



Essex County Council

People and Families Policy and Scrutiny Committee

10:15	Thursday, 14 January 2021	Online Meeting
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The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

For information about the meeting please ask for:

Graham Hughes, Senior Democratic Services Officer

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Essex County Council and Committees Information

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

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

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

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democratic.services@essex.gov.uk by noon on the day before the meeting. Please note that your question must relate to an item on the agenda for the meeting.

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

		Pages
**	Private Pre-Meeting for PAF Members Only	
	Please note that Members are requested to join via Zoom at 9.15am for a pre-meeting.	
1	Membership, Apologies, Substitutions and Declarations of Interest	4 - 4
2	Minutes: 7 December 2020	5 - 10
	To approve as a correct record the minutes of the meeting held on 7 December 2020.	
3	Questions from the Public	
	A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. If you would like to ask a question at the meeting, please email democratic.services@essex.gov.uk before 12 Noon on the working day before the meeting (Wednesday 13 January).	
4	Special Educational Needs and/or Disabilities – Joint Care Quality Commission and OFSTED Inspection	11 - 64

5 Task and Finish Group - Drug gangs, knife crime and County Lines 65 - 81

6 Work Programme 82 - 84

7 Date of Next Meeting

To note that the next Committee meeting will be held on Thursday 11 February 2021. It is expected that the meeting will be held online, via Zoom.

8 Urgent Business

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

Exempt Items

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

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

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

9 Urgent Exempt Business

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

Agenda item 1

Committee: People and Families Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

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

Membership (Quorum: 4)

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

Non-elected Members

Emma Rigler (representing primary school parent governors)

Christine Martin (St John Payne Roman Catholic School - Catholic diocese representative)

Co-opted educational representative members may advise and vote on all matters relating to children's services in schools. Two places are available for church Diocesan representatives. Two further places are available for parent governors at maintained schools in Essex (one primary and one secondary school). To date two representatives are in place as indicated above.

Minutes of the virtual meeting of the People and Families Policy and Scrutiny Committee, held at 10.15am by video conference on Monday, 7 December 2020

Present:

County Councillors:

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

Non-elected Members:

E Rigler (representing primary school parent governors)
C Martin (Catholic Diocese representative)

Councillor Anne Brown, Councillor Andy Wood, Sharon Westfield de Cortez from Healthwatch Essex, Graham Hughes, Senior Democratic Services Officer and Gemma Bint, Democratic Services Officer, were also present.

1 Membership, Apologies, Substitutions and Declarations of Interest

The report on Membership, Apologies, Substitutions and Declarations was received and noted. Christine Martin from St John Payne Roman Catholic School, a new Catholic diocese representative, was welcomed to her first meeting.

There were no apologies.

The following declarations of interest were noted:

- Councillor Jenny Chandler declared an interest in that she is the Chair of the Chelmsford Local Advisory Board of the Essex Child and Family Wellbeing Service.
- Councillor Mark Durham declared an interest in that he is a Governor of Essex Partnership University NHS Foundation Trust.

2. Minutes

The draft minutes of the meeting held on 12 November 2020 were approved as a true record and signed by the Chairman.

3. Questions from the public

There were no questions from the public.

4. Recommissioning of Emotional Wellbeing and Mental Health Services for children and young people

The Committee considered report PAF/27/20 comprising an update on the recommissioning arrangements for Emotional Wellbeing and Mental health Services for children and young people in Essex.

The following joined the meeting to introduce the item:

Christopher Martin, Director – Strategic, Commissioning & Policy (Children and Families);

Emily Oliver, Head of Strategic Commissioning and Policy;

Sarah Garner, Associate Director – West Essex Clinical Commissioning Group (lead health commissioner).

During the introduction the following was highlighted:

- Children and Young People's Emotional Wellbeing Services in Greater Essex were commissioned collaboratively by ten partners including Essex, Southend and Thurrock and the seven Greater Essex CCGs (the Forum). Work was underway to commission the new service from the 1st February 2022.
- It was confirmed that Chris Martin would remain the Chair of the Forum and so ECC would have a strong role to play in terms of the the future procurement. A role had been agreed for Clare Kershaw, Director of Education, on the collaborative commissioning forum.
- Internal stakeholders had confirmed that ECC should remain as part of the collaborative commissioning arrangements.
- Positive feedback about the current services had been received from young ambassadors who had used the EWMHS services but were not part of NELFTS patient care engagement forum.
- The single point of access had worked well rather than a fragmented entry into the service. Young people could directly refer into the service and they no longer had to go through a GP/ professional.
- Continuation of the current provision included an integrated and enhanced Tier 2 and Tier 3 service across Essex, Southend, and Thurrock, paediatric and liaison joint assessments where

appropriate, crisis intervention and a home based treatment service. These aimed to minimise hospital admission for this cohort of children and young people. Future services would seek to further improve access and outcomes for all groups, including vulnerable groups. There would also be closer working relationships with substance misuse and gambling addiction services.

- A range of early interventions would be offered including Cognitive Behaviour Therapy (CBT), CYP IAPT service, more coaching programmes such as Triple P, help and support for vulnerable children, and positive behaviour and trauma support.
- The role of Approved Mental Health Practitioners was included in the new arrangements.
- The new service would include advice and guidance for schools, complement and support Mental Health in Schools' Teams, and provide training where appropriate.
- The re-procurement timeline was underway. The contract awards would be published in Sep 2021 and then there would be six months of mobilisation and getting the contract into place.

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

- That some competitive dialogue be encouraged during re-procurement process to flag up what will be needed by future service provider(s).
-
- There had been a significant increase in demand for services in recent years with easier arrangements for referrals and less stigma. Staffing levels at the current provider (North East London Foundation trust) had recently been increased.
- It was confirmed that the arrangements for looked after children were consistent across all district, borough and city councils although local factors required some locality specific pathways.
- The new provider would be expected to replicate existing partner networks already established and continually develop them.
- It was suggested the new provider produce an engagement and communications plan to work with local community groups.
- Communications had gone out to all schools to remind them of support available from EWHMS during the pandemic, including some new counselling services. In North East Essex further funding had been put into groups such as Amaze and Open Door.

- All of the supplemental support services put into place for Covid would remain in place until the end of March 2021 and then be subject to review, although it was anticipated that the services would be extended past March.
- Both NHS England, and parent and carer engagement, had identified a need for EWMHS support to be accessible in special schools.
- Children in home education were also eligible to access the service.
- It was confirmed that there had been co-production with young ambassadors, the Essex Family Forum and parent carer engagement representative groups for Essex Southend and Thurrock.
- It was highlighted as part of more integrated and collaborative services, further data sharing between different organisations should be encouraged so that as wide as possible data sources were used to further improve service provision.
- It was highlighted that there could be encouragement of rotation of people between school-based and non-school based provision, particularly SEND.
- Members suggested further consideration of processes for handling reviews, disagreements and disputes and especially conflicts of interest within the service and responding to direct enquiries from the public.

