



Essex County Council

# People and Families Policy and Scrutiny Committee

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| <b>11:00</b> | <b>Thursday, 13<br/>February 2020</b> | <b>Committee Room<br/>1,<br/>County Hall,<br/>Chelmsford, CM1<br/>1QH</b> |
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**For information about the meeting please ask for:**  
Graham Hughes, Senior Democratic Services Officer  
**Telephone:** 033301 34574  
**Email:** democratic.services@essex.gov.uk

## Pages

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### **Private Pre-Meeting for PAF Members Only**

Please note that there will be a private pre-meeting for committee members at 10.15am in Committee Room 6, County Hall.

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| <b>1</b> | <b>Membership, Apologies, Substitutions and Declarations of Interest</b> | <b>4 - 4</b> |
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| <b>2</b> | <b>Questions from the Public</b><br>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. |  |
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On arrival, and before the start of the meeting, please register with the Senior Democratic Services Officer.

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| <b>3</b> | <b>Minutes</b><br>To approve as a correct record the minutes of the meeting held on 16 January 2020. | <b>5 - 10</b> |
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| <b>4</b> | <b>SEND Services - Care Quality Commission/Ofsted Inspection</b>   | <b>11 - 33</b> |
| <b>5</b> | <b>Adult Community Learning update</b>   | <b>34 - 48</b> |
| <b>6</b> | <b>Work Programme</b>  | <b>49 - 52</b> |
| <b>7</b> | <b>Date of Next Meeting</b><br>To note that the next meeting is scheduled for Thursday 12 March 2020, which may be a private committee session, public meeting, briefing, site visit etc. - to be confirmed nearer the time. |                |
| <b>8</b> | <b>Urgent Business</b><br>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.**

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| <b>9</b> | <b>Urgent Exempt Business</b><br>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. |
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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. If there is exempted business, it will be clearly marked as an Exempt Item on the agenda and

members of the public and any representatives of the media will be asked to leave the meeting room for that item.

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## 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 G Butland   |               |
| Councillor J Deakin    |               |
| Councillor B Egan      |               |
| Councillor C Guglielmi |               |
| Councillor J Henry     | Vice-Chairman |
| Councillor J Lumley    |               |
| Councillor P May       |               |
| Councillor M McEwen    |               |
| Councillor R Pratt     |               |
| Councillor P Reid      |               |
| Councillor C Souter    |               |
| Councillor C Weston    |               |

#### Non-elected Members

Richard Carson  
Lee Cromwell  
Marian Uzzell

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**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, 16 January 2020**

**Present:**

*County Councillors:*

J Chandler (Chairman)  
J Baker (Vice Chairman)  
J Deakin  
M Durham (substitute)  
C Guglielmi (items 1- 5(i) only)  
A Hedley (substitute)  
J Lumley  
M Maddocks (substitute) (items 1-4 only)  
P May (items 1-4 only)  
M McEwan  
R Pratt (items 1-4 only)  
P Reid  
C Souter

Graham Hughes, Senior Democratic Services Officer, was also present throughout.

**1 Membership, Apologies, Substitutions and Declarations of Interest**

The report on Membership, Apologies, Substitutions and Declarations was received and noted. Apologies for absence had been received from Councillors Butland (for whom Councillor Maddocks substituted), Egan (for whom Councillor Durham substituted), Henry (for whom Councillor Hedley substituted), Weston, and Sharon Westfield de Cortez from Healthwatch Essex.

Declarations of code interest were made by Councillors Pratt and Lumley (Chairmen of Governors, and Governor respectively of Primary Schools) and Councillor May, he was a Director of Business Opportunities for the Physically Handicapped. These were noted although not considered sufficient to prevent participation in the meeting.

**2. Minutes**

The draft minutes of the meeting held on 14 November 2019 were approved as a true record and signed by the Chairman.

**3. Questions from the public**

There were no questions from the public.

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#### 4. Day Opportunities

The Committee considered report PAF/01/20 detailing a proposal for a new contract for ECL Day Opportunities and Employment which was to be presented to Cabinet for approval in February 2020.

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

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

Chris Martin, Director, Strategic Commissioning & Policy (C&F)

Nick Presmeg, Executive Director, Adult Social Care

Joe Coogan, Director of Operations, Essex Cares

During discussion the following was highlighted and/or noted:

- (i) Essex County Council (ECC) currently commissioned a range of services known as 'day opportunities' for adults with disabilities and older people to enable them to take part in activities outside their home, as well as enabling a break for family carers;
- (ii) Essex Cares Limited (ECL) were the largest provider of these services in Essex. The Cabinet member acknowledged that the current contract with ECL had not been as successful as he would have liked.
- (iii) ECC was now seeking to improve the model of care and increase the number of adults with learning disabilities and/or autism in meaningful paid employment and restructuring the Day Opportunities programme into a Supported Employment Programme. It was proposed to directly award an outcomes focused contract to ECL to deliver this.
- (iv) Employment was a key focus area of ECC's Meaningful Lives Matter transformation programme for people with a learning disability and/or autism.
- (v) With 16% of 18-64 year olds with a learning disability known to Adult Social Care already in employment, Essex already performed well compared to a national average of 6% but the aspiration was higher.
- (vi) Mr Coogan advised that he viewed the current service was following a fairly traditional model and that there was a cohort of people currently attending who could be supported into work. It was also acknowledged that there would still remain another client group of those with LD s with profound complexities who would still need an offer that helped them maximise their skills and opportunities to be as independent as possible.

- (vii) It was stressed that as ECC and ECL were trying to broker something different, it was anticipated that there would be more collaborative approach between commissioner and provider towards the effective operation of the new contract.
- (viii) Members highlighted other facilities that offered greater independence for adults with learning disabilities and/or autism such as Market fields and Acorn Village and that the day opportunities service should link with them if it had not already done so.
- (i) It was hoped that the changes would also give other organisations and employers the opportunity to further broaden their own offers. Further work was being planned with local employers, starting with the larger employers. However, members cautioned not to overlook the importance of working with smaller businesses as well.
- (ix) It was acknowledged that there may need to be some work needed with parents and carers about their expectations and to address any anxieties, and how to transition and support those that may be institutionalised in their family settings. Further thought would also need to be given as to how to engage with older demographics to get them to embrace the changes.
- (x) Further thought would also need to be given to thinking about improving the employability of those recovering from mental health issues and those with sensory impairments and care leavers.
- (xi) Further thought would also be given to fostering employment rather than just jobs - i.e. pop up stalls selling products.
- (xii) It was anticipated that some support would be in the employment environment including work shadowing if necessary.
- (xiii) Increasingly, ECC would be focussing on the social value aspects of its large procurement contracts and the inclusivity of employment practices.
- (xiv) Upon being challenged by the Committee on the proposal to award the contract to ECL, officers stressed that during the last year they had seen significant innovation and new ways of working from ECL which had convinced ECC that there was the appetite within ECL to deliver the new aspirations for day opportunities service.

Conclusion:

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

- (i) Cllr Spence agreed to amend the Cabinet paper to make it clear that employment support services, in particular, could be delivered from a variety of community settings in future.
- (ii) It was agreed that Cabinet Member/officers would give further thought to introducing some form of accreditation scheme for employers to support the project.

The meeting adjourned at 11.45 and reconvened at 11.50am.  
Councillors Maddocks, May and Pratt left before the meeting reconvened.

## **5. Education portfolio update: follow-up actions**

The Committee considered report PAF/02/20 addressing follow-up actions from July 2019.

