

# Local Area SEND Partnership Board

29th April 2024



# Local Area SEND Partnership Board Agenda

**Date and time:** Monday 29<sup>th</sup> April 2024, 11am – 1pm

**Location:** Conference Room, Mallory Building, 2 Alice Ker Square, Birkenhead

Item number	Item	Owner	Time
1	Welcome and apologies	Paul Satoor, Chief Executive, Wirral Council	11:00 – 11:10
2	SEND Governance Arrangements	Melissa Berry, Programme Manager, Law and Corporate Services, Wirral Council	11:10 – 11:30
3	2023/24 Q4 SEND Dashboard	Tricia Thomas, Head of Operations, Children's Services, Wirral Council	11:30 – 11:50
4	EHCP and Annual Review Compliance and Recovery Plan	Adrian Leach, Head of Service for SEND, Children's Services, Wirral Council	11:50 – 12:10
5	Delivering Better Value in SEND 2024 Plan	James Backhouse, Assistant Director for Education, Children's Services, Wirral Council	12:10 – 12:30
6	Risk and Issues	Melissa Berry, Programme Manager, Law and Corporate Services, Wirral Council	12:30 – 12:50
7	AOB	All	12:50 – 13:00

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## LOCAL AREA SEND PARTNERSHIP BOARD

<b>REPORT TITLE:</b>	<b>SEND GOVERNANCE ARRANGEMENTS</b>
<b>REPORT AUTHOR:</b>	<b>MELISSA BERRY, PROGRAMME MANAGER, WIRRAL COUNCIL</b>
<b>MEETING DATE:</b>	<b>29<sup>TH</sup> APRIL 2024</b>

### 1. REPORT SUMMARY

This report provides the Local Area SEND Partnership Board with an overview of the refreshed governance arrangements put in place to strengthen accountability, decision making, and ensure improvement plans are successfully delivered.

### 2. RECOMMENDATION/S TO BOARD

Members of the Local Area SEND Partnership are recommended to endorse the Terms of Reference (Appendix 1) and Refreshed Governance Structure (Appendix 2).

### 3. BACKGROUND INFORMATION/CONTENT

- 3.1 Following publication of Wirral's Written Statement of Action (WSOA) in April 2022, the SEND Transformation Board had oversight of the partnership response to the findings of the Local Area SEND Inspection (September 2021). When the SEND Transformation Board was initiated the existing SEND Strategic Board was stood down to ensure priority was given to the WSOA. For approximately 12 months the SEND Transformation Board had oversight of all improvement work.
- 3.2 In summer 2023, the SEND Strategic Board recommenced meetings, at the same time as the Delivering Better Value in SEND programme launched, commissioned by the Department for Education (DfE).
- 3.3 To co-ordinate activity across workstreams, a Programme Manager was assigned to for SEND in November 2023.
- 3.4 With two governance boards in operation (SEND Transformation Board and SEND Strategic Board) and two major improvement programmes to deliver (WSOA and DBV) leadership grip on progress against the WSOA has been impacted.
- 3.5 The need to refresh governance arrangements for SEND was highlighted in January 2024. During January and February 2024, engagement took place with members of both the SEND Transformation Board and the SEND Strategic Board. Findings from a facilitated workshop indicated that:

- There is a lack of clarity as to which of the two boards held overall strategic responsibility for SEND
- There is a risk of duplication and/or priorities being missed due to having two governance boards
- There are a plethora of workstreams, initiatives, subgroups, and meetings for which reporting is not always clear or effective, and delivering these groups requires time and effort from across the partnership which does not always lead to equivalent progress or impact

It was agreed that one overarching governance board should be established with refreshed subgroups and workstreams.

3.6 It was further agreed by board members that it is their collective ambition to ensure clear governance and accountability for SEND and alternative provision by:

- Ensuring the governance arrangements for the Local Area partnership are clear and well understood
- Providing the Local Area partnership with both strategic and operational oversight through a well-serviced and impactful board and subgroups
- Clarify the links between the Local Area partnership board to other Council, Integrated Care Board (ICB), and partnership boards
- Ensuring representation from key stakeholders including parent carer representatives, the Lead Member for Children's Services, and SEND Youth Voice thereby enabling the experience of children, young people and families to shape partnership priorities.

3.7 In refreshing the governance arrangements for SEND, we sought to learn from best practice in other areas of the partnership, including from the Youth Justice Management Board (YJMB), Children, Young People and Education Committee, and Multi Agency Safeguarding Arrangements (MASA) Executive.

3.8 A report detailing these recommendations was endorsed on 18 March 2024. It was agreed that:

- Using the successful MASA Executive approach, the SEND Partnership Board has an Executive, which would include the Place Director for ICB, Associate Director for Quality and Patient Safety ICB, Director for Children, Families and Education, and Assistant Director for All Age Independence/Provider Services. These four senior leaders would meet following each board meeting to, where necessary, deploy resource/activity to implement the agreed actions of the Local Area SEND Partnership Board.
- Following the example of the YJMB, all new members of the SEND Partnership Board will be provided with a half-day induction. This will support members to

have a sound understanding of the SEND Code of Practice, SEND Regulations, responsibilities and duties of agencies.

- It has been acknowledged that administration of and preparation for the previous SEND board has not always been efficient or as helpful to members as it needs to be. Using the well-established Council's committee approach, a reporting schedule is proposed which clearly outlines timelines for agenda setting, report submission, paper publication, and Exec KITs. As with the Council Committees minutes for meetings will be taken and published within 10 days of the meeting. Administration for this will be provided by existing Project Officer support.

3.9 It has been agreed, with DfE endorsement, that the Chief Executive of Wirral Borough Council will chair the board, with the Leader of the Council, and Lead Member for Children's Services joining to further strengthen oversight and governance arrangements.

#### **4. FINANCIAL IMPLICATIONS**

4.1 There are no financial implications arising from this report.

#### **5. LEGAL IMPLICATIONS**

5.1 There are no financial implications arising from this report.

#### **6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 The existing provision for administration and facilitation of SEND governance will continue and is expected to meet the needs of the proposed arrangements.

#### **7. RELEVANT RISKS**

7.1 Without clear governance arrangements for SEND there are significant risks to the following:

- Achieving positive outcomes and experiences for children and young people with SEND
- Successful delivery of the WSoA
- Outcome of the next Local Area SEND and Alternative Provision inspection
- Successful delivery of the Delivering Better Value in SEND programme
- Financial impact for Wirral Council, the High Needs Block of the Designated Schools Grant, and the Integrated Care Board (ICB)

7.2 A risk register for the Local Area SEND Partnership has been developed and a risk register for SEND is in place for the ICB.

## **8. ENGAGEMENT/CONSULTATION**

- 8.1 A facilitated workshop was held on Tuesday 9th January 2024. This provided members of the SEND Transformation Board and SEND Strategic Board with an opportunity to reflect on the existing governance arrangements and make suggestions for improvement.
- 8.2 Feedback from Parent Carer Participation Wirral (PCPW) has been taken into account in developing the refreshed governance arrangements.
- 8.3 Refreshed governance arrangements were presented to the SEND Transformation Board/ SEND Strategic Board on the 18<sup>th</sup> March 2024. A feedback window of one week was provided with a final version which incorporated feedback being circulated thereafter.