A concern was also raised on Tier 4 services around whether there were enough mental health beds for young people within Essex or whether they were still being sent out of the county. It was currently difficult to get a bed anywhere nationally. At a local level, intensive support programmes had been increased and there had been training in local acute hospitals. Parents were offered reimbursement of travel expenses and used Skype and Zoom to keep in contact with their child. It was suggested that the Health Overview Policy and Scrutiny Committee could review this.

Conclusion:

It was agreed that a further update be scheduled in approximately 12 months.

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

The meeting adjourned at 11.53am and reconvened at 12pm

5. Children and Families Services - update

The Committee considered report PAF/28/2020 comprising an update on Children's and Families services and projects.

The following joined the meeting to introduce the item:

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

Christopher Martin, Director – Strategic, Commissioning & Policy (Children and Families).

The Chairman expressed concerns about the late receipt of the advance written update. However, it was also acknowledged and appreciated that the service area had been focussing on and responding to recent extraordinary pressures.

During the discussion the following was acknowledged, highlighted and/or noted:

- Government guidance had permitted some relaxation of rules and the regulations. In practice the only aspect that significantly changed was the use of virtual visiting which had received positive feedback, particularly from young people.
- Throughout Covid, the Essex Child and Family Wellbeing Service (ECFWS) had maintained services, with some moved online and, when needed, face to face contacts had continued. Next steps were to review how ECFWS could link in more closely with childcare settings to give a much deeper and comprehensive offer.
- There had been an increase in lower level referrals to Family Solutions. Child Protection Plan rates had increased since the first lockdown.
- Whilst there had not been a significant increase in children and family cases within Essex, cases had become more complex as lockdown had restricted the ability to access support early. There had been several communications to raise awareness. In April 2022 changes in the law would mean ECC would have a statutory duty to make provision for victims of domestic abuse.
- A key family project was in Tendring which was looking at support required for individual needs and not just what was needed as a parent. Further funding was going into this project to try and identify new opportunities and additional resources, especially on drug, alcohol and domestic abuse. Successful elements from the project would be taken over to Canvey Island. It was intended that the project would be brought to scrutiny in the near future.

The Working Families Programme had been adapted to respond to the pandemic. The summer camps were going to be expanded in terms of numbers of places and the geographical reach. More laptops could also be made available to vulnerable families.

- Additional Government funding was providing support to different groups although there were restrictions on how the money could be spent. Essex County Council was looking to combine targeting much of the support whilst also providing a comprehensive offer. The Essex Association of Local Councils were administering the funding to local communities. Members challenged the governance around community organisations receiving this funding. There would be an element of trust with providers but there was also a level of assurance from established working relationships and providers' own governance processes in place.
- Essex County Council were looking at how a broader respite offer and support for people could be provided, and how it could be linked with preparation for adulthood.

Conclusion:

It was agreed that a more detailed update would be scheduled in March 2021 with more information on the Virgin Care Children's Wellbeing Service and monitoring the KPIs in the contract as well as further developments on respite care.

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

6. Work Programme

The Committee considered and noted report PAF/29/20 comprising the current work programme for the Committee.

7. Date of Next Meeting

It was noted that the next meeting was scheduled to be held on Thursday, 14 January 2021.

There being no further business the meeting closed at 12.59pm.

Chairman

SEND services – OFSTED Inspection

Reference Number: PAF/01/21

Report title: Special Educational Needs and/or Disabilities – Joint Care Quality Commission and OFSTED Inspection	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 14 January 2021	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The February and July 2020 meetings of the Committee have discussed actions being taken to address concerns raised in a joint Care Quality Commission (CQC) and OFSTED Inspection Report on SEND services in Essex (“the Inspection Report”). At the July 2020 meeting it was agreed that a further update be provided in approximately six months’ time.

2. Action required

- 2.1 The Committee is asked to consider:
- (i) the attached joint update prepared by Essex County Council and the NHS (**Appendix E**) updating on the actions identified in the Written Statement of Action submitted to the CQC and OFSTED;
 - (ii) identifying an appropriate role and level of future oversight and challenge as part of seeking reassurance about actions being taken;
 - (iii) identifying how the Committee may be of assistance to agencies in the ongoing implementation of identified actions and addressing issues raised.

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**).

SEND services – OFSTED Inspection

- 3.3 A copy of the submitted Written Statement of Action to the CQC/OFSTED is attached as **Appendix B**.
- 3.4 A copy of the CQC/OFSTED Response to the Written Statement of Action is attached as **Appendix C**.
- 3.5 Representatives from both Essex County Council and the CCGs attended the Committee in February and July last year to discuss the issues identified and provide their broader context. A link to the meeting papers for both those meetings is here -

[PAF 23 July 2020 agenda papers](#)

[PAF 13 February 2020 agenda papers](#)

- 3.6 An extract copy of the minutes recording the most recent Committee discussion on 23 July 2020 is attached as **Appendix D**.
- 3.7 A further update from Essex County Council and the Clinical Commissioning Groups (CCGs) (in the form of a power point presentation) is attached (**Appendix E**).

4. Update and Next Steps

Appendices A-D (as listed below) provide background. Appendix E provides the update.

See Action Required above for possible Next Steps.

5. List of Appendices –

- A. Care Quality Commission and OFSTED report – Joint local area SEND inspection in Essex dated 17 November 2019.
- B. Essex Local Written Statement of Action to the CQC/OFSTED.
- C. CQC/OFSTED response to the Essex Local Written Statement of Action dated 6 April 2020.
- D. Extract Committee minute from the meeting held on 23 July 2020.
- E. Further update to the Committee from Essex County Council and the Essex Clinical Commissioning Groups (in the form of a power point presentation).

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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
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Chelmsford
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Copied to: Clare Kershaw, Local Area Nominated Officer

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

Joint local area SEND inspection in Essex

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

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

Inspectors spoke with children and young people with special educational needs

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

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

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

Main Findings

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

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

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

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

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

Strengths

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

Areas for development

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

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

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

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

Strengths

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

children with the most complex needs.