The following joined the meeting to support the item:

Councillor Ray Gooding, Cabinet Member – Education;  
County Councillor Ivan Henderson (for the discussion on children missing education only – he left the meeting thereafter);  
Clare Kershaw, Director – Education.

- (i) Children missing education
  - Councillor Gooding had hosted a cross party group of members to look into issues around children missing education. ECC had provided comprehensive responses to Department of Education consultations on the issue and put forward a number of key recommendations. The Committee were being asked to support ECC's approach to continue lobbying on this issue.
  - It was estimated that at least 2000 young people were being home educated in Essex. It was acknowledged that those parents and carers who had done this for religious and cultural reasons often had good outcomes.
  - Councillor Henderson stressed that the issue had been a good opportunity for cross party work and many of the conclusions aligned with the views of the Children's Commissioner.
  - The intention was that comprehensive advice and guidance on the expectations of home education should be made available to parents and carers thinking about it in future, to challenge their commitment to undertaking it, so that a fully informed decision could be made. Ideally, a registration system could be established.



- There should be provision for re-registration at the same school so that the school still retained responsibility for the young person being re-integrated back into mainstream education should that decision be made at a future date. Such an approach would also prevent using off-rolling as a mechanism to move a child to another school. However, it was acknowledged that there would be a financial impact on schools in having that ongoing obligation.
- Members encouraged processes that could enable the sharing of information on families travelling between areas between different local authorities.
- Those being home educated currently missed out on many of the educational awareness programmes delivered and available at schools including mental health awareness, cultural and social development, risk aversion and safeguarding amongst others.

*Conclusion:*

The Committee supported the approach and lobbying proposed. Cllr Gooding **agreed** to consider if, at this point in time, the proposed recommendations needed to be extended to cover -cross county arrangements and sharing information between local authorities.

Councillors Guglielmi and Henderson then left the meeting.

(ii) Expectations of interventions by the Early Years' Sector

Clare Kershaw gave an oral update on interventions by the Early Years' sector. There was work underway looking at establishing a new school readiness strategy. This strategy would include looking at the support for initial transition into a child's first school and the processes in place for communications and language development testing at the end of reception year. Development of the strategy also needed to align with other workstreams being led by Councillor Mckinlay (Cabinet Member for Children and Families) on deprivation, disadvantaged, and those just about managing, and also the interface with the children's wellbeing service delivered by Virgin care and Barnardo's. The strategy would also look at further improving the targeting of resource.

*Conclusion:* **Agreed** that the draft Early Years Strategy would be presented to the Committee ahead of launch.

(iii) Wellbeing programmes in schools and personal resilience

Clare Kershaw provided an oral update on work underway to further improve the linkages of wellbeing programmes operating in schools with the provider of emotional wellbeing and mental health services for children and young people in Essex and the promotion of personal resilience.

- The intention was to focus further on more early intervention and prevention prior to the thresholds for the current commissioned service with the North East London Foundation Trust and to look at underlying reasons for bad or disruptive behaviour.
- There was an ambition for every school to be trained in trauma prevention practice. The practice was more than just a workforce development programme and sought to change the values and ethos in a school.
- Mapping of secondary support available had highlighted that there were around 300 support networks in Essex that can build upon and complement ECCs commissioned emotional wellbeing and mental health services. ECC were looking at developing a portal for this information as part of highlighting the suite of services available.
- In terms of personal resilience, ECC was looking at greater consistency in use of language and descriptions being used.

#### *Conclusion*

#### **Agreed:**

- (i) A copy of the Trauma Perceptive Practice to be circulated to members;
- (ii) Officers to revisit to see how Trauma Perceptive Practice will be monitored on an ongoing basis.
- (iii) A further update on wellbeing programmes and personal resilience to be given later in the year.

Councillor Gooding and Clare Kershaw then left the meeting.

#### **6. Work Programme**

The Committee considered and noted report PAF/03/20 comprising the current work programme for the Committee.

#### **7. Date of Next Meeting**

The next meeting would be on Thursday 13 February 2020.

There being no further business the meeting closed at 12.46pm.

**Chairman**

## SEND services – OFSTED Inspection

Reference Number: PAF/04/20

|  |   |
|--|---|
| <b>Report title:</b> Special Educational Needs and/or Disabilities – Joint Care Quality Commission and OFSTED Inspection |   |
| <b>Report to:</b> People and Families Policy and Scrutiny Committee  |   |
| <b>Report author:</b> Graham Hughes, Senior Democratic Services Officer  |   |
| <b>Date:</b> 13 February 2020  | <b>For:</b> Discussion and identifying any follow-up scrutiny actions |
| <b>Enquiries to:</b> Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.                    |   |
| <b>County Divisions affected:</b> Not applicable   |   |

### 1. Introduction

- 1.1 The Chairman and Vice Chairmen have requested a discussion on the 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”).

### 2. Action required

- 2.1 The Committee is asked to consider the attached joint update prepared by Essex County Council and the NHS detailing their responses to issues raised in the Inspection Report.

### 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.
- 3.2 OFSTED and the CQC issued their Inspection Report on 17 November 2019 (attached as **Appendix A**). Essex County Council and the Clinical Commissioning Groups (CCGs) are now required to jointly submit a written response to regulatory authorities addressing the issues raised in the inspection report.
- 3.3 In the meantime, representatives from both Essex County Council and the CCGs have been asked to attend the Committee today to discuss the issues identified and provide their broader context (**Appendix B**).

Cont overleaf....

## **SEND services – OFSTED Inspection**

Continued....2/2

### **4. Update and Next Steps**

See Appendix B for the update.

Members may wish to consider:

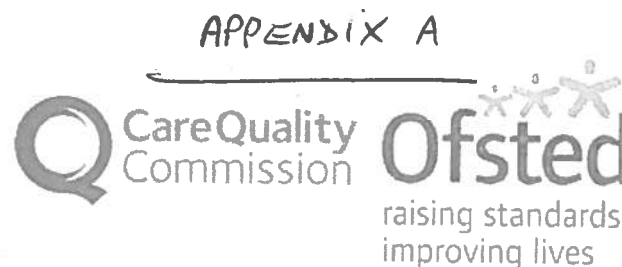
- (i) the appropriate future role for the Committee on this issue;
- (ii) identifying how the Committee may be of assistance to agencies in the development of action plans and addressing issues raised;
- (iii) identifying an appropriate level of future oversight and challenge; and
- (iv) identifying any appropriate process for seeking reassurance about actions being taken.

### **5. List of Appendices –**

- A. Care Quality Commission and OFSTED report – Joint local area SEND inspection in Essex dated 17 November 2019.
- B. Update and response from Essex County Council and the Essex Clinical Commissioning Groups to the Inspection Report.
- C. Anecdotal case studies of lived experience in relation to SEND services from Healthwatch Essex.

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**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

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

## SEND Ofsted Inspection Update

**Purpose**

To inform the People and Families Scrutiny Committee of the:

- Outcome of the recent Ofsted/CQC SEND Local Area Review Inspection;
- Work required across partner agencies to improve services and provision across Essex for children and young people with SEND;
- Progress made so far in response to the inspection.

**Background**

The 2014 Children and Families Act introduced sweeping reforms to improve services and outcomes for Children and Young People with Special Educational Needs and/or Disabilities (SEND) across the country and made it a statutory duty for all agencies involved in working with children and young people to follow the SEND Code of Practice 2014.

To support the introduction of the reforms a new inspection framework was introduced in May 2016. 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;

All local areas will be inspected under the framework over a five-year period. To date 105 local areas have been inspected.

