roles.
- (iii) A briefing and discussion session in each quadrant would be arranged specifically for school governors and feedback on this would be provided to the Committee.

Recommendation – Mr Holloway was asked to highlight and emphasise to the infrastructure team the importance of adequate car parking provision at the new special schools being built.

SEND structure update

Purpose

- To share with the People and Families Scrutiny Committee an update on the implementation of the SEND redesign;
- To inform the Committee of the impact of Covid 19 on the ability to undertake an early review of the new structure with schools, settings and parents.

Background

The final structure for SEND services was discussed with the People and Families Scrutiny Committee on 14th November 2019. The committee requested that:

- An update be provided to the committee in summer 2020 once an implementation review with schools had been completed;
- Further information would be provided on the final service structure and individual roles;
- A briefing and discussion session in each quadrant would be arranged specifically for school governors and feedback on this would be provided to the Committee.

Implementation of the new structure and the impact of Covid 19

The new structure was launched at the beginning of January 2020 (attached as a background paper). The ability of the Education senior leadership team to work with schools and settings to assess the success of the launch of the new service has been significantly impacted by Covid 19. Since the lockdown began the new posts designed to support schools and settings have been restricted in their ability to work as was intended due to restrictions. Any review of the service at this stage would be limited. However, the new SEND structure has been instrumental in meeting the challenges of Covid 19 in a way which the previous structure could not have supported. The support for schools and settings has included:

- The design and completion of individual risk assessments to determine whether it was safer for vulnerable children and young people to be in school or at home. This has enabled a multi-agency approach to risk assessment across schools, education, social care and health. The involvement of the new SEND teams has enabled a focus on the parental and pupil voice informing the risk assessment and, where attendance is not possible, supporting the school to develop a wider offer.
- Working with schools, settings and colleges to deliver the 'reasonable endeavours' element of temporary legislation introduced to ease the statutory

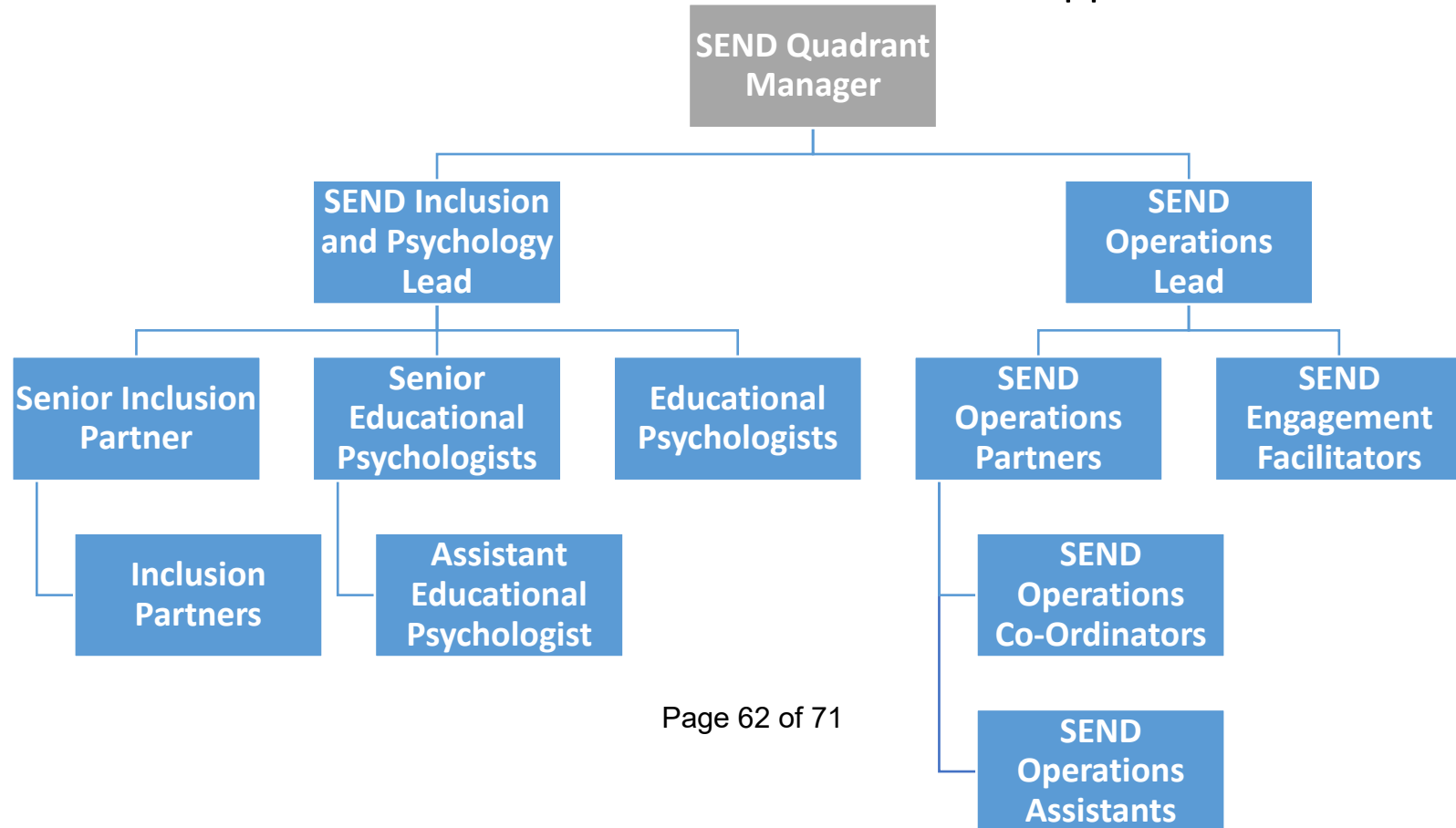
responsibilities on local authorities for children and young people with SEND. The duty required engagement with all children and young people with an Education Health Care Plan; in Essex this amounts to over 9,300 plans. A comprehensive response plan was designed with input from the Essex Family Forum which has seen schools work with families and other agencies to look at which elements of a plan could not be met and, where there are gaps, put in place reasonable endeavours by providing other forms of support such as outreach work or a virtual learning platform. Feedback from parents has been very positive.