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

Areas for development

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

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

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

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

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

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

Strengths

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

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

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

Areas for development

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

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

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

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

Yours sincerely

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

Cc:

Department for Education

Basildon and Brentwood Clinical Commissioning Group

Castle Point and Rochford Clinical Commissioning Group

Mid-Essex Clinical Commissioning Group

North East Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group

Director Public Health for Essex local area

Department of Health

The National Health Service England

Appendix B

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

Purpose of this written statement of action

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

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

1. Background to this written statement of action

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

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

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

- West Essex Clinical Commissioning Group (CCG)

2. Commitment by senior leaders accountable for Essex SEND services

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

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

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

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

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

3. Areas of weakness identified through the inspection

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

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

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

4. Key strengths identified through the inspection

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

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

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

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

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

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

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

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

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

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

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

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

6. Our principles for working together

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

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

7. Governance Structure

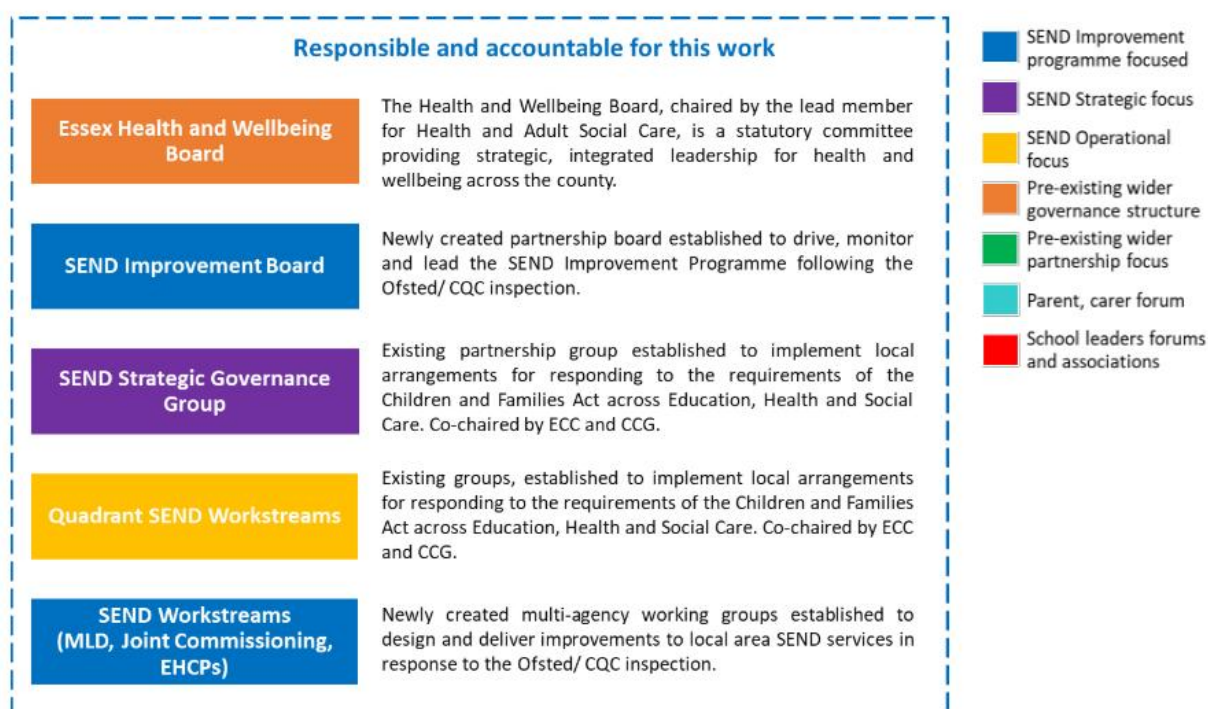
A review of our SEND governance and partnership structures is currently underway, below is a visual of the current elements.

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

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

These workstreams will:

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



8. The outcomes our SEND improvement programme will achieve

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

Outcomes for Children and Young People

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

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

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

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

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

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

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

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

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

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

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

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

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

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



2020-06-26 - JWSoA
Project Plan v0.6 AA.xl

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

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

SEND – Special Educational Needs and/or Disability

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

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

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

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

SALT – Speech and Language Therapy

MLD – Moderate Learning Difficulty

SEMH – Social Emotional and Mental Health

POET – Personal Outcomes Evaluation Tool

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

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

EFF – Essex Family Forum

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

<https://essexfamilyforum.org/>

SENDIASS – Special Educational Needs Information, Advice and Support Service

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

The Action Plan

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

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

Colour coding – this measures our progress

Blue: completed

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

Amber: medium risk to delivery time or expected benefits

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

Where can I find out more?

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

6 April 2020

Ms Helen Lincoln, Director of Children's Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Paul Brooker

Ofsted Regional Director, East of England

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

APPENDIX D**Extract of the Minutes of the virtual meeting of the People and Families Policy and Scrutiny Committee, held at 10.35am by video conference on Thursday, 23 July 2020****4. Special Educational Needs and Disabilities (SEND) - Joint Care Quality Commission and OFSTED Inspection**

The Committee considered report PAF/14/20 comprising an update on the progress of improvement actions required in response to the CQC/OFSTED inspection of SEND services in Essex.

The following joined the meeting to introduce the item:

County Councillor Ray Gooding, Cabinet Member – Education and Skills;

Adrian Coggins - Head of Wellbeing and Public Health, Essex County Council;

Ralph Holloway - Head of SEND Strategy and Innovation, Essex County Council;

Lianne Nunn, Associate Director of Nursing- Mental Health and Children at Ipswich and East Suffolk Clinical Commissioning Group;

Lisa Nobes, Director of Nursing and Clinical Quality, Suffolk and North East Essex Integrated Care System

During the discussion the following was acknowledged, highlighted and/or noted:

- (i) The inspection had identified three key areas of weakness –
 - too much variation in joint commissioning between CCG areas;
 - apparent over-identification of pupils with moderate Learning Disabilities and uncertainty as to whether it was masking other underlying difficulties;
 - Too many Education Health and Care Plans (EHCP) did not comprehensively identify needs and there was ineffective strategic oversight.
- (ii) OFSTED had already recognised that the pace of progress in implementing actions had been adversely impacted by the pandemic and that some key people had been reassigned to new pandemic related responsibilities as a result of it. However, meeting the overall 18-month deadline for completion of all

actions was still the target. An OFSTED re-inspection was likely at the end of that 18-month period although the pandemic could yet still impact on that re-inspection timing.