The inspection does not have a grading system in the way that schools and children's service inspections are reported; instead Ofsted and the CQC identify strengths, areas for development and significant weaknesses. Where significant weaknesses are identified a Written Statement of Action is required to be submitted.

The expectation placed on local areas has increased since the 2014 reforms were introduced; which has resulted in a significant increase in the number of local areas required to submit a Written Statement of Action if they were inspected in 2019 as compared to previous years.

Across the region, of the 9 local areas inspected to date, 7 areas have required a Written Statement of Action to be submitted.



## **The inspection in Essex**

Ofsted and the Care Quality Commission (CQC) visited Essex from 30 September to 4 October 2019. Five days notice of the inspection was provided as per the framework. During the preparation week, every parent of a child in Essex with SEND was notified about the inspection and invited to contribute their views. Interview groups were organised involving staff, providers and with families directly. During the inspection week over 600 parents contributed their views.

The inspection report was published on 23<sup>rd</sup> December 2019 and is attached as a background paper. The timing of the publication of the report was delayed due to purdah.

Ofsted and the CQC found the following areas of strengths during the inspection:

- Progress towards the implementation of the reforms has accelerated since 2017 and senior leaders are demonstrating a shared commitment towards driving change.
- School leaders understand the need to change the way the local authority works together to improve outcomes for children and young people with SEND.
- Leaders have an honest and broadly accurate picture of the current strengths, weaknesses and complexities of practice across the quadrants, the five CCG's and the 3 STPs- the Self Evaluation was deemed to be accurate
- The area is effective in accurately identifying needs in the early years phase of education
- Significant progress has been made to support young people to prepare for adulthood
- Outcomes for children with EHCP's have improved at the end of Key Stage 2.

Ofsted and the CQC also determined there were three 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.

Essex County Council and the five Essex CCGs fully accept the outcome of the Ofsted/CQC inspection.

### **Actions taken since the inspection.**

A SEND Improvement Board has been established; membership consists of senior leaders across the local authority, the five CCG's and the Essex Child and Family Wellbeing Service. This has met 5 times since the inspection. An improvement budget has been agreed across the 6 lead agencies.

A lead CCG has been identified to lead on the improvement work on behalf of all 5 organisations. The lead is NE Essex CCG who has been involved in the Suffolk inspection. Basildon and Brentwood CCG and Castle Point and Rochford CCG also have experience of the Thurrock and Southend inspections respectively. NEE CCG have agreed governance with the other CCGs to ensure work is coordinated and consistent. This will be done via the CCG's Directors of Nursing and Accountable Officers' meetings.

Four workshops have been held, three focusing on each of the areas of significant Weakness and a final workshop to pull the outcomes together into a working draft action plan.

A full report has been given to the Essex Health and Wellbeing Board.

The DfE and NHSE have visited the area to assess progress since the inspection and to outline the process for monitoring progress going forward.

### **Next Steps.**

The Written Statement of Action is required to be submitted to Ofsted by the 27<sup>th</sup> March 2020. Ofsted will determine if the plan is fit for purpose, if it is not deemed fit for purpose further work will be required. From the date the plan is accepted by Ofsted, the local area has 18 months before it will be re-inspected. A key benchmark for the re-inspection will be what difference has been made to the lived experiences of children, young people and families as a result of the improvements made.

### **Wider considerations for the PAF Scrutiny Committee**

The Committee will be fully aware that ECC education services have been on a SEND improvement journey over the past 3 years. This was acknowledged by Ofsted when they recognised that the pace of improvement has accelerated since

2017. Information and updates on the SEND vision and our consultation with families has been shared at previous meetings and it is important not to view the SEND Inspection in isolation of the wider improvement plan but to incorporate this into ongoing service improvement. A restructure of the Education workforce has also recently been completed.

The biggest challenge in responding to the three areas of significant weakness will be addressing the inconsistency of provision and quality of services across the county. Ofsted and the CQC expect there to be a consistent experience of services by children, young people and families.

As a result, developing a countywide SEND Outcomes Framework is one of the first actions to complete as this will drive all further work. A draft framework is in development.

## APPENDIX C

*Please note that this small number of case studies can only be anecdotal and illustrative of some of the challenges being faced by some families and carers and is not necessarily representative of all those who use and receive SEN services.*

### **Insight Into Contacts From Individuals About Special Educational Needs To Healthwatch Essex Between January 2019 and January 2020**

Issues relating to special educational needs have featured regularly in contacts made with Healthwatch Essex by members of the Essex community, fairly evenly spread across the five Clinical Commissioning Groups which the charity covers. The following case studies summarises data collected from the lived experiences of people in Essex of special educational needs, under the age of 25, who have chosen to contact Healthwatch Essex for information and signposting in the past twelve months. The matters and opinions reflected are those stated by the individual and are not a reflection of, nor representative of, those held by Healthwatch Essex and its staff.

#### **Case 1**

Caller has a little boy aged seven who she describes as "*not being wired right*." She has been pursuing a diagnosis unsuccessfully. He was referred to a specialist centre for assessment, but the results were inconclusive. She says that he still can't speak properly. He regularly soils himself and will sit in these soiled garments all day at school. He is badly bullied at school and is currently reluctant to attend. He is physically and socially withdrawn and does not like to interact with other children. He also does not sleep at night. Caller said she had no SENCO support at school but had spoken with the headmistress who suggested that she should go back to her GP for a further referral for assessment. She is now looking for local support herself.

#### **Case 2**

Caller has just moved in to the xx area. Her 21-year-old son has a mild learning disability and is waiting for an assessment for autism. He is feeling very lonely and isolated and she wondered if there were any groups where he could find friends and socialise. He needs extra support and has been volunteering at a hospital. Due to what the caller believes was a problem with miscommunication, his work there was suspended and since then, her son has been really struggling and is very unhappy. He feels that he is being judged by people at the hospital and that he has failed in some way.

#### **Case 3**

Caller rang about support for her brother who has learning disabilities and autism. Caller says her brother, 24, lives with her 84-year-old father. Her father is his carer and the caller feels he is starting to struggle with this role due to his old age. Caller is concerned about her brother and feels he is becoming withdrawn and just sits at

home playing computer games. Her brother did have a social worker a few years ago and they were supposed to be looking into getting support for him to go to college, but this never happened. Caller feels that her brother is not eating properly as he needs treatment for his teeth but refuses to go to the dentist. She has booked an appointment for her brother to see the GP as she is concerned that he may be depressed. Caller is worried about what would happen to her brother if her father became unwell and wants to know what support he can get.

#### **Case 4**

Calling to discuss her concerns about an incident that happened with her disabled daughter and another incident with a neighbour. In March, her disabled daughter was allegedly attacked by her escort on the way to school in the school bus. An investigation was held but her daughter is non-verbal and wasn't able to confirm what had happened. The case was dismissed due to lack of evidence. Caller was not completely happy with this outcome and is wondering if there is anywhere else that would be able to give her some legal advice about this. She is also dealing with an incident that happened two years ago when a safeguarding concern was raised via the NSPCC from a neighbour. Caller believes this was a malicious call as there have never been any concerns about the care of her children and the police didn't take it any further as they could not find any concerns. However, this police call keeps showing up on the system. The caller is a healthcare worker and she finds it very upsetting when she has to keep explaining that nothing came of the call and she wants to know how it can be removed from the system.

#### **Case 5**

The caller is a school support worker requesting access to services for a pupil at her school. He is a six-year-old boy with Autism. His mother is a single parent and only gets support from her ex-partner's mother who just transports him to school and back. This was taken on as he desperately needed a school place but lived out of the catchment area for free transport. He is very keen on sports and leisure activities and his Mum is in need of some respite. He has just had a family support worker allocated via the school. School worker wants to know what is available for him to attend locally.