- Supporting schools and settings throughout the last four months to increase the number of vulnerable children and young people attending school and helping them to develop their provision for September to ensure as smooth a return to school as possible. This has included the design and delivery of virtual training and advice and support for the likely traumatic impact of the crisis on many children and young people.

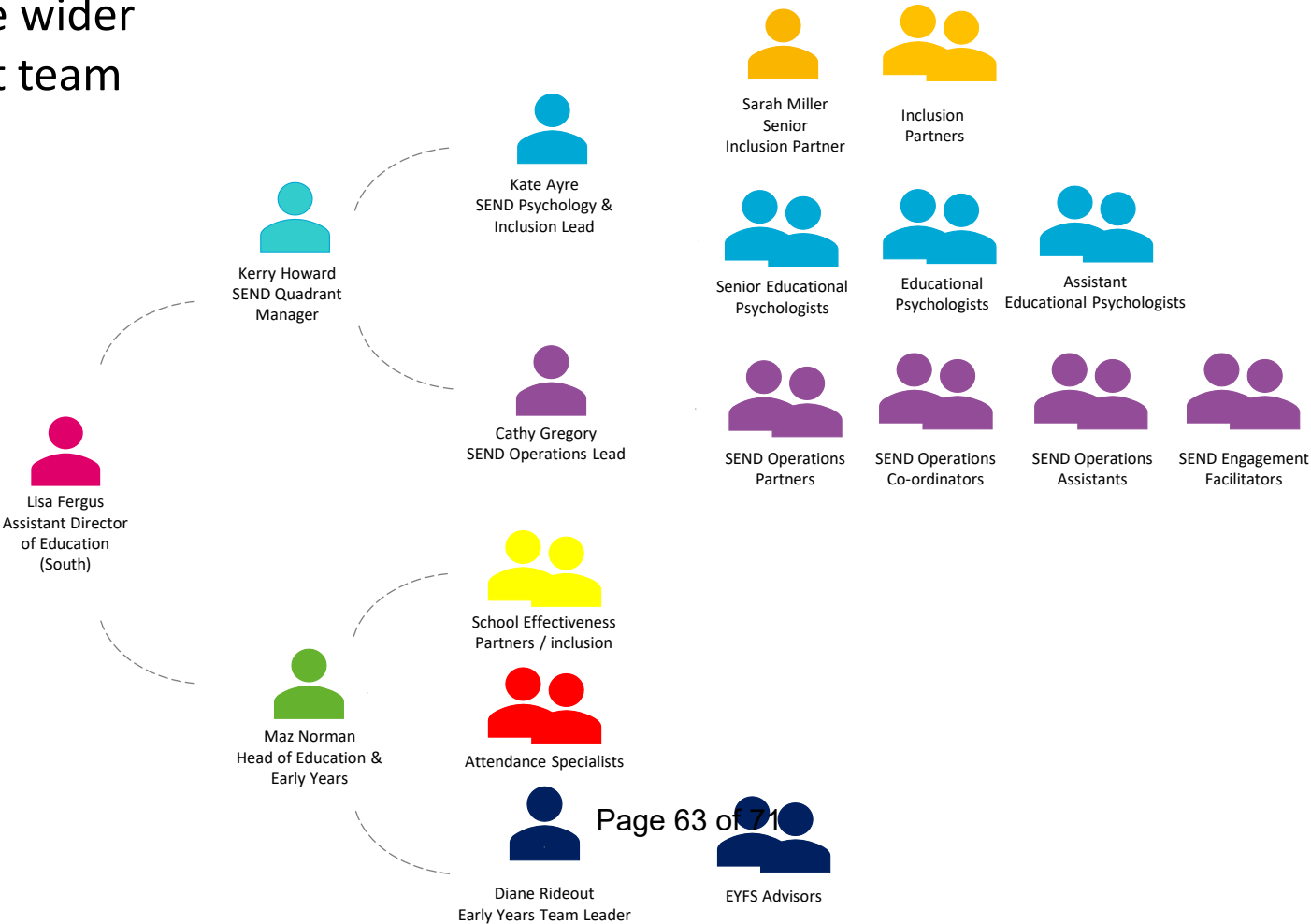
We will continue to support schools and settings in September and begin to design a more formal review of the service to take place in the Spring term of 2021 when, hopefully, the situation will have begun to normalise.