- (iii) Some further clarifications and detail had been requested by OFSTED to supplement the submitted Written Statement of Action (WSOA). These were to make clear how the local area intended to carry out activities and how they would be evaluated.
- (iv) The roles of all sectors would be represented in the review of governance. It was highlighted that the Children and Young People's Partnership Board was already a joint health, care and education board. The SEND Improvement Board had met regularly before the lockdown and it had just been rebooted again and it was anticipated that it would meet every two months in future.
- (v) North East Essex CCG were pleased to take on the role of the health lead for all the Essex CCGs on SEND provision. Some of the work underway was focussed on how to reduce variability across the different CCG areas starting with waiting times - once access to health provision became consistent then that would lead to more robust joint commissioning arrangements.
- (vi) A risk register would be developed over the next few months to identify risks and mitigating actions. One of biggest risks identified at present was the impact of Covid-19 on young people who had not been able to access formal on-site education for a considerable time.
- (vii) Whilst the WSOA stressed that the importance of education settings, further clarification had been sought by the CQC/OFSTED on the specific roles and accountabilities of leaders in schools and other educational settings. Clusters of schools would be encouraged to work collaboratively together to deliver some of the changes required.
- (viii) More work may be done with schools regarding their identification criteria for referral for assessing learning difficulties. It was acknowledged that it was possible that the over-identification of moderate LDs could be linked with an under diagnosis of those on the autism spectrum although early indications suggested it might be more around clearly identifying speech and language difficulties;
- (ix) The Family Forum would be challenged on the reach of their current engagement and to broaden other communication options to make sure that everyone's voice was captured.

- (x) It had been identified that EHCPs did not consistently secure the right professional advice to meet needs and did not have specific details of the provision that would be put in place. An independent review of the quality of Health and Social Care plans was underway and would start from the point of identification through to formal assessment.
- (xi) The WSOA set out the intention to inform parents and carers of intentions to cease EHCPs in a timely way where it was appropriate to do so. However, it was acknowledged that the plan currently lacked information about how to make sure that the rationale would be clearly understood by parents and carers. Members stressed that it was essential to give parents the confidence that support was still available for them if needed even if no formal EHCP was in place.
- (xii) Members flagged up the Outcome measure relating to the number of young people aged 14 who had been assessed as having SEND and identified as not ready for the next stage of life. The expectation was that greater working with other partners in the system was needed so as to make them ready in future.
- (xiii) There was an acknowledgement that too much focus on specific diagnostic pathways could push families down a certain route/'pipe' and yet sometimes not get a clear diagnosis at the end. Often a young person did not have just one specific challenge or difficulty.

Conclusion:

The Cabinet Member stressed that he considered that significant progress had been made and that joint working had improved.

It was **agreed** that the Committee should continue to monitor progress broadly on a six-monthly basis. In the meantime, an adjusted action plan would be circulated once the timings for improvement actions had been updated.

5. Essex County Council - Special Educational Needs and Disabilities Structure Update

The Committee considered report PAF/15/20 updating members an update on the implementation of the SEND redesign and to inform the Committee of the impact of Covid-19 on the ability to undertake an early review of the new structure with schools, settings and parents.

The following remained from the previous agenda item to introduce the item and respond to questions:

County Councillor Ray Gooding, Cabinet Member – Education and Skills;

Adrian Coggins - Head of Wellbeing and Public Health, Essex County Council;

Ralph Holloway - Head of SEND Strategy and Innovation, Essex County Council;

During the discussion the following was acknowledged, highlighted and/or noted:

- (i) The ability of the Education senior leadership team to work with schools and education settings to assess the success of the launch of the new service in January 2020 had been significantly impacted by Covid 19. The postholders in the new posts designed to support schools and other settings had been severely restricted in their ability to work and any review of the service at this stage would have been limited. However, officers stressed that the new SEND structure has been instrumental in meeting the challenges of Covid 19 in a way in which the previous structure could not have supported;
- (ii) The support for schools and other settings included the design and completion of individual risk assessments to determine whether it was safer for vulnerable children and young people to be in school or at home. This had enabled a multi-agency approach to risk assessment across schools, education, social care and health;
- (iii) A comprehensive response plan had been designed with input from the Essex Family Forum which had seen schools work with families and other agencies to look at which elements of a EHCP could not be met during the pandemic restrictions and, where there were gaps, using reasonable endeavours (as permitted under temporary emergency legislation) to provide other forms of support such as outreach work or a virtual learning platform;
- (iv) The recently announced new special schools to be built were Free Schools but these were not outside the mainstream Essex educational system and would fill a 'gap' in the current provision;
- (v) Individual circumstances would determine if it was better to educate a young person with SEND in a mainstream or special school. The challenge was to enable and facilitate all mainstream schools to be able to step up to meet the need and further collaboration between the two sectors would assist this.

Conclusion:

It was **agreed** to provide monthly analysis on attendance at school during the lock-down, and planned recovery actions, at a meeting of the Committee in Autumn.

Areas of significant weakness

Three main areas of significant weakness:

Joint commissioning;

Over-identification of MLD;

Quality of EHCPs.

Over-identification of moderate learning difficulties (MLD)

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

Progress and next steps:

- Data gathered down to school level showing identification of need at SEN support and EHCP and compared to national average; particular focus on over identification of MLD and under identification of SLCN or SEMH
- Training delivered on identification of need to all Inclusion Partners and Educational Psychologists;
- Quadrant discussions and data analysis which subsequently are informing this term's strategic planning meetings (SPM) with schools;
- Outcomes of the SPMs will be shared and discussed and quadrant and county level to inform training needs etc.
- Training will be delivered to schools and settings to improve accurate assessment of need

Challenges

- Delayed impact – we won't see data until the outputs from the 2021 SEN2 return (late Spring 2021);
- A simple data fix may just shift the issue and not address fundamental issues around accurate identification of need;
- A greater awareness and identification of speech and language will have a commissioning implication;
- Parental recognition of impact will be difficult – they may not see identification of MLD as a problem and some may not be aware of the 'label' at all.

Joint commissioning

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

Progress and next steps:

- Over-arching joint commissioning group led by NE CCG established;
- All parties and parents well represented;
- Additional capacity from health;
- Individual workstreams:
 - SENDIASS and parent carer forum (parental advice, support, participation and voice);
 - Equipment;
 - Therapies (OT, PT and SALT);
 - Assessment pathways (autism and ADHD).
 - Local Offer

Challenges

- Timescales are tight and mobilisation is significant across a number of workstreams;
- Impact for children, young people and parents vs the commissioners will be difficult;
- Differences between CCGs are still apparent – therapies in particular;
- CCGs still dependent on ‘clunky’ governance and decision making – not agile enough;
- At some point we will hit the big issues around finance.

Quality of EHCPs

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

Progress and next steps:

- Isos commissioned to lead comprehensive review of Essex's arrangements for SEN assessment and planning;
- Multi-agency core group across Education, C+F and health;
- Focus on decision making for assessment and issuing of plans; **Health and social care services' role in decisions around assessments, plans, reviews; Moderation and quality-assurance of plans, planning, outcomes; annual reviews and ceasing plans.**
- Wider group bringing in schools and settings and parents for testing progress;
- Parallel co-production group with Essex Family Forum focussed on thresholds for assessment, quality of offer for SEN support and communication with parents

Challenges

- Implementation of the recommendations;
- Ensuring consistency across four quadrants;
- Ownership of the solutions rather than depending upon Isos;
- Time to demonstrate impact and shift culture – internally (our teams) and externally (parents and schools).