#### **Case 6**

Caller is looking to find information about support for her daughter with global delay and suspected autism. Caller is trying to access an assessment to confirm her daughter's autism with the local paediatric unit. Caller was given a sheet to fill out in preparation for the assessment to see what autistic traits her daughter had. Caller filled in the form and sent it back to the assessment team. Caller was then told a little while after that her daughter didn't meet the requirements to be assessed for autism and so the CCG will not pay for the assessment to be done. Her daughter is managing to hide her symptoms well at school but when she comes home, she is acting out and slapping herself in the face out of frustration. Caller would like to know where to go for support.

**Case 7**

"I was given your address by NAS concerning making a complaint to social care. My son xx has autism; he is paying for his own care and also for a day at college transport and art therapy out of his benefits. He lost his care package 2 years ago and was recently assessed by social care a month ago and nothing came out of this; we waited a month to hear from this social worker we haven't received her report she just recommended I rang them if xx needed more support but the problem is we can't make ends meet. He has no real care package, I'm a mum on her own struggling to cope with making his money last to pay for him to attend college and art cafe here in xx and pay his carer and pay his taxi fares. I was given a template to complain to social care but is it possible you could help with this?"

**Case 8**

Dad calling to find out what autism support groups are available in the xx area. His son is nine-years-old and has recently been diagnosed with autism. He is looking to find local groups to support him and his wife and any groups for his son.

**Case 9**

Caller has a son with ADHD and special needs, and she is looking for some clubs and activities for him to join who are patient and understand his difficulties. He is seven and finds it difficult to wait his turn. The caller is looking for gymnastics, football or similar clubs.

**Case 10**

"I wonder if you could help me. I have a 20-year-old son who is autistic and currently living at home after leaving residential school in July of this year. We were going to do assisted supportive living for XXX and he was to move to a property in YYY in September of this year. This has fallen through and my son is now in limbo and we are at a situation what to do next. We have gone through the correct channels (Social Services) and it is becoming increasingly frustrating. XXX's mood swings are getting unpredictable by the day and can be frightening. Any pointers what to do next would be much appreciated".

**Case 11**

"The young man in question is 19 years old and has learning disabilities and chronic anxiety. He is very able but does benefit from clear and direct language. He is supported in the community by his LSA, also a young man of a similar age. He is making amazing progress now and has a clear pathway with us. I would like him to develop his independence around food and drink prep and think this might work best out of the home. The challenge will be to find an appropriate class for him as he would not necessarily relate to a group geared up towards those with complex needs, and he would need a class during the day. I think he would be happy at a mixed class, and yes, he is a complete beginner. I'd be grateful for any advice – I know this is a tricky request".

**Case 12**

Asked to gather some information for the grandparent of a child with ADHD and possible autism. Grandmother is the primary carer and has a special guardianship order. She is finding the parenting side difficult and would benefit from some support at home. She is still waiting for a diagnosis and is waiting for the paediatrician to send a report to school about the autism diagnosis.

**Case 13**

Caller's son (6) who has global developmental disorder has also recently been diagnosed with autism. Caller wanted to move to a new house to enable her to access specialist support services and schools, but housing services have assessed her family as low priority. Caller says the school, which her son currently attends, is not able to cope with his requirements. He is just beginning the process for an education, health and care assessment and the caller has sourced a specialist school which she would like her son to attend. She is on the waiting list for a move to her preferred location, but this could take two and a half years. Caller is looking for sources of practical advice and support.

**Case 14**

Caller son is 18 and has Asperger's. He lives with his grandparents as the caller (Mother) has long history of mental health issues. He recently had a meltdown at college and the college has now said it is too risky for him to be there. He is currently receiving ESA. Caller is concerned as he does not appear to be coming out of his room. She knows he is smoking and using Marijuana and taking anti-depressants. Caller says he is awaiting an assessment from the mental health team. Caller says her parents go out all day and leave him to it and her dad keeps saying he is going to take him to the Job Centre but this has still not happened. Caller says her parents are now in their 70's and she worries about them too. Her father has just been very unwell and was in hospital which is what has sparked her own deterioration in her mental health Condition. Caller would like to know what support there is for both her son and her parents.

**Case 15**

Caller has a 16-year-old son who has a diagnosis of autism and Intolerance of Uncertainty. The caller shared that she has struggled to get support for many years but is having particular difficulty with her son's transition period from childhood services to adulthood services. Caller says that on the ECC website Local offer, there is a service listed which offers a specific type of transition service by a qualified O.T who is trained by the National Autistic Society. Caller says that she is trying to get this service for her son as it seems to be exactly what he needs due to his specific condition. However, she is being sent round and round in circles by ECC. She was told that he could pay for this via a personal budget, so she started that pathway. She requested a social worker and an assessment but was then told that anyone under 16 could not have a personal budget although on the ECC website it states that you can. Caller says her son was getting good support from a mainstream secondary school but there is no school or college that can give him that independent support now. He has just started a school that will take individuals on



until they are 18 but caller says the children have such profound autism that her son is struggling to the point that he is in tears about going and the caller believes that he will start refusing to go. He is so highly intelligent that this school is not challenging him and not giving him the life skills to transition into adulthood. Caller believes that if he could access this particular OT service, he would get the skills to become independent and then he would be able to go to a mainstream college. The caller has raised a formal complaint to ECC and is awaiting a response. Caller has split up with her husband but they still live in the same house as they cannot financially afford to live apart due to the child care costs and support that her son needs.

#### **Case 16**

Caller has a son with autism who is 15 years old. She is trying to convert an outhouse as a sensory room for her son and is trying to find information about grants for this adaptation. She said her son received his diagnosis five years ago and she has been experiencing a great deal of difficulty accessing care and support. He attends a special school.

#### **Case 17**

"I found your service in Essex county website and would like to speak to an adviser in regard to housing and support services for my daughter who is 13 and has autism and ADHD.

I just wanted to know if there was some specific to contact in regard to this and for my area in xx.

Please could you let me know."

Caller had also telephoned into the service. She is currently living in a first floor flat in xx with her 13-year-old daughter who has autism and ADHD. Caller says that her daughter finds getting out of the flat difficult due to her special needs and mobility issues too. The caller also has fibromyalgia, asthma and anxiety. Caller believes that the landlord of her flat will not let her carry out any adaptations because it is privately rented. Caller has contacted the council, but they have told her that there is not anything they can do until she has been in the property for 3 years. Caller is currently appealing for her daughter to get into a specialist school. Caller has repeatedly asked for an audiology referral from her GP but this is being refused each time with no explanation. Caller is struggling to get support for her daughter and would like to know if there are any more services that she can ask. Caller has tried One Support, Turn2Us, InterAct, HealthyMinds and has made a referral to EWMHS today.

#### **Case 18**

Caller is looking to find support for her 26-year-old son with high functioning Asperger's. He has been sectioned a few times since finishing University. He is having difficulty coping with getting into work and socialising.

#### **Case 19**

Caller ringing to ask for support regarding her 22-year-old son who has autism. The son also has mental health issues, anxiety paranoia and can be very verbally aggressive. Caller recently moved into a flat in the xx area but has had transition problems due to getting beaten up outside the flat. Caller says her son would not



involve the police due to his paranoia, so the council are not helping him relocate. Caller has regularly been sectioned and is under the care of xx House. Her sons CPN and GP is in agreement that he needs to move as it is making his condition worse and has written letters to support this. Caller is currently having to stay with her son or have her son stay with her. This is having a huge impact on her as he is verbally aggressive at times. Caller was tearful as she believes if she can get him moved, he will settle again, although on discussion she admitted that his condition is getting worse.