## **9. APPENDICES**

- Appendix 1 – Terms of Reference for the Local Area SEND Partnership Board
- Appendix 2 – Refreshed Governance Structure

## **Local Area SEND Partnership Board**

### **Terms of Reference**

**April 2024**

### **Purpose of the Local Area SEND Partnership Board**

The Local Area SEND Partnership Board is responsible for setting the strategic vision for delivery of support and services for children and young people with Special Educational Needs and Disability.

### **Specific Aims**

- To provide clear governance and accountability for SEND and alternative provision.
- To enable senior leaders across the local area to know who our children and young people with SEND are.
- To understand the needs of the more vulnerable cohorts of children with SEND, that this is shared and understood across the system.
- To understand the difference we are making for children and young people with SEND and where there are gaps in provision or outcomes that need focused attention.
- To ensure the voices and views of children and young people, parents and carers are shaping individual plans and support the strategic ambition of the local area.
- To build on best practice, thereby enabling schools and setting to support children with SEN and SEND effectively.
- To understand the quality of delivery and outcomes for children in alternative provision.
- To enable successful preparation for and transition to adulthood.
- To oversee a quality assurance framework that supports the whole system to understand their roles and what 'good' looks like.
- To promote positive communications across and within the local system.

### **Accountability and Reporting**

#### **Accountability**

The Local Area SEND Partnership Board is accountable to the Wirral Place Based Partnership Board.



## **SEND Executive Group**

The Local Area SEND Partnership Board will benefit from a SEND Executive Group, including the Place Director for ICB, Associate Director for Quality and Patient Safety ICB, Director for Children, Families and Education, and Assistant Director for All Age Independence/Provider Services. These four senior leaders will meet following each board meeting to, where necessary, deploy resource/activity to implement the agreed actions of the Local Area SEND Partnership Board.

## **Reporting lines**

The Local Area SEND Partnership Board will be held accountable to the Wirral Place Based Partnership Board and it will be required to report to the following on request:

- Children, Young People, and Education Committee
- Cheshire and Merseyside ICB
- Adult Social Care and Public Health Committee
- All Age Disability Partnership Board
- Partnership for Children, Young People, and Families
- MASA Executive
- Joint Health Care Commissioning Executive Group

## **Subgroups**

There are five subgroups that are accountable to the Local Area SEND Partnership Board:

### **Subgroup 1: SEND Strategic Performance Group**

- To collate, interpret and analysis performance data across the partnership.
- To report to the SEND Partnership Board on performance data to drive performance, evidence progress or identify gaps.
- To monitor quality assurance, using analysis to inform operational improvements.
- To monitor the implementation of the SEND Sufficiency strategy.
- To evaluate SEND sufficiency outcomes, evidencing impact of this.

### **Subgroup 2: SEND Continuous Improvement Group**

- To have oversight of the co-ordinating of inspection readiness activities, providing assurance to the board on this.
- To monitor progress of service improvement for Home to School Travel.
- To scope and monitor delivery of improvements within Preparation for Adulthood for young people.
- To manage the development of the SEND and Alternative Provision strategy, reporting into the Local Area SEND Partnership Board on agreed milestones throughout development.
- To have oversight of recovery plans and manage the timeline for delivery of new models.

### **Subgroup 3: SEND Participation and Engagement Group**

- To engage with SEND youth voice representatives.
- To engage with Parent Carer Forum representatives.
- To forward plan, scope and co-ordinate engagement events and activities.
- To ensure timely, effective communications are circulated through the appropriate means on a regular basis.
- The management and administration of SENDLO, ensuring pages are up to date with current news stories, local events, service updates and Local Area SEND Partnership Board papers and subsequent documentation.

### **Subgroup 4: Delivering Better Value in SEND Project Board**

- To provide the Local Area SEND Partnership Board with quarterly progress reports.
- To escalate risks and issues for strategic leadership direction.
- To have oversight of and co-ordinate the DBV in SEND delivery plan.

### **Subgroup 5: Written Statement of Action Impact Group**

- To monitor progress against the Written Statement of Action and any subsequent improvement plans.
- To ensure that evidence of impact is collated and qualified.
- To evaluate impact and provide assurance that actions are resulting in a positive impact for children and young people.

### **Accountability**

Each subgroup will be accountable to the Local Area SEND Partnership Board. Subgroups will report on progress through utilisation of the Wirral Council Programme Assurance Monitoring System (PAM) on a monthly basis. Their report will demonstrate progress against their agenda, highlighting areas of concern and evidencing high quality outcomes, along with identification and mitigation against risks and issues.

The DBV Project Board will report on a quarterly basis aligned with its reporting to the Department for Education.

The subgroup structure is available in Appendix 2.

### **Chairing arrangements**

The Chief Executive of Wirral Council will hold chairing responsibilities until further notice.

## **Enabling Groups**

There are a number of enabling groups that monitor, steer or facilitate operational delivery and improvements. These groups will report into the relevant subgroup and only into the Local Area SEND Partnership Board by exception.

## **Membership**

Members of the Local Area SEND Partnership Board will remain accountable to their employing organisations. As senior decision makers they will be able to act on behalf of their organisations to facilitate effective partnership working.

Chair: Chief Executive, Wirral Council

Place Director for Wirral ICB\* Cheshire and Merseyside ICB

Director for Children, Families and Education\*, Wirral Council

Associate Director Quality & Patient Safety\*, Cheshire and Merseyside ICB

Leader of the Council, Wirral Council

Assistant Director Education, Wirral Council

Assistant Director All Age Independence/Provider Services\*, Wirral Council

Parent Carer Forum Chair

Parent Carer Forum Representative

Assistant Director Public Health, Wirral Council

Lead Member for Children, Wirral Council

Joint Strategic Commissioner for Children and Young People, Wirral Council

Head of SEND, Wirral Council

Head of Quality and Safety Improvement, Cheshire and Merseyside ICB

Head of SEND, Cheshire and Merseyside ICB

Programme Manager, Wirral Council

Head of Legal Services, Wirral Council

Headteacher Representative (Primary School)

Headteacher representative (Secondary School)

Headteacher representative (Special School)

Early Years Sector Representative

Post-16 Sector Representative

SENCO Representative

VCSE Representative

*\*Members of Executive Group*

### **Local Area SEND Partnership Board Non-Members/In Attendance Only**

NHS England Representative(s)

Department for Education Representative(s)

### **Member Induction and Annual Appraisal**

All new members of the Local Area SEND Partnership Board will receive a half-day induction to the board.

All members of the Local Area SEND Partnership Board will receive an annual appraisal with a member of the Executive Group. This will provide an opportunity to reflect on the board's perceived strengths and areas for development, as well as identifying any ongoing training/learning/support needs for individual members.

### **Nominated Representatives**

Each member of the Local Area SEND Partnership Board is expected to identify a Deputy who can attend should they not be able to. It is expected that the Deputy would be one named person with the appropriate subject and organisational knowledge to represent the member adequately.