The new LA SEND Structure

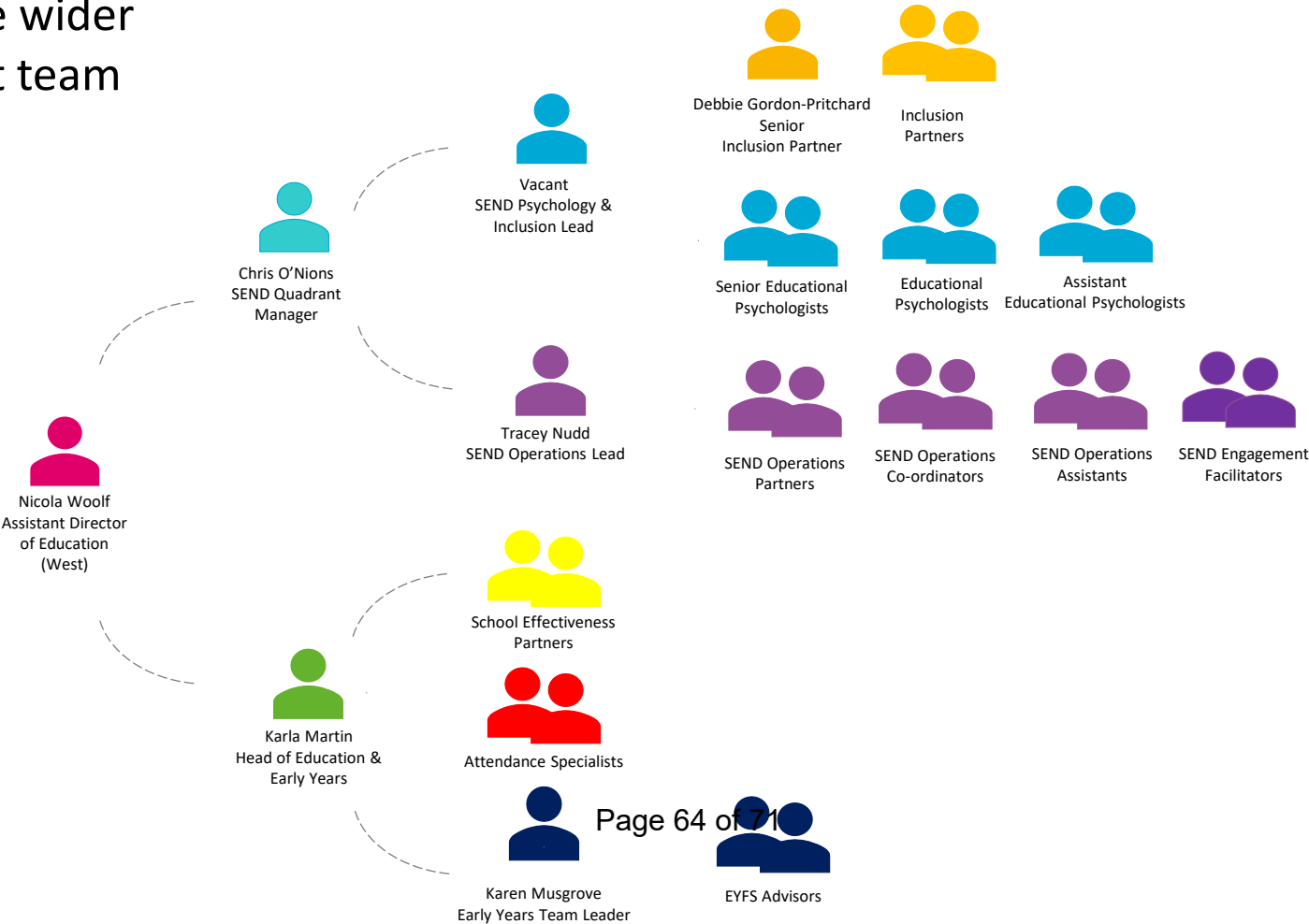
Appendix 3



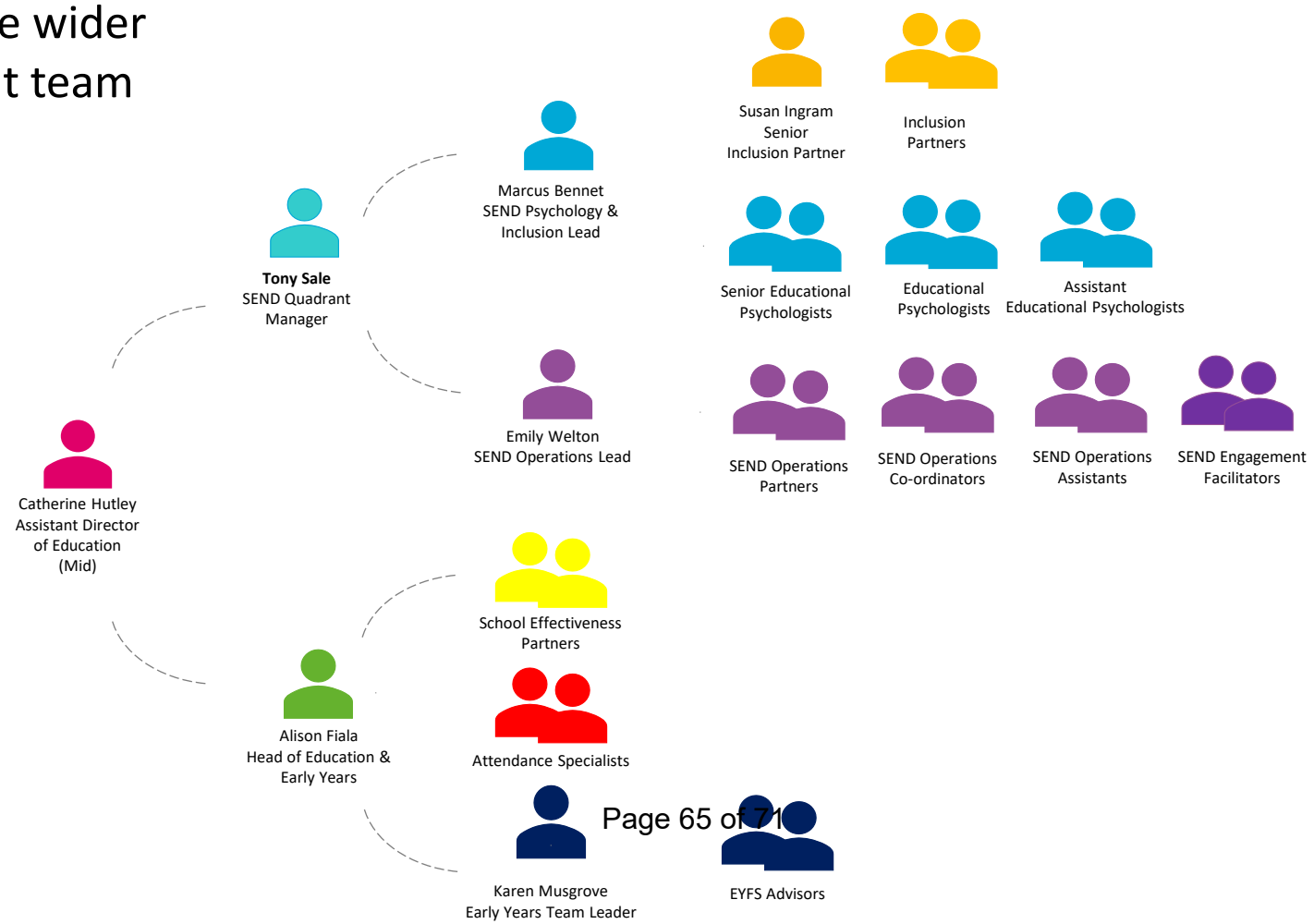
Meet the wider quadrant team



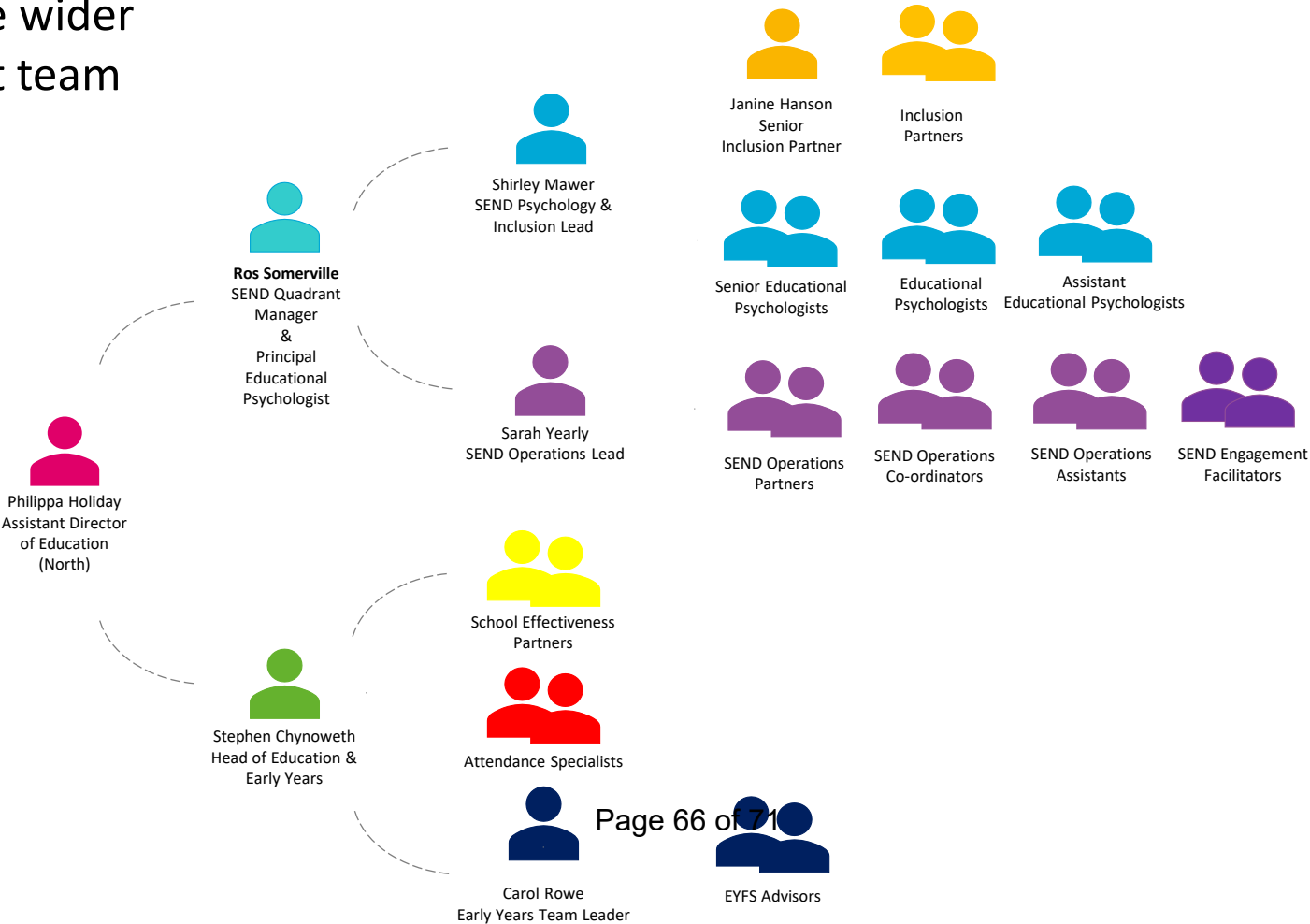
Meet the wider quadrant team



Meet the wider quadrant team



Meet the wider quadrant team





Meet the central SEND Strategy & Innovation Team


Kate Harvey
Education Legal
Services Leader


Legal Services
Officers



Legal Services
Support Officers



Helen Wall
SEND Strategy &
Innovation Lead



SEND S&I Officers



Suzanne Davis
Targeted Employment
Manager



Targeted
Employment Officers



Matthew Bysouth
Lead Teacher of the Deaf



Teachers of the
Deaf/ MSI



Sensory Support
Specialist



Sign Language
Instructors



Kay Leeser
Lead Teacher Visual
Impairment



Teachers Visual
Impairment/ MSI


Sensory Support
Specialist


Braille Instructors


Habilitation
Specialists


Jo Lambert
Lead Teacher Physical,
Neurological Impairment


Specialist Teachers
PNI



Ralph Holloway
Head of SEND
Strategy & Innovation



SEND Strategic
Lead for Autism


SEND Strategic
Lead for SEMH


EWMHS
Co-ordinators


SEND Strategic
Lead for Language
and Comms


SEND Provision
Development
Leads


SEND Provision
Development Officers


SEND Strategy &
Innovation Delivery
Partner


SEND Strategy &
Innovation Support
Officer

Work Programme

Reference Number: PAF/16/20

Report title: Work Programme	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 23 July 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The current work programme for the Committee is attached.

2. Action required

- 2.1 The Committee is asked:
- (i) to consider this report and work programme in the Appendix and any further development or amendments;
 - (ii) to discuss further suggestions for briefings/scrutiny work.

3. Background

3.1 Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

3.2 Formal committee activity

The current work programme continues to be a live document, developed as a result of work planning sessions and subsequent ongoing discussions between the Chairman and Lead Members, and within full committee. Some items have been put on hold as a result of the pandemic.