\*this document is produced for the purpose of conveying lived experiences to the People and Families Committee.

## Adult Community Learning

Reference Number: PAF/05/20

|   |   |
|---|---|
| <b>Report title:</b> Adult Community Learning   |   |
| <b>Report to:</b> People and Families Policy and Scrutiny Committee                                   |   |
| <b>Report author:</b> Graham Hughes, Senior Democratic Services Officer                               |   |
| <b>Date:</b> 13 February 2020   | <b>For:</b> Discussion and identifying any follow-up scrutiny actions |
| <b>Enquiries to:</b> Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk. |   |
| <b>County Divisions affected:</b> Not applicable  |   |

### 1. Introduction

- 1.1 The Chairman and Vice Chairmen have requested that the Committee be updated on Adult Community Learning. Councillor Ray Gooding, Cabinet Member – Education, and Katherine Burns, Adult Community Learning Principal will be in attendance for this item.

### 2. Action required

To consider the update and identify any follow-up scrutiny actions

### 3. Background

- 3.1 The Chairman and Vice Chairmen have asked that the item should be a broad introduction to Adult Community Learning - how it is organised, its client groups, how funded, its aims and objectives, and measuring outcomes including links with the Skills Board and supporting economic growth;
- 3.2 They have asked that the second part of the update should focus on the social impact of ACL activities, other 'less quantitative' outcomes such as building confidence, improved mental health, addressing loneliness and its links with social prescribing.

### 4. Update and Next Steps

See Appendix A for the update. A short power point presentation will also be made on the day.

Continued overleaf.....

## **Adult Community Learning**

Continued 2/2

### **5. List of Appendices**

- A. Update from Councillor Ray Gooding, Cabinet Member – Education, and Katherine Burns, Adult Community Learning Principal.
- B. Power Point presentation to be delivered at the meeting.

### **6. Further reading**

**Learning and Work Institute** – Healthy, Wealthy and Wise: The impact of adult learning across the UK (October 2017)

[LWI - Healthy, Wealthy and Wise](#)

## Report on ACL Essex for the People and Families Scrutiny Committee

ACL is Essex County Council's adult (aged 19+) learning service and is the third largest Adult Community Learning service in the country. It sits within the Place and Public Health Function, and as of January 2020 has moved from the Economic Growth and Localities Directorate to the Public Health and Wellbeing Directorate. After going through the Organisational Design process, it launched its new service design in September 2019.

Its learners have many different backgrounds and experiences, as well as different challenges that they have faced. Some have just wanted a second chance at getting GCSEs, getting a job through a course or apprenticeship, or maybe getting the qualifications that they need for a new career or to get to university. Others have come because they want to improve their health and wellbeing, reduce loneliness and isolation, or develop their love of learning further. ACL is not just about second chances; it's about third, fourth, fifth and sixth chances. It is about helping learners to achieve the learning goals they have set their sights on, throughout their lives. An example of this is in the following quote from a current ACL learner:

"I have some fantastic news to tell you. I have managed to secure my dream job supporting the local community with tackling loneliness and isolation. I am so excited to have this opportunity as it is something that I have experienced myself. I have also secured a second job as bank staff supporting children and adults with disabilities. After taking redundancy I never believed that I would have a job where I can make a difference. I am still doing the computer course and am hoping that this will lead me to gain a qualification. I want to thank my tutor and the team who delivered the courses. I most certainly used some of the things which I have learnt there to secure my job. Dreams are possible."

ACL's purpose is quite simply: 'Improving lives through learning'.

### National Context

Since 2017 there has been an increasing national focus on the importance of lifelong learning (adult learning) in terms of the growing need of the population to access learning throughout their lives e.g. re-training, work progression, social mobility, health and wellbeing, for example. This importance has been recognised across the main political parties with different commissions having been set up, as well as the Commons Education Select Committee on Lifelong Learning that is being reconvened.

The 2017 Industrial Strategy White Paper also noted its importance through committing to the creation of a National Re-training Scheme. This is a key intervention that is currently being prototyped in different areas of the country and will link with a National Skills Fund.

Think tanks like the Royal Society of Arts, the Learning and Work Institute, and Nesta, have also seen its importance and have developed various policy reports evidencing need, impact, and future direction. Whether this is around digital inclusion, re-training over the life-course, workplace poverty and inequalities, community cohesion, social isolation and loneliness, mental and physical health, productivity, family learning, or an aging population.

In the Learning and Work Institute's report 'Health, Wealthy and Wise: The impact of adult learning across the UK', it identified ten strategic challenges that resonate with the above in terms of the role of adult learning and its wide-ranging impact:

*An aging population; Lifestyles (i.e. diet/exercise – physical health); Mental health and wellbeing; Fair work; Skills mismatches; Productivity; Poverty of place; Engagement, involvement and empowerment (community cohesion and integration); Community safety and security; and Sustainable development.* The report provides evidence on some of the key ways that lifelong learning helps with these big challenges and shared outcomes:

- Improving health behaviours
- Extending life-expectancy and disability-free life expectancy
- Reducing lifestyle diseases
- Enabling a more efficient healthcare system
- Enabling access and advancement
- Enabling productivity
- Developing individual skills
- Building social capital
- Empowering communities
- Encouraging participation

Adult learning policy needs to be considered in close relation with employment, health services, and community development policy, so as to provide a holistic approach in order to positively affect people's lives across a range of areas and outcomes.

Whilst the above focuses on benefits to individuals, wider society and services also benefit from lifelong learning. Research from the Government Office for Science shows that in principle, local authorities can realise approximate savings of between £2.10 and £3.50 for every £1 invested into adult learning programmes. Given the number of public services actually benefiting, other research suggests that local authorities more realistically see 49% of savings (the 51% including other beneficiaries like DWP, NHS, Police, for example).

### Essex Context

Through its Essex Skills for Growth Strategy published May 2019, Essex County Council has recognised that a lifelong learning approach is crucial for contributing to a more enriched and prosperous county for residents and businesses. This is in terms of sustainable and inclusive economic growth, social mobility and justice, and healthy communities that flourish.

It is recognised that there are a great many opportunities and lifelong learning can enable people to access these. But there are also many economic and health challenges in Essex that are 'wicked' issues which have no simple solutions. These range across diverse public services and key geographic areas (e.g. social isolation and loneliness increasing, stagnant social mobility, rising mental ill-health, and an aging population).

That Strategy notes that the gap between the wealthiest and most deprived places in the county remains wide, with economic inactivity remaining particularly high in Tendring (26.5%) and Maldon (25.1%) compared to Essex as a whole (19.8%). The county also has disproportionately fewer local jobs relative to the size of its population, and which is most acute in parts of South Essex and in coastal areas.

In terms of skills, Essex currently lags behind in terms of qualification levels; only 31% of residents are qualified to at least Level 4 compared to 39% nationally, whilst 7.6% of residents in Essex have no qualifications at all. Government data also suggests the need to improve literacy and numeracy levels in the county – 127,600 adults in Essex have literacy skills either at or below the level expected of 9-11 year olds and 415,000 adults have numeracy skills either at or below this level (all working age adults with an Entry Level 3 and below numeracy or literacy qualification) (BEIS 2012).

Essex, Southend and Thurrock combined have seven Further Education Colleges, two Universities, and a University College. Southend and Thurrock both have their own adult learning Centres.