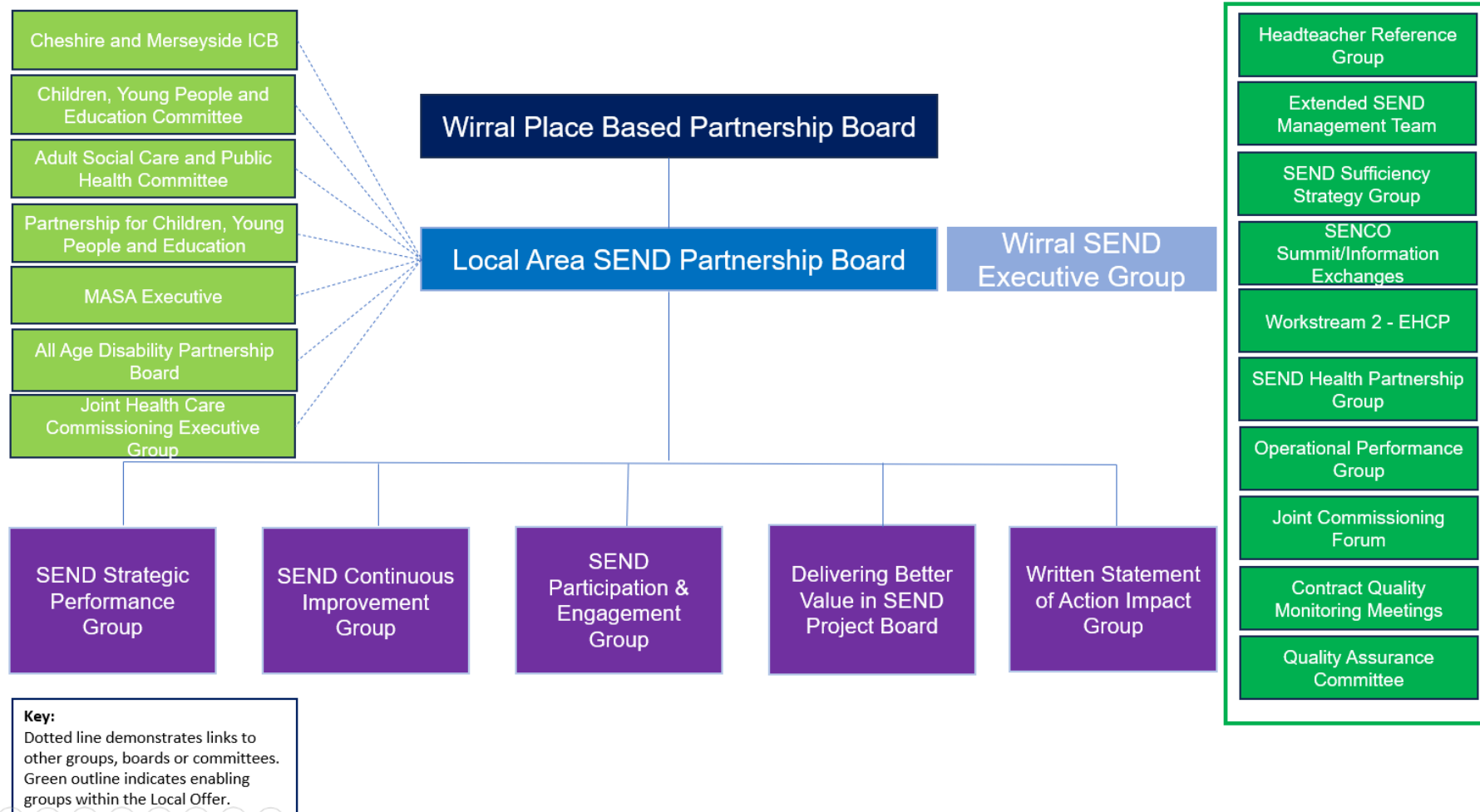
### **Frequency**

The Local Area SEND Partnership Board will meet on a monthly basis, commencing in April 2024. A schedule of meetings has been developed, spanning 12 months.

### **Review**

Terms of reference, membership and subgroups will be reviewed annually, with the first renewal taking place in March 2025, to be implemented in April 2025.

Appendix 2- Refreshed Governance Arrangements



# Subgroups

<p><b>SEND Strategic Performance Group</b></p>	<p><b>SEND Continuous Improvement Group</b></p>	<p><b>SEND Participation &amp; Engagement Group</b></p>	<p><b>Delivering Better Value in SEND Project Board</b></p>	<p><b>Written Statement of Action Impact Group</b></p>
<p><b>Chair:</b> Julia Bryant, Head of Quality and Safety, Cheshire and Merseyside</p>	<p><b>Chair:</b> Adrian Leach, Head of Service for SEND, Children's Services, Wirral Council</p>	<p><b>Chair:</b> Cath Griffiths, Chair of Parent Carer Partnership Wirral</p>	<p><b>Chair:</b> James Backhouse, Assistant Director for Education, Wirral Council</p>	<p><b>Chair:</b> Elizabeth Hartley, Director for Children, Families and Education</p>
<p><b>On their agenda:</b></p> <ul style="list-style-type: none"> <li>- Performance Data</li> <li>- Quality Assurance               <ul style="list-style-type: none"> <li>- Training</li> </ul> </li> <li>- SEND Sufficiency Outcomes</li> </ul>	<p><b>On their agenda:</b></p> <ul style="list-style-type: none"> <li>- Inspection Readiness               <ul style="list-style-type: none"> <li>- Home to School Travel</li> </ul> </li> <li>- Prep for Adulthood               <ul style="list-style-type: none"> <li>- SEND Strategy</li> </ul> </li> <li>- Neurodevelopment Offer</li> </ul>	<p><b>On their agenda:</b></p> <ul style="list-style-type: none"> <li>- SEND Youth Voice               <ul style="list-style-type: none"> <li>- PC Forum</li> <li>- Events</li> </ul> </li> <li>- Communications               <ul style="list-style-type: none"> <li>- SENDLO</li> </ul> </li> </ul>	<p><b>On their agenda:</b></p> <p><b>QA framework</b> of GA from EY to post-16</p> <p>Training, best practice and capacity to <b>embed the Graduated Approach</b></p> <p>Evidence and review of <b>health therapies</b> within the GA</p> <p>Sufficiency opportunities to develop <b>Resourced provision and 16-25 provision</b></p> <p>Education, settings and employment <b>transitions</b></p>	<p><b>On their agenda:</b></p> <ul style="list-style-type: none"> <li>- Monitoring performance against WSoA</li> <li>- Measuring impact of WSoA</li> </ul>

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## LOCAL AREA SEND PARTNERSHIP BOARD

<b>REPORT TITLE:</b>	<b>SEND DASHBOARD</b>
<b>REPORT AUTHOR:</b>	<b>TRICIA THOMAS, HEAD OF OPERATIONS (INTERIM), CHILDRENS SERVICES, WIRRAL COUNCIL</b>
<b>MEETING DATE:</b>	<b>29<sup>TH</sup> APRIL 2024</b>

### 1. REPORT SUMMARY

The SEND Dashboard (Appendix 1) contains the latest performance information for the Special Educational Needs and Disabilities services and support, provided across the Local Area.

The data contained in both the SEND Dashboard and the Service Scorecards is for the period ending 31<sup>st</sup> March 2024 (Quarter 4).

### 2. RECOMMENDATION/S TO BOARD

Members of the Local Area SEND Partnership Board are recommended to note the content of the SEND Dashboard and underpinning Scorecards and highlight any areas requiring further clarification or action.

### 3. BACKGROUND INFORMATION/CONTENT

- 3.1 The SEND Dashboard presents the headline figures for Key Performance Indicators (KPIs), using the most recent data.
- 3.2 Behind the SEND Dashboard, the Service Scorecards contain a wide range of data relevant to delivery of SEND support and services. Service leads review, with their teams, operational performance measures and provide supporting commentary.
- 3.3 Over the period January to March 2024, the arrangements for monitoring SEND performance have been reviewed and agreed by the Local Area SEND Board. More information on the agreed arrangements is contained in Appendix 2.