Other issues to address:

-
- Contribution of Social Care leaders and professionals to delivery and evaluation of the improvements;
 - Role of education settings and schools in the improvement journey;
 - Need to demonstrate effective leadership across the local area;
 - Ensuring that we capture parental and pupil voice effectively – working beyond the Essex Family Forum;
 - Governance arrangements;
 - The Local Offer – how do we ensure that parents are informed effectively. Role of SEND Navigation.

Ofsted interim area SEND visits

Understand impact of pandemic on SEND system and for children, young people and families;

What has worked well and what have been the challenges;

Identify opportunities for improvement;

Highlight positive case studies and impact.

For Essex: a chance to see what progress we have made against the WSOA.

Task and Finish Group Report – Drug Gangs, Knife Crime and County Lines

Reference Number: PAF/02/21

Report title: Task and Finish Group Report – Drug Gangs, Knife Crime and County Lines	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 14 January 2021	For: To consider the update and identifying any follow-up actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

This is an update on the conclusions and recommendations in a Task and Finish Group report which were endorsed by the Committee in September 2020.

2. Action required

The Committee is asked to:

- (i) Consider the attached update (Appendix 2) in response to the recommendations of the Task and Finish Group which looked at the multi-agency response to the issue of drug gangs, knife crime and County Lines in Essex.
- (ii) To consider how it may wish to further monitor future progress in multi-agency working and the implementation of the recommendations, and the timing for any such updates;

3. Background

- 3.1 The final report of a Task and Finish Group looking at the multi-agency response to the issue of drug gangs, knife crime and County Lines in Essex was endorsed by the Committee in September 2020.
- 3.2 The Task and Finish Group held discussions with a variety of witnesses ranging from a National Crime Agency Co-ordinator for County Lines, Essex Police, the Deputy Police Fire and Crime Commissioner, and representatives from community and voluntary groups through to County Council Cabinet Members and Officers. A link to the final report of the Group is here – [Task and Finish group report - September 2020](#)
- 3.3 The conclusions of the Task and Finish Group are at the end of the above referred report starting on page 26. These conclusions comment on

Task and Finish Group Report – Drug Gangs, Knife Crime and County Lines

partnership working, leadership, funding, the role of education and raising awareness, and communication and transparency. As a result, the Task and Finish Group made eight recommendations reproduced below for ease of reference:

Increasing prevention and intervention

Recommendation 1 – that further consideration be given to:

- (i) identifying the gaps in educational provision for young people on the periphery of exclusion;
- (ii) finding further alternative options to support schools dealing with behavioural problems instead of exclusion and, where a young person has been excluded, that there is resource allocated to facilitate a safe return to formal education;
- (iii) encouraging schools to minimise the number of young people being excluded and to sign-up to the Inclusion Policy if they have not already done so;
- (iv) requiring schools to clearly demonstrate which steps they took before escalating the intervention to an exclusion;
- (v) support a process whereby schools continue to be held accountable for the educational attainment and welfare of permanently excluded pupils;
- (vi) resources being made available to schools to facilitate the safe return to school following an exclusion.
- (vii) having clearer oversight of the off-rolling process at schools and encouraging clearer and comprehensive guidance being available to parents and carers contemplating off-rolling.
- (viii) reviewing the current provision of the Pupil Referral Unit and look to expand this closer to a full-time syllabus.

Recommendation 2:

That a more visible comprehensive directory of locally available youth services and support groups should be available including those initiatives commissioned and funded by the Office of the Police Fire and Crime Commissioner (through the Violence and Vulnerability Unit).

Recommendation 3:

That the Health Overview Policy and Scrutiny Committee consider reviewing the impact of the public health approach to drug gangs, knife crime and county lines as part of its regular scrutiny of public health activity in Essex.

Task and Finish Group Report – Drug Gangs, Knife Crime and County Lines

Recommendation 4:

(i) The Group supports the work being done with London Boroughs to investigate developing a broader informative notification process and sharing interim support costs;

(ii) That the County Council should continue to work with Essex District Councils to develop a process for the County Council to have a greater input and influence on consideration of applications for permitted development rights and that relevant officers ensuring ongoing links with the work of the VVU. [Note: This will ensure that cases like the Terminus House in Harlow should never happen again].

(iii) That national lobbying be considered for government to review the permitted development rights process.

Adding Value to existing and planned activities

Recommendation 5:

That further local funding granted to the Police, Fire and Crime Commissioner for Essex by local partners (such as Essex County Council) should be provided on a conditional basis making clear that:

(i) it should be spent on community initiatives focussed in the County of Essex;

(ii) there should be the expectation that much of it should link to the priorities around county lines identified by the Community and Safety Partnerships; and

(iii) a clear assessment framework be established to review the effectiveness and outcomes achieved from the allocated funding.

Cross border and partnership working

Recommendation 6:

That there should be a regular review of the leadership of key strategic groups as part of maintaining overall diversity of leadership within the governance structure.

Recommendation 7:

District Councils have local connections and influence and should be given a greater role in promoting community awareness of county lines and building resilience in the community.

Improving visibility and awareness of partnership activity

Recommendation 8:

The Violence and Vulnerability Unit should drive and lead a local

Task and Finish Group Report – Drug Gangs, Knife Crime and County Lines

communications strategy that should focus on how drug taking is socially unacceptable and highlight the personal abuse and harm that is seen and exercised through the supply line.

- 3.4 The above conclusions and recommendations were discussed with Cabinet Members at the Committee's September 2020 meeting and it was agreed that a further update on the implementation of recommendations (to the extent that that has been possible) be scheduled for 3-4 months' time.
- 3.5 Further consideration has since been given by Cabinet Members to the 'ownership' of each recommendation and amended ownership has been agreed with Councillor Guglielmi (as Lead Member of the Task and Finish Group). As a result of this discussion, recommendations 1 and 2 are owned by Councillor Gooding and recommendations 4-8 are owned by Councillor Madden.
- 3.6 Since the September 2020 meeting, the final report of the Task and Finish Group has been distributed to Essex Members of Parliament, local councils in Essex and adjoining county councils under cover of an email from the Lead Member of the Task and Finish Group. Councillor Guglielmi may wish to highlight any responses he has received to these mailings.

4. Update and Next Steps

An update from Cabinet Members is attached as Appendix 2 and the following are expected to attend to introduce the update:

County Councillor Ray Gooding, Cabinet Member – Education and Skills;

County Councillor Dick Madden, Cabinet Member – Performance, Business Planning and Partnerships;

County Councillor Louise McKinlay, Cabinet Member for Children and Families.

5 List of Appendices

Appendix 1 – extract of the minutes of the virtual meeting of the People and Families Policy and Scrutiny Committee held on 17 September 2020.