Robert Halfon MP and Chair of the Education Committee says, it's time to get serious on lifelong learning – and ensure everyone has the chance to prosper; ‘...with an adult community learning centre in every town in the country. These centres are the lifeblood of adult learning.’ In Essex we are lucky to have nine Adult Learning Centres across the county, offering people opportunities to gain new skills or re-train, learn and grow in confidence, as well as being healthier and more resilient to life's changes.

- Essex County Council commissions Adult Community Learning (ACL) Essex to deliver learning to the residents of Essex in order to support its strategic objectives. ACL Essex is principally a direct delivery service with a local focus.
- A small amount of delivery is carried out by sub-contractors to extend the reach of the service within the County. Managers have developed strong partnerships in areas where residents are most in need and partnerships are in place with employers, mental health commissioners, and Family Learning groups.
- ACL Essex provision is delivered across the whole political County in 9 main centres. Provision in the unitary authorities of Southend and Thurrock is delivered by separate ACLs. In addition to the main centres, the Service delivers learning in community venues. Childcare for learners and staff is available in 3 centres.
- ACL learners have access to a diverse range of accredited and non-accredited courses which support them to achieve their goals and aspirations, encourage creativity, and promote safe and healthy lifestyles. The service offers qualifications to help people move nearer to, enter or progress within the workplace or gain skills to enhance life chances.

In order to increase its impact and enable a sustainable service, ACL has recently launched a new look Service structure following the Organisational Design process within Essex County Council. It is now developing an ACL Strategy so that its purpose, intent, and impact is clearly understood; as well as reflecting ACL's ambition of working holistically and collaboratively across a range of shared outcomes for the residents and communities of Essex.

### The Future of ACL

ACL is developing a new three-year Strategy because it recognises that lifelong learning is crucial to the economic success and healthy lives of residents, communities and businesses of Essex. That ACL acts across all the life stages of residents, from Family Learning, Apprenticeships and qualification courses, to community learning (one's that don't lead to a qualification) and wellbeing courses, means that it is in a key position to make a tangible difference to people's lives.

Consequently, ACL completely aligns with ECC Strategic Aims and sees itself a key part of helping to realise these for residents: Enables Economic Growth; Helps People Get the Best Start and Age Well; Help Create Great Spaces to Grow Up, Live and Work; and Help the Council Achieve Less with More.

As part of the new service design ACL also developed its own Strategic Aim and Priorities to reflect both the intent for the Service, but also to align with these wider ECC Organisational Aims and Priorities.

ACL is a conduit that helps to improve the health and wellbeing of learners, enables them to access basic skills, and to be able to progress and gain Level 4 qualifications where appropriate. This needs to be done in a way that is even more flexible, accessible, and agile in order to meet learners' needs, expectations and future requirements.



To achieve success, ACL recognises that it must have a collaborative mindset, working together internally, as well as with other service areas and partners, to realise holistic and transformational change for learners, businesses and communities, in the context of our key strategic drivers (which reflect those mentioned in the above section on the national picture).

Indeed, the link between good employment and education with health and wellbeing, for example, is noted in both the Essex Skills for Growth Strategy and the Joint Health and Wellbeing Strategy (2018-2022). This synergy is reflected in ACL's newly defined Curriculum Delivery Areas: Working Lives; Personal Development and Wellbeing; Social Mobility and Inclusion.

Figure 1 shows the proposed key drivers in terms of opportunities and challenges, the Curriculum Delivery Areas, and an example of a new National Outcomes Framework Pilot that ACL will be piloting. This is to evidence what the actual impact of lifelong learning is across a range of outcomes.

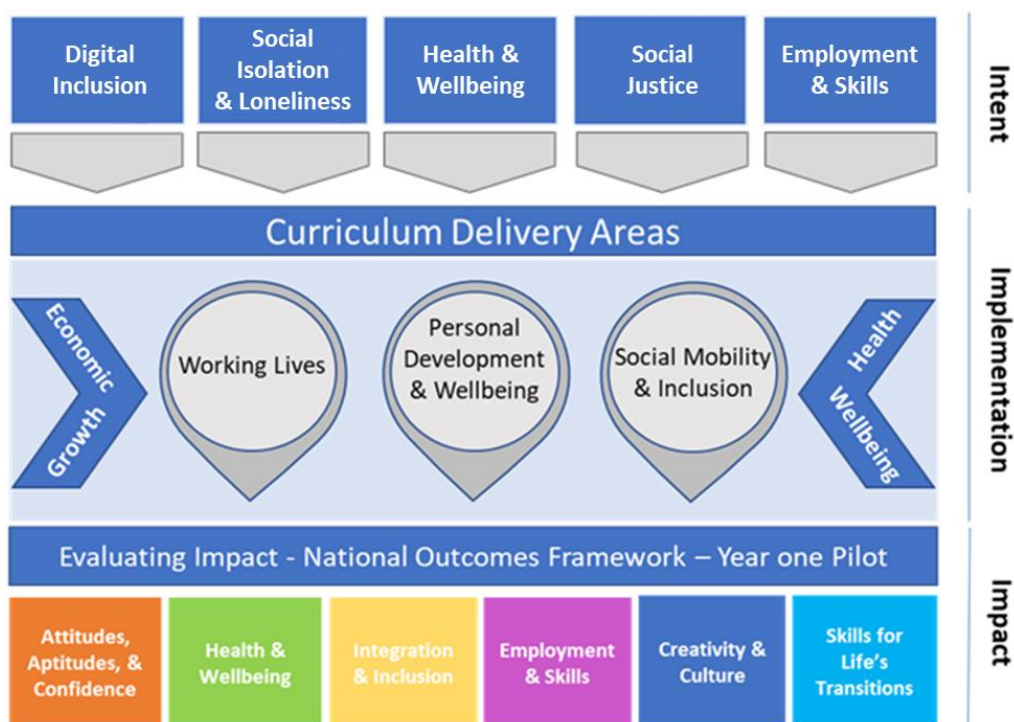





Fig 1

#### Examples of Impact (full academic year impact results 2018/19)

|   |  |  |   |
|---|--|--|---|
| <br>11,000 individual learners and 21,000 enrolments | <br>72% of people said that their course helped them make new friends | <br>97% pass rate on GCSEs with 76% achieving 9-4 grades   | <br>298 new apprentices  |
| <br>23% of learners live in a disadvantaged postcode | <br>33% of learners had no or low previous qualifications             | <br>67% of people said that their confidence had increased | <br>36% of people said their health and wellbeing had improved |