Key performance areas for Members of the Local Area SEND Partnership Board to note include:

### 3.4 EDUCATION HEALTH CARE PLANS (EHCPs)

The 2024 Q1 has been challenging. Continued sufficiency restraints and pressures on schools have meant that the SEND Referral and Assessment Team's focus was on successfully meeting the statutory February 15<sup>th</sup> deadline for phase transfer reviews (N1-N2 and Y6-Y7) had a real impact on the teams to maintain output of new EHCPs. The early part of 2024 has seen a focus on completing plans that had exceeded 20 weeks both in Jan and in March, so despite the decline in 20-week completions, for Q1 as a whole 167 plans were finalised in 2024 compared to 157 in 2023.

Over the same period a new manager has been recruited on a secondment basis to lead the referral and assessment team. Since starting in February, the manager has been focussed on recruitment into vacant posts in the team. This prioritisation has yielded success and there are, as of 19<sup>th</sup> April, only two vacancies, down from 10 expected at this point in the year. This has been achieved through agency staff, secondments, and existing staff deciding they want to remain with Wirral. However, the prioritisation of recruitment will have affected oversight and support and impacted in the short term on performance results.

Item 4 of the Board agenda, contains the 'EHCP and Annual Review Compliance and Recovery Plan' which provides further detail of the plans to improve performance in this area.

### 3.5 EDUCATIONAL PSYCHOLOGY (EP)

There remains some concern about how effectively EP reporting is being tracked and reported through the Educational Psychology Service (EPS). The performance indicators do not necessarily pick up a number of the school commissioned EP Assessments or track their timeliness. However, performance of EP advice through the EP service remains poor. There are a number of reasons for this including:

- a) Until April 2024 the contract for EP advice through Reeds (which accounts for circa 35% of EP advices) was structured so that they could only be used after advice was overdue. This has now been rectified in the new contract moving forward for the 2024/25 financial year.
- b) Capacity within Wirral's EPS has been reduced over the period due to leave, sickness and a shortage of business support staff which has led to EPs needing to focus on administrative and processing tasks such as invoicing and work allocations.
- c) Despite authorisation from Wirral Children's leadership team to seek to extend the EPS the national shortage of qualified EPs means that recruitment and development of trainees and assistant EPs will take some years to address. The high requirement for Wirral EPS staff to support with Special

Educational Needs and Disability Tribunal (SENDIST) casework over recent months has also impacted on their ability to focus on statutory work.

## 3.6 SPEECH AND LANGUAGE (SALT)

### 3.6.1 REFERRALS

The main referrals into the service are children's centres, nurseries, health visitors, schools and school nurses. Of these, referrals from schools and school nurses are significantly reduced from last year, whilst the rest remain consistent. Referral criteria has been aligned to the graduated approach in schools and this could be indicative of the impact of that. This is also supported by the reducing gap between the number of referrals accepted and rejected indicating the majority of referrals are appropriate.

Autistic Spectrum Disorder (ASD) pathway referrals into SALT are approximately halved from the previous year. A pilot in 12 primary schools of a pre-assessment checklist evidenced reductions in the number of children needing a SALT assessment for the pathway. The remodelling of the Neurodevelopmental (ND) pathway will see further reductions over the next year.

### 3.6.2 WAITING TIMES

Average waiting times for assessment are slowly reducing overall with some highs this year. This is in line with embedding the referral criteria in the graduated approach. Numbers discharged have halved from the previous year enabling more capacity within the service.

The measures of 10 days and 13 days are not the right measures. Moving forward next month we will have the correct metrics in place and monitored through the new scorecards and performance management arrangements.

## 3.7 CAMHS

Referral numbers over the previous 12 months have remained in line with expected trends and with overall slight increase based on same months in previous years. Accepted referrals have roughly remained the same, as have re-referrals. The profile of the referrals coming into the service have anecdotally presented as more complex this year with more young people presenting with complicated social situations, safeguarding issues and a much higher prevalence of neurodevelopmental disorders. There have been challenges in the system related to placement instability. These have been resolved through the framework of the Cheshire and Merseyside Gateway process, and strong partnership working.

Wirral CYPMHS (Children, Young People and Mental Health Service) have successfully implemented two new initiatives in the last 12 months. The care navigators are a team of non-clinical practitioners who provide the golden thread on a young person and families journey through the service from waiting to stepping forward, they implement a social prescribing plus model to meet their psychosocial needs. The complex care pathway been successful in working with the system, to provide intensive input to complex young people who do not align with the traditional

therapy pathways of the CYPMHS service. Wirral CYPMHS celebrated its 30<sup>th</sup> Birthday in September 2023 – there was an open house event with partner agencies to promote partnership working and showcase the service offer. Wirral CYPMHS is proud to be an associate partner within the newly commissioned Branch Alliance, which aims to provide cohesion to the emotional health and well-being offer within the Wirral, and improve access and the journey for our young people and families.

### **3.8 COMPLAINTS**

Over the past 12 months the number of Open Complaints has dropped significantly, from a high of 36 for month end September 2023, to the latest data reporting 16 in March 2024. The data shows that the Average Working Days of a complaint is down to just 15 days in March 2024. This compares to 50 days in March 2023, or more recently 51 days in December 2023.

However, Q4 (Jan, Feb, Mar 2024) has shown many Stage 1 complaints starting. Most were in February 2024 (24 started), with a total of 34 over the quarter. This compares to 23 in the 12-month period January 2023 to January 2024. Of those Stage 1 started in the latest Q4 data, 48% gave a reason of 'Timescale'. 30% a reason of 'Lack of Provision Names' and 22% 'Lack of Communication'.

The primary reason for the increase in complaints over February is the lack of provision available that parents believe is appropriate for their children. Wirral's mainstream schools take only half the proportion of children with an EHCP that the national and DBV comparator averages leading to a lack of parental confidence and pressure on specialist places. As a result, following the phase transfer deadline on the 15th February, a number of parents issued complaints and initiated Tribunal appeals against the provision named in section I. Other factors regarding Timescales and poor communication from the referral and assessment team have been acknowledged and addressed in the draft EHCP recovery plan.

## **4. FINANCIAL IMPLICATIONS**

- 4.1 Any financial implications arising from this report need to be considered by the Wirral SEND Executive Group and reported back to the next meeting of the Local Area SEND Partnership Board.

## **5. LEGAL IMPLICATIONS**

- 5.1 Performance data for EHCP compliance shows that the Local Authority is not meeting its responsibility to finalise plans within the 20-week timeframe.
- 5.2 Performance data for Annual Review shows that the Local Authority is not meeting its responsibility for decision making at 4-weeks.
- 5.3 Performance data for Annual Reviews shows that the Local Authority is not meeting its responsibility to complete Annual Reviews within the 12-week timeframe.

## **6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 Any resource implications arising from this report need to be considered by the Wirral SEND Executive Group and reported back to the next meeting of the Local Area SEND Partnership Board.

## **7. RELEVANT RISKS**

- 7.1 Risks arising from current performance information inform the Local Area SEND Partnership Board's Risk and Issues Log. This includes poor performance against KPIs and implications for children and young people, and future inspection.