Appendix 2 – update from Cabinet Members

Extract of the minutes of a virtual meeting of the People and Families Policy and Scrutiny Committee held on 17 September 2020

4. Task and Finish Group Report - Drug Gangs, Knife Crime and County Lines

The Committee considered report PAF/17/20 comprising the final report of the Task and Finish Group established in response to the Full Council request for this Committee to look at the multi-agency response to the issue of drug gangs, knife crime and County lines in Essex.

The following joined the meeting to respond to the conclusions and recommendations in the report:

County Councillor Ray Gooding, Cabinet Member – Education and Skills;

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

County Councillor Dick Madden, Cabinet Member, Performance, Business Planning and Partnerships;

Michael O'Brien, Head of Specialist Education Services, Essex County Council.

At the invitation of the Chairman, Councillor Guglielmi, as Lead Member of the Task and Finish Group, introduced the item. The conclusions of the review commented on partnership working, leadership, funding, the role of education and raising awareness, and communication and transparency. As a result, the Task and Finish Group had made eight recommendations

In turn, Cabinet Members were given the opportunity to give an initial response to each recommendation. During that discussion the following was acknowledged, highlighted, suggested and/or agreed:

- (i) The County Lines business model was dynamic and fast changing and agency resources to challenge it were limited;
- (ii) There was significant emphasis on joint partnership working within the local Violence and Vulnerability Framework requiring individual agencies to be transparent and report back on those activities on which they led and/or for which they were responsible. It was important that duplication of work between partners be minimised;
- (iii) The governance structure and leadership of different work strands should be regularly reviewed to ensure the most diverse and effective leadership;
- (iv) The Task and Finish Group had struggled to adequately obtain all the information it needed in a timely manner so as to robustly challenge the accountability on how partnership funding was being used. There was

Task and Finish Group Report – Drug Gangs, Knife Crime and County Lines

also some uncertainty on the structure of funding from the two unitary councils in Essex. However, it was stressed that the overriding principle was to buy into the project with less emphasis on actual boundaries and being prescriptive.

- (v) An overall Violence and Vulnerability Unit communications strategy had been agreed in July which had acknowledged that sometimes messaging might need to vary where geographical differences in challenges being faced had been identified across the county. It was suggested that further review of the strategy should be in 3-6 months to gauge the impact of the current strategy.
- (vi) It was important that there were interventions to discourage school exclusions and ensure there was adequate support for schools to facilitate young people quickly returning to school after a period of exclusion. The decision to exclude a pupil sat with the Head Teacher and the County Council believed that there should be more pre-conditions required to be met before that happened;
- (vii) There was less influence over academies than maintained schools;
- (viii) More work may be needed to further heighten awareness of youth services on offer.
- (ix) Members were encouraged that there was a review of youth service outreach work and it could start at an earlier age in future compared to the present;

At this point, the Chairman invited representatives from the Young Essex Assembly to participate in the discussion. The following specifically contributed to the discussion:

Satine Dawes, Member of Essex Young Assembly.
Ms Hatch, Teacher, Gilberd School.

and advised that through the Essex Young Assembly they had also been looking at issues around drug gangs and County Lines and confirmed that it was perceived to be a significant issue in schools. It was suggested that schools were not getting all the support they needed and that the pandemic had also made access to those services more difficult. It was stressed that raising awareness of both the early warning signs of involvement in drug gangs, together with the availability of support services, needed to further improve.

Conclusion:

The Chairman thanked the Task and Finish Group members for their time and commitment in undertaking the review.
It was agreed that:

Task and Finish Group Report – Drug Gangs, Knife Crime and County Lines

- (i) The Task and Finish Group report, conclusions and recommendations, be endorsed;
- (ii) The report should be distributed to Essex MPS, Essex Borough, City and District Councils (including the two unitaries);
- (iii) Councillor Guglielmi would seek further clarifications on source and use of partnership funding at a meeting to be held with the Police Fire and Crime Commissioner;
- (iv) Responsibility and owner for each recommendation was as follows (subject to any further clarification from Cabinet Members);

Recommendation 1 – Councillors Gooding and McKinlay.

Recommendation 2 – Councillor Gooding.

Recommendation 3 – to be referred to the Health Overview and Policy Committee.

Recommendations 4, 5, 6 and 7 – Councillor Madden.

Recommendation 8 – Councillor McKinlay

- (v) The Committee be updated on progress in approximately 3-4 months;
- (vi) Email contact details of the YEA participant in the discussion would be provided to Cllr Guglielmi so that they could be kept informed of progress.
- (vii) A copy of the finalised Healthwatch Essex report looking at child exploitation would be circulated in due course.

Forward Plan reference number: Not applicable

Report title: Drug Gangs, Knife Crime and County Lines Report response	
Report to: People and Families Scrutiny Committee	
Report author: Cllr Dick Madden, Cabinet Member Performance, Business Planning and Partnerships	
Date: 6 January 2021	For: Review and Feedback
Enquiries to: Alison Bielecka, Senior Strategy Advisor, Cabinet Office	
County Divisions affected: All Essex	

Purpose of Report

The People and Families Scrutiny Committee set up a Task and Finish Group in response to a request from Full Council to ensure that ECC had oversight of the development of multi-agency working to confront the issue of drug gangs, knife crime and County Lines in Essex.

The report, "Drug gangs, knife crime and county lines" was published in September 2020 and the purpose of this paper is to provide an initial response to the 8 recommendations published in this report for the People and Families Committee to review.

As the committee will be aware, shortly after the publication of this report, Essex (excluding Thurrock and Southend) went into Tier 2 and then into the national pre-Christmas restrictions with a move into Tier 4 across the county. Since then we are now in a new national lockdown announced in early January. This has impacted on education, youth work provision and the re-focusing of efforts in the immediate short term by the Skills and Education and Children and Families Portfolios on supporting vulnerable families, children and schools in response to government restrictions.

This has necessarily impacted on our delivery of services and as a result, some of the recommendations may not have been progressed as far as they might have been. The committee are asked to be aware that this is not because of a lack of willingness or commitment by officers or the portfolio holders, but a reflection of the re-shaping of our services in extraordinary times.

Recommendations

That the People and Families Scrutiny Committee review the report and provide feedback to the Cabinet Member for Performance, Business Planning & Partnerships on the responses contained in the report.

That the People and Families Scrutiny Committee recognise the impact that Covid-19 and the impact that this has had on ECC and other partners' responses to the recommendations contained in this report.