#### Additional Information

##### Video Case study – ACL Apprenticeships:

Billy Turner, Distribution & Installations Manager at ECL

<https://youtu.be/uoQDPCLN6AA>

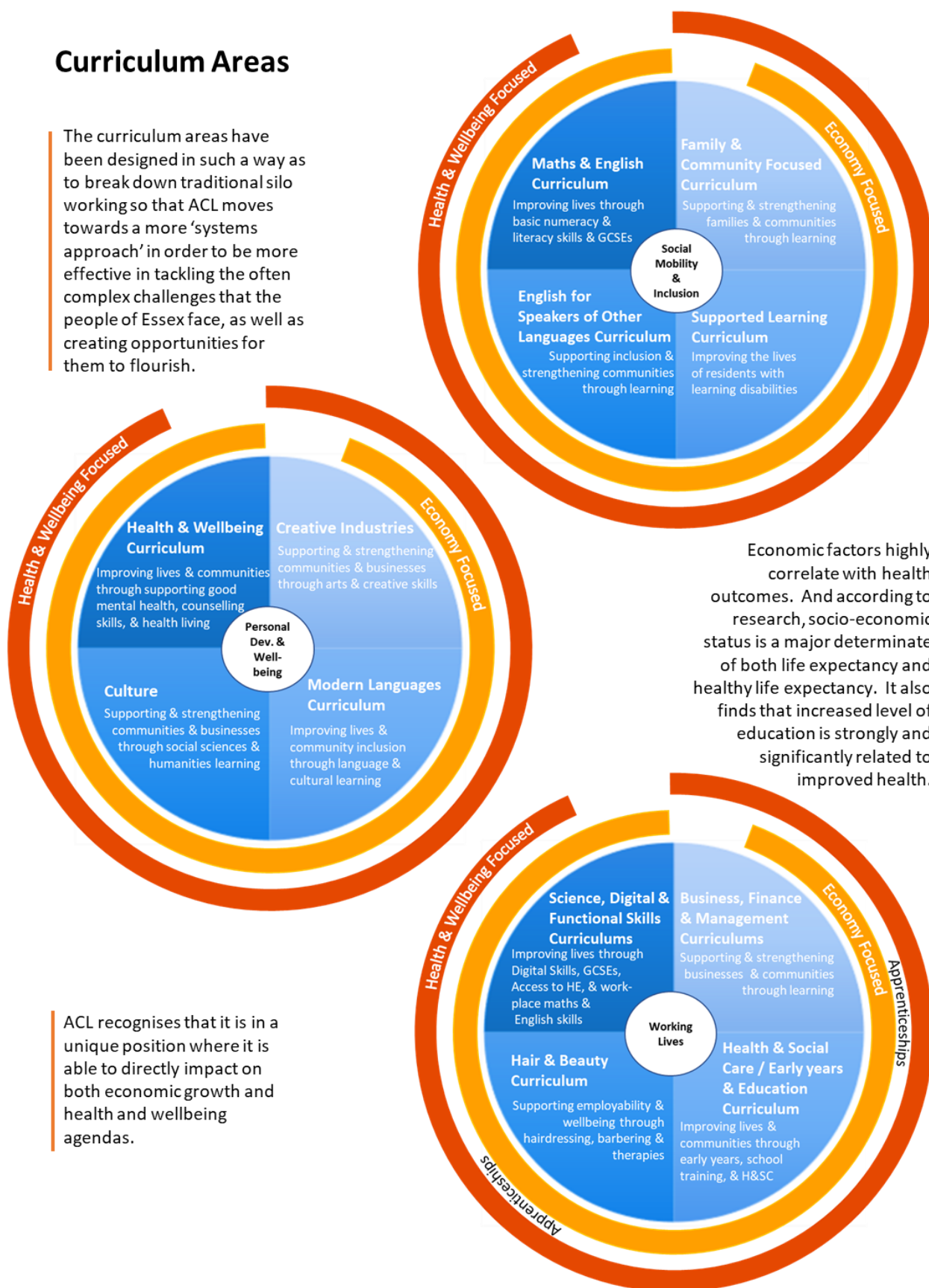
##### Reports:

Learning and Work Institute –

[‘Health, Wealthy and Wise: The impact of adult learning across the UK’](#)

## Curriculum Areas

The curriculum areas have been designed in such a way as to break down traditional silo working so that ACL moves towards a more ‘systems approach’ in order to be more effective in tackling the often complex challenges that the people of Essex face, as well as creating opportunities for them to flourish.



Economic factors highly correlate with health outcomes. And according to research, socio-economic status is a major determinate of both life expectancy and healthy life expectancy. It also finds that increased level of education is strongly and significantly related to improved health.

ACL recognises that it is in a unique position where it is able to directly impact on both economic growth and health and wellbeing agendas.



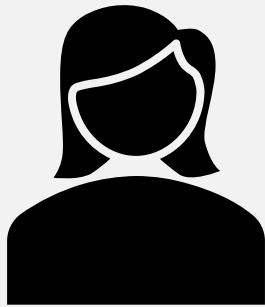


# ACL Essex

People and Families  
Policy and Scrutiny Committee

Appendix B

## Why ACL Exists



“I have some fantastic news to tell you.

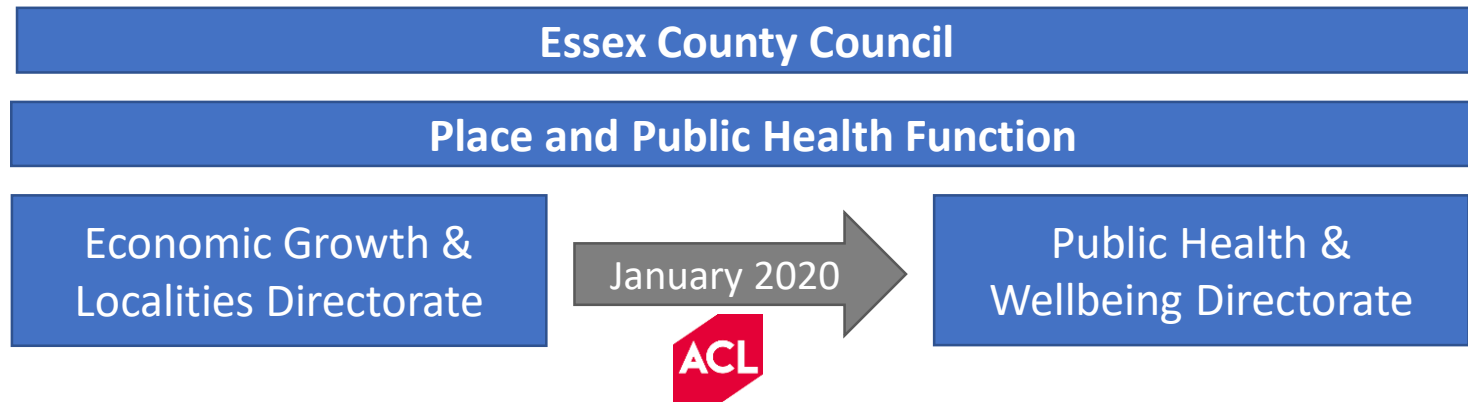
I have managed to secure my dream job supporting the local community with tackling loneliness and isolation. I am so excited to have this opportunity as it is something that I have experienced myself.

I have also secured a second job as bank staff supporting children and adults with disabilities. After taking redundancy I never believed that I would have a job where I can make a difference. I am still doing the computer course and am hoping that this will lead to a qualification.

I want to thank my tutor and the team who delivered the courses. Dreams are possible.”