## **8. ENGAGEMENT/CONSULTATION**

- 8.1 At the SEND Transformation Board meeting on 22<sup>nd</sup> January 2024, it was agreed that the existing SEND Dashboard in its current format, would continue to 31<sup>st</sup> March 2024 whilst a new approach was agreed.
- 8.2 At the SEND Transformation Board meeting on the 18<sup>th</sup> March 2024, a new set of performance indicators were agreed for reporting from April 2024 onwards on a quarterly basis. Monthly oversight of performance will take place across the Local Area in accordance with the Service Scorecard, which is detailed in Appendix 2.

## **9. APPENDICES**

Appendix 1: SEND Dashboard

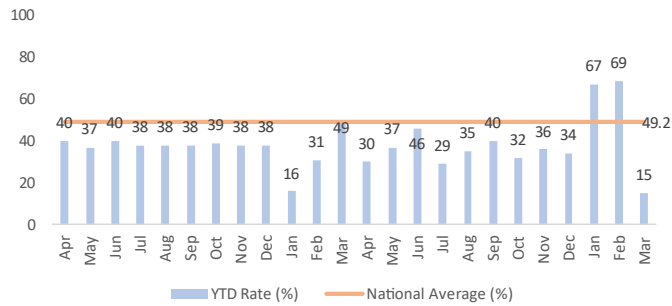
Appendix 2: 2024-25 Performance Reporting for SEND

# SEND – Performance Dashboard Q4 - 2023/24

Headlines

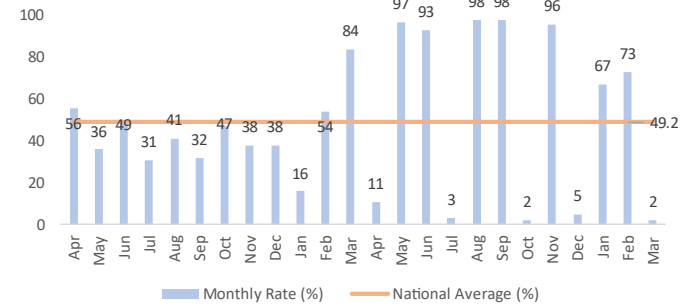
1

YTD (from January) % of new EHC plans issued within 20 weeks, excluding exceptions



2

Monthly % of new EHC plans issued within 20 weeks, excluding exceptions



3

% of Advices received within 6 weeks - Educational Psychology



4

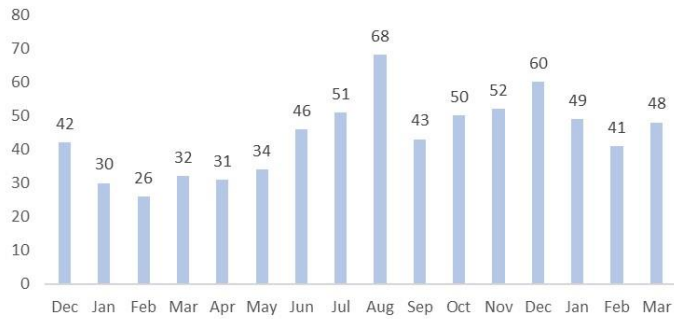
Occupational Therapy - % Within statutory timescale



Headlines

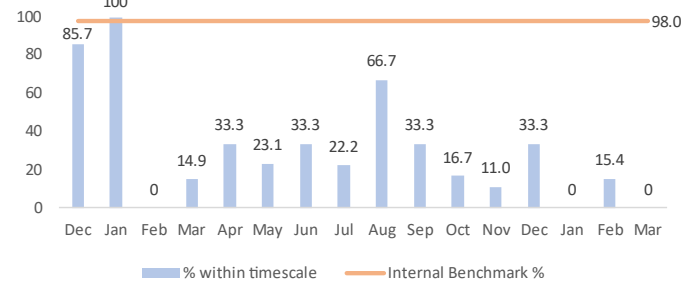
5

SALT Average waiting time after initial assessment (weeks)



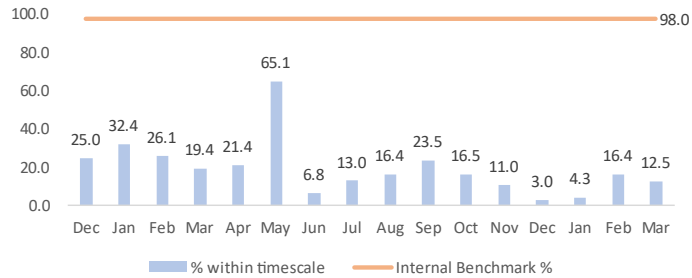
6

Paediatric Speech & Language -Percentage of patients seen within 10 working days: children - % within statutory timescale



7

Paediatric Speech & Language - Percentage of patients seen within 13 weeks: children - % within statutory timescale



### Headlines Narrative

**1. YTD (from January) % of new EHC plans issued within 20 weeks, excluding exceptions** – March 2024 has a rate of 15%. This compares to 67% in January 2024 and 69% in February 2024. At 15%, March 2024 is the lowest rate over the reporting period and compares to a rate of 49% in March 2023. The latest national rate is 49.2% (49.2% is the latest full year data of 2022).

**2. Monthly % of new EHC plans issued within 20 weeks, excluding exceptions** – March 2024 has a rate of 2%. This rate is the lowest since October 2023, which also saw a rate of 2% and 2% is the lowest rate in the reporting period. Rates continue to fluctuate. At 2%, March 2024 is 47.2 percentage points lower than the national average of 49.2%.

**3. % of Advices received within 6 weeks - Educational Psychology** – Rates appear to be on an upward trend, compared to Q3. March saw a rate of 9.3%, which although lower than 15.6% in January 2024 and 12.5% in February 2024, is higher than any rates seen in Q3.

**4. Occupational Therapy - % Within timescale** – January 2024 had a rate of 100%, but Q4 ended with rates down at 97.1% in March 2024. With a rate of 97.6% in February 2024, there has been a month-on-month decrease since January 2024. However, rates have not dropped below 97% in Q4. March 2024 is significantly higher than March 2023, which had a rate of 72.7%.

**5. Children's SALT – Average waiting time after initial assessment (weeks)** – March 2024 saw a rate of 48%, up from 41% in February. Rates in Q4 show a downward trend from Q3, which saw rates of 50% or above for the full period. However, rates are significantly higher than the same period in the previous year, with March 2023 reporting 32%. Rates have shown a noticeable increase since June 2023.

**6. Paediatric Speech & Language - Patients seen within 10 working days: children - % within timescale** – Q4 sees rates fluctuate on what appears to be a downward trajectory. March 2024 reported 0%. This compares to 0% in January 2024 and 15% in February 2024. Two months within Q4 reported 0%. 0% has only been recorded once before in the reporting period, in February 2023.

**7. Paediatric Speech & Language - Patients seen within 13 weeks: children - % within timescale** – March 2024 sees a rate of 12.5%. This is a drop from 16.4% in February 2024, but higher than January 2024, at 4.3%. Q4 rates, as with Q3 rates, appear to be fluctuating and remain lower than the same period in 2022/2023, particularly in December and January. January 2024 is 28.1 percentage points lower than January 2023.



**Additional Narrative**

**1. CAMHS - Average wait time from Referral to Access in weeks** – Q4 show a continued reduction in rate, with March 2024 reporting 10.0. This rate compares to 12.0, which was reported for January and February 2024. In July 2023, rates were reported as 18.0.