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Increasing prevention and intervention

Recommendation 1 (page 14) (Owner Cllr Gooding)– that further consideration be given to:

- (i) identifying the gaps in educational provision for young people on the periphery of exclusion;**
- (ii) finding further alternative options to support schools dealing with behavioural problems instead of exclusion and, where a young person has been excluded, that there is resource allocated to facilitate a safe return to formal education;**
- (iii) encouraging schools to minimise the number of young people being excluded and to sign-up to the Inclusion Policy if they have not already done so;**
- (iv) requiring schools to clearly demonstrate which steps they took before escalating the intervention to an exclusion;**
- (v) support a process whereby schools continue to be held accountable for the educational attainment and welfare of permanently excluded pupils;**
- (vi) resources being made available to schools to facilitate the safe return to school following an exclusion.**
- (vii) having clearer oversight of the off-rolling process at schools and encouraging clearer and comprehensive guidance being available to parents and carers contemplating off-rolling.**
- (viii) reviewing the current provision of the Pupil Referral Unit and look to expand this closer to a full-time syllabus.**

In response to the recommendations we have further developed several work streams that are aiming to support young people to engage in fulltime attendance at a suitable education setting. It is ECC's view that the key response to preventing engagement in gangs and violent activity is a suitable fulltime education offer.

We are currently running a workstream aimed at reviewing and redesigning the offer to all young people "Not In Full Time Education" (NIFTE). This work stream is looking at all provision that does not offer full time education.

This work is broken down into phases:-

- Discovery
- Visioning
- Planning
- Implementation

Discovery

We have completed the discovery phase, which was a review of all current provision, research into other offers in other counties. A review of best practice across the sector and a consultation with key stakeholders including pupils and their families.

Visioning

We are currently in the visioning stage where we are engaging with key stakeholders to agree what we would like the future landscape to look like. We want to capture views on what a best offer will look like. This will help us identify the gaps in educational provision for young people on the periphery of exclusion;

Planning

Once we have completed the visioning phase, we intend engage with colleagues to design and plan the new offer for young people. This will help us find further alternative options to support schools dealing with behavioural problems instead of exclusion and, where a young person has been excluded, that there is resource allocated to facilitate a safe return to formal education;

Implementation

This phase will be where we put in place the new offer to young people to ensure we are meeting the needs of all young people in Essex. While this work is underway, we are talking to schools and other key stakeholders to push home the inclusion message. We are also leading on several initiatives in place to support schools to reduce exclusions. Including the development of Trauma Perceptive Practice (TPP). The vision in Essex is for all schools to embrace TPP. It is the Essex approach to understanding behaviour and supporting emotional wellbeing. It will become the core offer to schools at the universal level of support.

We now challenge all permanent exclusions to ensure the schools have exhausted all avenues to avoid exclusion. We have communicated with schools a strong message that the rules around exclusions must be followed and we will support wherever possible.

As a result of our engagements we have had 55 permanent exclusions this year as opposed to 92 in this period last year.

Alongside this activity we are carrying out a full review of PRU's commissioning and funding with a view to ensuring that we have a more consistent and relevant offer.

Recommendation 2 (page 17) (Owner Cllr Gooding):

That a more visible comprehensive directory of locally available youth services and support groups should be available including those initiatives commissioned and funded by the Office of the Police Fire and Crime Commissioner (through the Violence and Vulnerability Unit).

The VVU has been in close contact with many organisations in Essex such as the local community foundation, CVSs, local councils, ECVYS who have all been running listening pieces of work with adults, young people and organisations in Essex around how Covid has affected them and their lives/ organisations. The VVU has facilitated funding streams to help address the issues that have arisen due to Covid and to support groups at this time. Community groups are engaged through the VVU's dedicated workstream 'Voice of the Community' which is focused on community engagement through voluntary organisations and asking them to have a say on our approach.

In Essex there is an extensive network of community groups and the key for the VU and others has been finding the organisations in the voluntary sector that have the networks and communication to make the most of these already existing networks. Within ECC, engagement with community groups who will allow us to reach all parts of our community has been through the Equalities & Partnerships Team and their work through the Essex Partners Board.

The Essex Council for Voluntary Youth Services (which represents over 220,000 children and young people in voluntary youth clubs in our area), Essex CVS network, multi-school's council, Active Essex, CSPs, local youth organisations including The Red Balloon foundation, Essex Boys and Girls clubs, Chelmsford Diocese, Pact for Autism and The Children's Society East are engaged in this work. We also have statutory partners engaging with this group from local councils, the police, youth offending services - to enhance communication and join up conversations around safety and vulnerabilities that we can help action together.

The VVU is in the final stages of planning its first annual report which will show where progress has been made which will further update this work.

Recommendation 3 (page 18): (Owner HOSC Scrutiny Chairman)

That the Health Overview Policy and Scrutiny Committee consider reviewing the impact of the public health approach to drug gangs, knife crime and county lines as part of its regular scrutiny of public health activity in Essex.

No update provided as part of this report as this has been tasked to the HOSC Scrutiny Chair.

Recommendation 4 (page 18) (Owner Cllr Madden):

- (i) The Group supports the work being done with London Boroughs to investigate developing a broader informative notification process and sharing interim support costs;**
- (ii) That the County Council should continue to work with Essex District Councils to develop a process for the County Council to have a greater input and influence on consideration of applications for permitted development rights and that relevant officers ensuring ongoing links with the work of the Violence and Vulnerability Unit. [Note: This will ensure that cases like the Terminus House in Harlow should never happen again].**
- (iii) That national lobbying be considered for government to review the permitted development rights process.**

Essex Leaders and Chief Executives wrote to the London Mayor in December 2018 expressing their concerns around the placement of homeless households across Local Authority boundaries to meet housing need and specifically the placement of these households by London Boroughs into Essex. Discussions on the development of a bilateral agreement have taken place over the last 18 months with a meeting in December to finalise this agreement aimed at reducing the number and vulnerability of homeless families they placed into Essex and making any moves that do happen work better for the households and the wider community.

The agreement was developed jointly with councillors and officers from Basildon, Epping Forest, Harlow and Tendring and ECC representing Essex and councillors and officers from London Councils, Barking, Westminster, Brent, Havering, Sutton, Hammersmith & Fulham and Waltham Forest representing the London Boroughs. Progress on this agreement has been shared regularly with members via the Essex Leaders & Chief Executive (ELCE) and officers through the Essex Housing Officers Group and Essex Housing Portfolio Holders Group, all of whom have been supportive of the progress made to develop this agreement. ECC Officers have been part of the Local Government Association (LGA) working group on out of borough placements and attended parliamentary roundtables to represent ECC's views and those of the city, district and borough councils.

Adding Value to existing and planned activities

Recommendation 5 (page 20) (Owner: Cllr Madden):

That further local funding granted to the Police, Fire and Crime Commissioner for Essex by local partners (such as the County Council) should be provided on a conditional basis making clear that:

- (i) it should be spent on community initiatives focussed in the County of Essex;**
- (ii) there should be the expectation that much of it should link to the priorities around county lines identified by the Community and Safety Partnerships; and**
- (iii) a clear assessment framework be established to review the effectiveness and outcomes achieved from the allocated funding.**

The VVU is in the final stages of planning its annual report 2020/21 which will show where progress has been made and where more needs to be done, which will shape any future funding and associated performance frameworks.