# Organisational Design

ACL for a sustainable future



**New Service Design Launched Sept 2019**





**9 main centres and 130+ outreach sites in the community**



**36% of people said their health and wellbeing has improved**



**72% of people said that their course helped them make new friends**



**11,000 individual learners and 21,000 enrolments**



**298 new apprentices**



**23% of learners live in a disadvantaged postcode**



**67% of people said that their confidence had increased**



**97% pass rate on GCSEs with 76% achieving 9-4 grades**



**19% stated they are more confident of finding a better job**



**33% of learners had no or low previous qualifications**



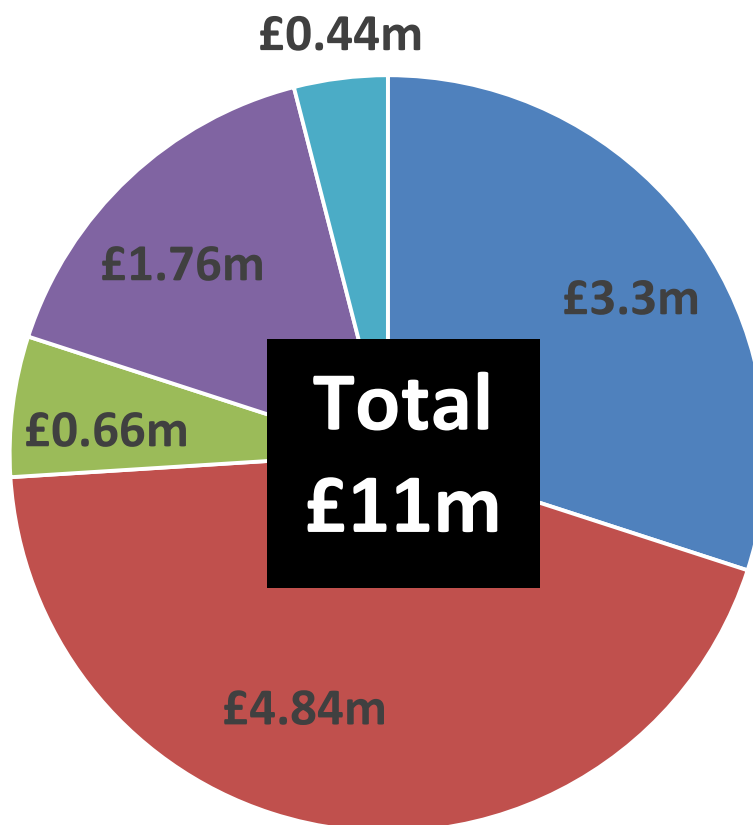
**66 volunteers**



**10% of learners are on income-related benefits**

# ACL Funding for Ages 19+

- ESFA Funding for accredited provision - "Leading to qualifications"
- ESFA Funding for non-accredited provision - "Community Learning"
- Apprenticeship funding
- Learner and employer fee income
- Other income to deliver learning



# ACL OFFER

**Working Lives**

**Social Mobility  
and Inclusion**

**Personal Development  
and Wellbeing**

## **Community learning (19+)**

**Family learning, health and wellbeing courses, mental health recovery (wellbeing) programme, employability, creative, fashion, languages, general interest , supported learning (Learning Difficulties)** courses either directly and through sub-contracted provision in communities

## **Accredited provision (19+)**

**Maths, English, Biology, ESOL, Access to HE, supported learning (learning difficulties) accreditation, digital skills, creative industries, accountancy, hair and beauty, teaching assistant (up to Level 4) and early years courses, sports massage, health and social care, law, counselling and management (including Early Years management)**

## **Apprenticeships (16-18 and 19+)**

**Early Years Educator, Residential Childcare, Supporting Teaching and Learning in Schools, Health and Social Care, Accountancy, Business Administration, Customer Service, Management**

## **Traineeships (16-19)**

Plan B project delivered by Youth Service – 16-24 provision

# Impact and Outcomes

| Outcomes                                      | Specific Examples                                 | Specific Examples                                    | Specific Examples                              |
|---|---|--|--|
| <b>Health &amp; Wellbeing</b>                 | Improved or maintained physical health            | Improved or maintained mental health                 | Improved or maintained wellbeing               |
| <b>Employment &amp; Skills</b>                | Progression towards work                          | Gained a job, or a better job                        | Progression to a higher level of study         |
| <b>Attitudes, Aptitudes, &amp; Confidence</b> | Improved confidence                               | Improved critical and creative thinking              | Improved resilience                            |
| <b>Integration &amp; Inclusion</b>            | Reduction in isolation or loneliness              | Increase in integration                              | Strengthened communities                       |
| <b>Creativity &amp; Culture</b>               | Increased participation in cultural opportunities | Production, exhibition or sale of a creative product | Contribution to community or regional culture  |
| <b>Skills for Life's Transitions</b>          | Improved parenting skills                         | Progression towards independent living               | Increased capacity to support child's learning |



## Work Programme

Reference Number: PAF/06/20

|   |   |
|---|---|
| <b>Report title:</b> Work Programme   |   |
| <b>Report to:</b> People and Families Policy and Scrutiny Committee                                   |   |
| <b>Report author:</b> Graham Hughes, Senior Democratic Services Officer                               |   |
| <b>Date:</b> 13 February 2020   | <b>For:</b> Discussion and identifying any follow-up scrutiny actions |
| <b>Enquiries to:</b> Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk. |   |
| <b>County Divisions affected:</b> 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.

#### 3.3 Task and Finish Group activity

A Task and Finish Group has held evidence sessions to scrutinise certain aspects of the multi-agency response to drug gangs, knife crime and county lines. In view that the drafting process now underway for their final report will involve liaison with a number of stakeholders, it intends to present the final report to the full Committee in May 2020.

#### 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

## **Work Programme**

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: 4 February 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  |
|---|--|--|---|
| <b>Items identified for formal scrutiny in full committee</b> |  |  |   |
| 13 February 2020  | SEN services   | To consider the OFSTED report and actions required after inspection last year  | Cabinet Member and Lead Officers to be present. Multi-agency – health representatives to also be in attendance.   |
| 13 February 2020  | Adult Community Learning                             | Assessing and measuring the social investment. An update to be prepared on the general wellbeing work being done.                            | Cabinet Member and Lead Officers to attend.   |
| 12 March 2020   | Domiciliary care/ Hospital discharge process         | To scope a review of domiciliary care provision in Essex.  | To start with a briefing on the conclusions of a recent study commissioned by the County Council reflecting on the appropriateness of care plans after hospital discharge.  |
| 9 April 2020 (provisional)                                    | Respite Care – follow up                             | To be updated on the full-service review conducted.  | Cabinet Member and Lead Officers to attend.   |
| 14 May 2020   | Educational Attainment                               | Annual report  | Cabinet Member and Director- Education to attend. A new focus to be incorporated into the report moving toward exception/outlier reporting and also measuring attainment for those not able to achieve formal qualifications. |
| 14 May 2020   | Drug Gangs, knife crime and county lines             | Responding to referral from Full Council to look in particular at multi-agency working   | To receive the report of the Task and Finish Group established to look at the issue.  |
| 11 June 2020  | Adult Carers (strategy)                              | To be scoped   | TBC   |
| 11 June 2020  | Deprivation of Liberty Safeguards                    | Arising from Audit Committee agenda item.  | TBC   |
| 23 July 2020  | Special Educational Needs – <i>further follow-up</i> | Scrutinise service changes arising from public consultation  | Review feedback on implementation.  |
| 10 September 2020   | Education portfolio update: <i>further follow-up</i> | (i) The draft Early Years Strategy to be presented ahead of launch;<br>(ii) A further update on wellbeing programmes and personal resilience | Last discussed in January 2020. Cabinet Member and Director – Education to be present   |

Cont....

| Date/timing | Issue/Topic | Focus/other comments | Approach |
|-------------|-------------|----------------------|----------|
|-------------|-------------|----------------------|----------|

**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  |

**Items identified for joint work with other committees – to be scheduled**

|     |                  |   |  |
|-----|------------------|---|--|
| TBC | Autism           | Diagnosis and referral waiting times, social care/ other support and level of awareness/training. | Private joint briefing with HOSC held on 3 February. Further actions identified for scoping. |
| TBC | Sensory services | Currently being scoped  | TBC  |

**Further issues under consideration**

|     |   |   |  |
|-----|---|---|--|
| TBC | Provider relationships – <i>follow-up</i>                 | Refreshed Market Strategy   | 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 | Children in Care/school leavers                           | Transitions. The support in schools. Discussed in previous work planning discussions    | To be scoped.  |
| 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.   |