**2. Complaints – SEND Stage 1 started** – Q4 has seen a significant increase in numbers, with a reporting period high of 24 in February 2024, followed by 7 in March 2024. Q4 saw a total of 34. This compares to a total of 2 in Q3, a total of 1 in Q2 and a total of 8 in Q1.

## Wirral SEND / Health Dashboard

### Appendix

Social Care	2022/23							2023/24										
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of Early Help Episodes with SEND	28.7	28.5	29.4	29.7	29.4	30.4	30.2	30.3	30.6	30.9	32.1	32.6	31.2	30.5	30.3	30.2	30.3	31.6
Number of Early Help Episodes with SEND									345	334	334	343	339	332	328	331	321	346
% of CLA with EHCP	18.1	18.1	19.3	19.1	19.2	19.9	20.0	20.0	20.5	20.2	20.1	21.1	21.4	21.8	21.9	22.1	22.4	22.9
Number of CLA with EHCP									156	155	160	160	164	166	165	167	169	173
% of CLA with SEN Support	17.3	17.4	16.2	16.4	16.9	16.1	16.3	16.6	15.8	15.6	15.5	15.5	15.0	15.1	16.5	16.6	17.0	17.1
Number of CLA with SEN Support									120	120	117	118	115	115	124	125	128	129
% of school aged CiN with EHCP	22.9	22.0	20.8	20.7	20.9	20.8	20.5	19.1	17.1	17.2	17.5	17.2	17.7	18.4	19.1	18.3	18.4	19.0
Number of school aged CiN with EHCP									286	184	284	291	299	303	311	310	311	320
% of school aged CiN with SEN Support	12.8	14.0	15.6	15.9	15.0	14.3	13.7	14.5	14.1	13.8	12.8	13.1	13.5	12.8	14.4	14.7	13.8	12.9
Number of school aged CiN with SEN Support									236	228	208	221	229	211	234	249	234	217
% of CP with EHCP	9.3	10.2	10.3	8.6	8.1	8.8	8.4	8.7	10.1	10.3	11.1	11.3	11.9	12.8	12.7	13.2	11.7	10.7
Number of CP with EHCP									33	35	40	41	44	48	48	49	42	40
% of CP with SEN Support	17.8	17.8	17.9	18.1	19.2	21.2	22.7	24.0	24.2	23.2	23.8	23.7	21.6	19.8	19.0	19.1	19.2	20.9
Number of CP with SEN Support									79	79	86	86	80	74	72	71	69	78

Complaints	2022/23							2023/24										
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
SEND - Open (at end of month)	6	5	5	6	8	18	25	32	31	18	17	36	26	32	14	12	18	16
Of those Open, Average time Open - Ave. Working Age in Days	52	55	75	113	129	50	33	23	30	45	62	28	36	26	51	17	16	15
SEND Stage 1 started	1	0	0	0	0	12	7	0	1	0	1	0	1	0	1	3	24	7
EHCP Stage 1 started - Lack of Provision Named							1	0	0	0	0	0	0	0	0	0	7	1
EHCP Stage 1 started - Lack of Communication							1	0	1	0	0	0	0	0	0	2	6	0
EHCP Stage 1 started - Timescales							5	0	0	0	1	0	1	0	1	9	4	
SEND Stage 2 started	1	0	0	0	0	0	3	0	0	6	4	1	2	12	0	0	0	0

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EHCP	2022/23						2023/24											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
YTD (from January) % of new EHC plans issued within 20 weeks, excluding exceptions	39	38	38	16	31	49	30	37	46	29	35	40	32	36	34	67	69	15
Monthly % of new EHC plans issued within 20 weeks, excluding exceptions	47	38	38	16	54	84	11	97	93	3	98	98	2	96	5	67	73	2
Total 0-25 population with EHCP - end of month	4029	4029	4029	4158	4158	4158	4158	4158	4158	4158	4158	4132	4138	4358	4439	4454	4465	4586
% of pupils with an EHCP - Primary	3.6	3.6	3.6	4.2	4.2	4.2	4.2	4.2	4.2	4.6	4.6	4.6	4.6	4.6	5.0	5.0	5.0	5.6
% of pupils with an EHCP - Secondary	4.5	4.5	5.0	5.2	5.2	5.2	5.2	5.2	5.2	5.4	5.4	5.4	5.4	5.4	5.4	6.1	6.1	6.5
% of Advices received within 6 weeks - Educational Psychology	22.0	41.0	38.0	19.0	37.0	11.0	8.7	11.0	23.9	7.7	11.4	17.0	9.0	7.1	4.2	15.6	12.5	9.3
% of Advices received within 6 weeks - Social Care	46.4	96.2	96.6	98.4	95.5	97.4	100.0	100.0	99.0	85.9	97.8	96.3	97.0	98.5	98.6	93.4	88.8	93.1
% of Advices received within 6 weeks - CAMHS				70.0	67.0	67.0	36.0	67.0	81.0	96.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.0
% of Advices received within 6 weeks - Comm Peads				46.0	56.0	51.0	78.0	100.0	40.0	24.0	80.0	42.0	68.0	62.0	33.0	48.0	65.0	
% of Advices received within 6 weeks - Health Visitors				83.0	95.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	83.0	100.0	100.0	100.0	100.0	
% of Advices received within 6 weeks - OT				75.0	43.0	75.0	67.0	36.0	40.0	88.0	100.0	88.0	80.0	75.0	57.0	0.0	86.0	89.0
% of Advices received within 6 weeks - PT				65.0	100.0	70.0	33.0	See OT	80.0	88.0	75.0	70.0	84.0	83.0	67.0	0.0	58.0	69.0
% of Advices received within 6 weeks - SALT							70.0	80.0	100.0	91.0	99.0	99.0	61.0	54.0	89.0	88.0	75.0	77.0
% of Advices received within 6 weeks - School Nursing				71.0	100.0		100.0	100.0	99.0	100.0	100.0	100.0	n/a	n/a	100.0	100.0	100.0	
% of Advices received within 6 weeks - Bladder & Bowel									n/a	n/a	n/a	n/a	n/a	n/a	n/a	100.0	100.0	100.0

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### Appendix

	2022/23							2023/24										
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Early Years - Portage under review																		
% identified by Early Years sector as SEND	9.0	9.0	9.0	10.2	10.2	10.2	10.2	11.5	11.5	11.5	11.5	11.5	9.5	9.5	9.5			
Number identified by Early Years sector as SEND									292	292	292	292	196	196	196			
Number SEND Population	1001	1001	1001	733	733	733	816	816	945	945								
Number Portage - Referrals received	13	34	2	8	14	11	7	13	10	2	32	28	21	7	5	11	18	8
Number Portage - Intervention provided	2	2	1	2	2	2	1	5	1	2								
% Portage Provided	15.4	5.8	50.0	25.0	14.0	18.0	14.0	38.0	10.0	100.0								
% EYPP - With SEND	40.8	40.8	40.8	53.4	53.4	16.0	16.0	16.0	16.0	16.0								
Number of EYPP - with SEND				317	317	112	112	112	135	135								