3.3 Task and Finish Group activity

The final report of the Task and Finish Group looking at certain aspects of the multi-agency response to drug gangs, knife crime and county lines is being finalised. The current pandemic crisis has delayed completion of the report although it is now expected that it will be presented to the Committee's September meeting.

Cont....

Work Programme

3.4 Chairman and Vice Chairmen meetings

The Chairman and Vice Chairmen meet monthly in between scheduled meetings of the Committee to discuss work planning and meet officers as part of preparation for future items. The Chairman and Vice Chairmen also meet the Cabinet Members for Education, Children & Families, and Health and Adult Social Care on a regular basis.

4. Update and Next Steps

See Appendix.

5. List of Appendices –

Work Programme overleaf.

People and Families Policy and Scrutiny Committee: 14 July 2020

2020 Work Programme (dates subject to change and some issues may be subject to further investigation, scoping and evaluation)

Date/timing	Issue/Topic	Focus/other comments	Approach
Items identified for formal scrutiny in full committee			
23 July 2020	Special Educational Needs – Care Quality Commission/Ofsted Inspection – <i>follow up</i>	To be updated on the multi-agency action plan and improvement actions being taken	Cabinet Member and Lead Officers to be present. Multi-agency – health representatives to also be in attendance.
23 July 2020	Special Educational Needs – Essex County Council restructure: <i>further follow-up</i>	Scrutinise service changes arising from public consultation	Review feedback on implementation.
10 September 2020	Residential and domiciliary care	Changes to demand pressures being seen as a result of the pandemic and other trends	TBC
10 September 2020	Adults Safeguarding	Focussed operational update	TBC
10 September 2020	Drug Gangs, knife crime and county lines - <i>follow up</i>	Responding to referral from Full Council to look in particular at multi-agency working	To receive the final report of the Task and Finish Group established to look at the issue.
8 October 2020	Education portfolio update: further <i>follow-up</i>	1. Consider the draft Early Years Strategy; 2. A further update on wellbeing programmes and personal resilience; 3. Update on disadvantaged Pupils Pilot	Last discussed in January 2020. Cabinet Member and Director – Education to be present
8 October 2020	Children's Safeguarding	(i) Focussed operational update and (ii) consider Children's Safeguarding Board annual report.	TBC
November 2020	Adults Safeguarding	Consider Adults Safeguarding Board annual report (usually presented in September but delayed by the pandemic).	TBC
TBC	Adult Carers (strategy)	To be scoped	TBC
TBC	Adult Community Learning – <i>follow up</i>	Consider new national outcomes framework and how being benchmarked against it – to include measuring the social investment.	TBC
16 December 2020 (provisional)	Respite Care – <i>follow up</i>	Update on further parent and carers workshops held, completing the full-service review and ongoing support during the pandemic.	Cabinet Member and Lead Officers to attend
16 December 2020 (provisional)	Deprivation of Liberty Safeguards – <i>follow up</i>	Update on progress to reduce number of outstanding assessments.	Lead Officers to attend

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Date/timing	Issue/Topic	Focus/other comments	Approach
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Task and Finish Group reviews

To finish	Drug gangs, knife crime and county lines	Multi-agency working arrangements	Evidence sessions completed. Report being finalised.
To start	Domiciliary care	TBC	TBC – start date delayed due to current Corona pandemic

Further issues under consideration

TBC	Autism services	Issues identified during joint briefing with HOSC including transitions between services, timing for support and diagnosis, promoting employment, and consistency of mainstream school offer.	To be scoped.
TBC	Provider relationships – <i>follow-up</i>	1. Refreshed Market Strategy 2. Further update on initiatives to improve supplier relationships	Opportunity to review and comment on draft and revisit any issues from previous discussions.
TBC	0-19 contract with Virgin Care – <i>further follow-up</i>	Continue review of contract performance, and the revised (more outcomes focussed) KPIs.	Cabinet Member, Virgin Care, and Barnardos to be invited.
TBC	PREVENT	TBC	TBC
TBC	Hip fractures and falls Prevention – <i>follow-up</i>	Follow up on Task & Finish Group recommendations that are relevant to PAF	To be picked up during work on domiciliary care.