Once the VVU Annual Report is published we will make sure that this is shared with the Scrutiny Committee. Once we have seen the Annual Report, we will have clearer evidence to meet recommendation 5 as indicated by the Task & Finish Group.

The impact of Covid-19 cannot be under-estimated in terms of its immediate impacts on partners as they reshaped provision to meet Essex's most vulnerable and at risk residents and in terms of the ways that criminals are operating to take advantage of the circumstances in which we find ourselves.

Critical to the effectiveness of the VVU is a detailed understanding of the population and their different vulnerabilities to understand where funding can have the maximum impact as the issues we are seeking to address cause significant harm and have impacts not only within the communities who are harmed but on the delivery of services and the demands on our services. Understanding our communities will also enable us to more effectively identify and implement learnings from other areas of the country putting in place the interventions which are likely to be most effective and disregarding those which we believe will have limited impact.

Cross border and partnership working

Recommendation 6 (page 23) (Owner: Cllr Madden):

That there should be a regular review of the leadership of key strategic groups as part of maintaining overall diversity of leadership within the governance structure.

This is a particularly challenging recommendation and sensitive in view of the present situation surrounding Covid-19. Opportunities to discuss in detail with strategic partners on this recommendation is having to be balanced with the need to maintain and respond to the ever-changing situation with regards to lockdown enforcement and participation in local resilience forums.

However, this will be kept under review and updated as progress towards addressing this recommendation is made.

Recommendation 7 (page 24) (Owner: Cllr Madden):

Essex District Councils have local connections and influence and should be given a greater role in promoting community awareness of county lines and building resilience in the community.

The Violence and Vulnerability Unit has communicated out to all tiers of Government including Essex MPs, County and Unitary Members, District / Borough / City Councils Members, Parish Councillors, Chief Executives and Directors/Heads of Service. Information has also been sent to City, District and Borough Councils in partnership. This has been via personal emails, through introducing our newsletter and through news articles in partner newsletters such as the Essex Association of Local Councils (EALC) 'Weekly Walk Through', the PFCC newsletter, ECC's 'Future of Essex' newsletter and the ECVYS website.

We will have clearer evidence and examples with regards to this recommendation once we have sight of the VVU Annual Report as indicated above.

Improving visibility and awareness of partnership activity

Recommendation 8 (page 26) (Owner: Cllr Madden):

The Violence and Vulnerability Unit should drive and lead a local communications strategy that should focus on how drug taking is socially unacceptable and highlight the personal abuse and harm that is seen and exercised through the supply line.

The Violence and Vulnerability Unit have a programme of local communications planned on different outlets focussed on messaging around drug taking.

December, for example, saw the launch of #MerryMuletide a social media campaign aimed at educating recreational drug users on where their “party” drugs have come from.

This year Southend-on-Sea Borough Council, Essex County Council, Thurrock Council, the VVU and Essex Police all worked together to run the Southend created campaign as a joint initiative across social media. The campaign ran during December as traditionally more people are out socialising and meeting friends during this period, and while COVID-19 restricted movement this year the view was that the drug supply chain doesn’t stop. The campaign aimed to educate residents on the supply chain behind recreational drugs; the fact that children as young as 12 are made to traffic drugs across the county, abused and exploited by County Lines gangs. The campaign messages encouraged people to think twice before taking so called “party drugs” and consider the catastrophic effects their behaviour could have on local children.

It is intended that initiatives like this, particularly where these can be delivered in partnership will continue throughout 2021. ECC is committed to working in partnership in the future as it works well and will be running an unbranded campaign to educate young people about the dangers of County Lines and gang culture in Spring 2021.

In Conclusion

Many of the recommendations have been progressed by ECC and/or its partners and where progress has been delayed this can be attributed to the necessary refocussing of priorities and activities to support families, young people and schools throughout lockdown.

Work Programme

Reference Number: PAF/03/21

Report title: Work Programme	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 14 January 2021	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

- 2.1 The Committee is asked:
- (i) to consider this report and work programme in the Appendix and any further development or amendments;
 - (ii) to discuss further suggestions for briefings/scrutiny work, mindful of the comments made under 3.2 below.

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. Since the last meeting, and mindful of the limited time prior to the County Council elections next year, the Chairman and Vice Chairmen have reviewed the remaining items to be scheduled prior to the start of the pre-election period next March.

3.3 Task and Finish Group activity

A Task and Finish Group review of domiciliary care has started and is scheduled to complete early in 2021.

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Work Programme

3.4 Chairman and Vice Chairmen meetings

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

4. Update and Next Steps

See Appendix.

5. List of Appendices –

Work Programme overleaf.

People and Families Policy and Scrutiny Committee: 14 January 2021

2020/21 Work Programme (dates subject to change and some issues may be subject to further investigation, scoping and evaluation)

Date/timing	Issue/Topic	Focus/other comments	Approach
Items identified for formal scrutiny in full committee			
14 January 2021	Special Educational Needs – Care Quality Commission/Ofsted Inspection – <i>further follow up</i>	To be updated on the multi-agency action plan and improvement actions being taken	Cabinet Member, Lead Officers and Health representatives to be present.
14 January 2021	Drug Gangs, knife crime and county lines - <i>follow up</i>	A Task and Finish Group report was endorsed by the Committee in September 2020	To follow up on the recommendations in the final report of the Group.
11 February 2021	Meaningful Lives Matter Programme	Update on refocussing of work as a result of learning from the pandemic	Lead Officers to attend
11 February 2021 (provisional)	Domiciliary Care Task and Finish Group – final report	To consider the conclusions of the Group and any suggested actions	Cabinet Member and Lead Officers to attend
11 February 2021	Deprivation of Liberty Safeguards – <i>follow up</i>	Update on progress to reduce number of outstanding assessments.	Lead Officers to attend
11 March 2021	Children and Families portfolio update	Detailed update on: (i) ongoing pandemic response; (ii) Essex Child & Family Wellbeing Service; (iii) children's respite services.	Cabinet Member invited to attend
11 March 2021	Education portfolio update	Interim discussion on the impact of the pandemic on Educational Attainment and its assessment. To include where it has had different impacts/outcomes on particular cohorts, an overview of 'lost learning' and information on attendances.	Cabinet Member invited to attend

Task and Finish Group review

October – January 2021	Domiciliary care	Accessibility, monitoring of performance and service quality, capacity, technological options, and adequacy of discharge planning processes	Review underway.
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