	2022/23							2023/24													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Funding																					
Number of SEND CYP in receipt of Inclusive Practice Funding	90	90	90	90	90	63	0	0	45	0	0	59	Ended Sept 2023								
Number of SEND CYP in receipt of SENIF												21	31	40	70	23	30	35			
Number of SEND CYP in receipt of Disability Access Funding	7	4	6	7	11	29	13	7	5	2	1	13	11	9	2	17	11	17			
Total Number of children with Pupil Premium and EHCP	1087	1087	1087	1217	1217	1217	1217	1295	1295	1295	1295	1295	1356	1356	1356	1489	1489	1489			
Total Number of children with Pupil Premium and SEN Support	3538	3538	3538	3751	3751	3751	3751	3863	3863	3863	3863	3863	3515	3515	3515	3388	3388	3388			

	2022/23							2023/24										
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
(N)EET																		
% of KS5 SEN pupils in EET	80.2	87.6	87.9	88.4	89.3	88.4	87.2	87.6	87.9	87.4	87.1	22.9	78.9	85.8	86.1	86.2	86.0	
% of KS5 SEN pupils NEET	8.5	10.0	10.6	10.4	9.5	10.1	11.0	10.1	10.0	10.3	10.6	6.1	6.6	8.7	9.5	12.7	12.9	
% of SEN 16 - 24-year-olds in EET	55.6	67.1	73.3	74.9	75.9	76.1	75.6	75.5	76.4	75.8	75.2	18.6	55.6	69.2	74.1	78.2	78.6	
% of SEN 16 - 24-year-olds NEET	14.8	17.1	18.6	19.9	19.5	19.3	19.5	18.9	18.4	18.3	18.6	15.9	15.6	10.2	13.7	16.6	17.0	

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### Appendix

Community Paediatric Neuro Development	2022/23						2023/24											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Neuro Development - Total number of Referrals received	192	158	63	159	115	176	142	135	168	250	148	114	194	159	126	220	203	193
Neuro Development - Referrals by type - ADHD	56	67	27	73	43	65	38	42	70	63	60	65	74	44	53	69	27	41
Neuro Development - Referrals by type - ADHD/ASD	33	19	14	22	18	20	25	19	24	31	23	20	29	40	21	38	34	21
Neuro Development - Referrals by type - ADHD/DCD	8	7	2	1	1	5	5	2	4	7	5	2	5	4	5	5	4	3
Neuro Development - Referrals by type - ASD	77	48	17	43	30	63	63	60	56	110	49	23	77	62	38	77	110	99
Neuro Development - Referrals by type - DCD/Motors Skills	13	10	1	10	13	0	2	0	0	0	0	0	0	0	0	1	1	1
Neuro Development - Referrals by type - Pre-School Dev	2	5	1	4	4	2	3	7	3	0	7	0	3	1	1	8	2	4
Neuro Development - Referrals by type - Other	3	2	1	6	6	20	6	5	11	39	1	4	6	6	8	22	25	24

CAMHS	2022/23						2023/24											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Referrals							183	263	234	230	128	181	204	228	142	197	181	172
Total Seen at Access							95	109	106	110	81	52	94	59	51	79	53	80
Total Seen at Access within 6 weeks							41	46	45	31	21	14	35	18	27	31	18	35
% Seen at Access within 6 weeks (6 week seen / total seen at access)							43.2	42.2	42.5	28.2	25.9	26.9	37.2	30.5	52.9	39.2	34.0	43.8
Total Seen at Access within 18 weeks							66	78	72	65	61	42	58	24	36	67	45	72
% Seen at Access within 18 weeks (18 week seen / total seen at access)							69.5	71.6	67.9	59.1	75.3	80.8	61.7	40.7	70.6	84.8	84.9	90.0
Average wait time from Referral to Access in weeks							16	16	15	18	13	11.5	14.5	17.0	10.5	12.0	12.0	10.0
Longest wait time to be seen at Access in weeks							22	22	25	28	32	36	38	39	37	33	29	25
Average wait time from Referral to Treatment in weeks							38	38	29	30	27	25.5	29.5	35.0	23.5	33.0	38.0	31.0

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### Appendix

Children's SaLT	2022/23							2023/24										
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Speech and Language Therapy - Number of referrals	217	348	256	304	257	318	188	324	270	374	161	129	213	250	219	171	174	190
Speech and Language Therapy - Number referrals accepted	217	348	256	304	257	317	188	323	269	362	161	129	203	233	206	161	159	180
SALT - Average waiting time for initial assessment (weeks)	29	23	42	30	26	32	29	35	46	51	68	43	50	52	60	49	41	48
Number Discharged							91	203	184	302	267	150	234	237	185	164	362	310
Paediatric Speech & Language - Seen within 10 working days: children - % within timescale	25	33.3	85.7	100	0.0	14.9	33.3	23.1	33.3	22.2	66.7	33.3	16.7	11.0	33.3	0.0	15.4	0.0
Paediatric Speech & Language - Seen within 10 Days: Number within timescale				5	0	1	3	3	1	2	2	1	1	1	1	0	2	0
Paediatric Speech & Language - Seen within 13 weeks: % within timescale	15.4	25.9	25.0	32.4	26.1	19.4	21.4	65.1	6.8	13.0	16.4	23.5	16.5	11.0	3.0	4.3	16.4	12.5
Paediatric Speech & Language - Seen within 13 weeks: Number within timescale				12	6	6	3	28	4	4	21	8	15	9	2	3	11	10

Children's Contenance	2022/23							2023/24										
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Paediatric Contenance - % within statutory timescale	50.9	93.6	93.3	95.1	84.4	71.4	13.3	52.6	100.0	100.0	100.0	94.1	91.5	95.1	89.7	46.7	95.5	100.0
Paediatric Contenance - Number within statutory timescale				39	27	5	2	10	23	17	23	16	42	39	26	14	42	19

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Paediatric Physiotherapy*	2022/23									2023/24								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Physiotherapy - Number received	277	268	199	280	260	195	203	261	280	309	252	261	283	281	221	301	263	203
Physiotherapy - Number progressed	194	257	187	209	192	206	188	202	237	241	157	181	241	251	182	257	211	171
Physiotherapy - Number within timescale							186	198	232	240	149	175	227	241	176	247	203	166
Physiotherapy - % Within timescale							98.9	98.0	99.6	99.6	94.9	96.7	94.2	96.0	96.7	96.1	96.2	97.1
Physiotherapy - Average waiting time (weeks)	4	4	5	5	4	5	5	5	4	4	5	5	7	5	5	6	5	6
Physiotherapy - Discharged	28	35	25	32	30	16	27	30	38	27	25	38	38	50	22	41	22	16
Physiotherapy - Another appointment given	98	146	113	105	106	124	128	142	142	175	89	94	162	143	126	181	155	124
Physiotherapy - Appointment to be made at a later date	68	76	49	72	56	66	33	30	57	39	38	47	37	54	30	34	32	29

\*0 - 25 cohort

Children's Occupational Therapy	2022/23									2023/24								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Occupational Therapy - Number received	45	56	56	52	44	62	49	57	45	78	44	41	71	68	50	70	60	65
Occupational Therapy - Number progressed	61	53	36	43	42	33	33	46	34	40	24	21	28	49	17	29	42	35
Occupational Therapy - Number within timescale							32	45	32	40	23	20	26	40	15	29	41	34
Occupational Therapy - % Within timescale	11.5	49.1	58.3	53.5	52.4	72.7	96.9	97.8	94.0	100	95.8	95.2	92.9	95.2	88.2	100.0	97.6	97.1
Occupational Therapy - Average waiting time (weeks)	10	6	5	7	6	5	5	5	6	5	7	5	6	8	6	8	7	10
Occupational Therapy - Discharged	25	9	7	11	7	8	5	13	6	17	3	4	6	5	1	3	3	2
Occupational Therapy - Another appointment given	2	3	5	18	17	6	10	7	6	5	5	2	2	11	5	11	7	3
OT - Appointment to be made at a later date	34	41	24	14	18	19	18	26	22	19	14	15	20	26	11	13	32	28

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### Appendix

A & E	2022/23						2023/24											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number Presented in A & E - Self Harm	28	17	13	26	17	21	21	27	16	15	12	14	15	20	16	15	19	24
Number Time Spent in A & E (within 4 hour target) - Self Harm							14	21	10	11	6	10	8	9	10	8	6	10
% Time Spent in A & E (within 4 hour target) - Self Harm	75	88.2	84.6	73.1	94.1	81.0	66.7	77.8	62.5	73.3	50.0	71.43	53.3	45.0	62.5	53.3	31.6	41.7
A & E - Self Harm - Admitted	6	2	3	3	1	4	5	5	1	2	0	2	1	2	2	2	3	2
A & E - Self Harm - Discharged	22	15	10	23	16	17	16	22	15	13	12	12	14	18	14	13	16	22
Number Presented in A & E - Mental Health	80	82	69	80	73	92	79	74	71	88	91	83	96	85	95	83	73	96
Number Time Spent in A & E (within 4 hour target) - Mental							60	56	51	63	33	35	35	29	41	30	33	34
% Time Spent in A & E (within 4 hour target) - Mental Health	72.5	69.5	66.7	91.3	75.3	80.4	75.9	75.7	71.8	71.6	36.3	42.2	36.5	34.1	43.2	36.1	45.2	35.4
A & E - Mental Health - Admitted	10	9	6	12	15	15	17	13	19	15	15	10	10	11	13	8	14	13
A & E - Mental Health - Discharged	70	73	63	68	58	77	62	61	52	73	76	73	86	74	82	75	59	83

Children's Dietetics	2022/23						2023/24											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Diabetics - Number received	7	9	8	11	7	15	4	20	13	10	8	9	4	7	5	5	6	4
Diabetics - Number progressed	8	5	3	9	3	3	7	5	7	12	8	5	9	4	3	6	5	5
Diabetics - Number within timescale							6	4	6	10	8	5	8	4	3	6	5	5
Diabetics - % Within timescale	87.5	40.0	100.0	88.9	100.0	100.0	85.7	80.0	85.7	83.3	100.0	100.0	88.9	100.0	100.0	100.0	100.0	100.0
Diabetics - Average waiting time (weeks)	3	14	3	3	3	5	3	10	5	7	8	9	12	5	8	3	2	1
Diabetics - Discharged	1	0	0	1	0	0	1	0	0	0	1	1	0	0	0	1	0	0
Diabetics - Another appointment given	7	5	3	8	3	3	6	5	7	12	7	4	9	4	3	4	5	5
Diabetics - Appointment to be made at a later date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0



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Health Visitors	2022/23						2023/24											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of births that receive a face-to-face new birth visit (NBV) within 14 days by a health visitor	91.0	90.2	88.4	84.9	87.7	90.5	92.3	91.6	89.7	96.0	82.6	92.7	95.4	92.7	92.6	89.6	95.7	94.0
Number of births that receive a face-to-face new birth visit (NBV) within 14 days by a health visitor				196	221	220	204	218	208	221	212	215	228	216	224	190	202	234
% of children who received a 12 month review by the time they turned 12 months	84.7	73.9	75.0	70.5	73.1	81.9	81.0	87.0	89.3	96.0	91.5	93.7	93.5	91.6	91.2	91.6	92.1	92.0
Number of children who received a 12 month review by the time they turned 12 months				170	163	191	175	215	243	232	225	237	258	228	218	252	210	219
% of children who received a 12 month review by the time they turned 15 months	86.0	86.6	89.2	89.0	85.1	87.9	85.4	83.5	87.6	89.0	92.7	90.5	95.9	93.9	94.7	93.3	94.4	93.8
Number of children who received a 12 month review by the time they turned 15 months				242	228	204	205	202	2	196	228	248	233	230	248	264	221	227
% of children who received a 2-2½ year review	81.2	82.1	82.1	83.2	74.0	76.2	81.0	85.7	83.9	88.0	88.6	89.3	86.8	83.3	88.0	87.2	82.2	86.8
Number of children who received a 2-2½ year review				228	196	205	209	240	182	218	226	184	211	209	249	251	222	262
% of primary school children (Reception) with a valid annual height & weight recording															99.9			
Number of primary school children (Reception) with a valid annual height & weight recording															3318			
% of primary school children (Year 6) with a valid annual height & weight recording															94.0			
Number of primary school children (Year 6) with a valid annual height & weight recording															3110			

## Wirral SEND / Health Dashboard

### Appendix

Baby screening and assessments.	2022/23		2023/24		
	Q3	Q4	Q1	Q2	Q3
% of babies eligible for newborn hearing screening for whom the screening process is complete within timescale	99.3	99.6	99.7	100	99.4
% Well babies who do not show a clear response in both ears at OAE 1 Hospital	31.0	29.7	25.4	22.9	21.3
% Well babies who do not show a clear response in both ears at OAE 1 Community	n/a	n/a	n/a	n/a	n/a
% Total Referrals - Hospital	3.4	3.5	2.4	2.7	2.1
% Total Referrals - Community	n/a	n/a	n/a	n/a	n/a
% of babies with a no clear response result in one or both ears or other- referral for audiological assessment who are offered audiological assessment within timescale.	100	100	100	100	100
% of babies with a no clear response result in one or both ears or other - referral for audiological assessment who receive audiological assessment within timescale.	100	100	82.4	100	100

## Wirral SEND / Health Dashboard

### Appendix

Baby screening and assessments.	2022/23		2023/24		
	Q3	Q4	Q1	Q2	Q3
Screens offered	99.9	99.6	99.7		99.6
% Screens completed by 3 months	99.7	99.6	99.6		99.2
% Screens declined	0.0	0.0	0.1		0
% Well baby referrals from OAE2 hospital	7.0	6.3	4.0		4.0
% Well baby referrals from OAE2 community	n/a	n/a	n/a		n/a
% NICU with bilateral NCR at OAE	12.2	14.0	6.3		11.1
% NICU bilateral referrals from AABR	0.0	2.3	3.1		0.0
% NICU unilateral referrals from AABR	4.1	4.7	3.1		5.6
% Total bilateral referrals (including NICU)	0.4	0.9	0.3		0.6
% Total unilateral referrals (including NICU)	3.0	2.4	2.0		1.4
% Total Incomplete referrals	0.0	0.1	0.1		0.1

Neuro Development Activity relates to community paediatric attendances	2022/23						2023/24											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Neuro Development - Number received	4	1	4	2	2	1	3	4	7	13	10	8	8	4	4	12	9	3
Neuro Development - Number progressed	3	2	3	3	3	1	16	8	4	3	4	5	1	13	15	9	13	13
Neuro Development - Number within timescale							4	3	3	2	1	4	1	1	4	2	5	1
Neuro Development - % within timescale	66.7	50.0	66.7	66.7	100.0	100.0	25.0	37.5	75.0	66.7	25.0	80.0	100.0	7.7	26.7	22.2	38.5	7.7
Neuro Development - Average waiting time (weeks)	14	7	4	4	4	5	33	33	15	9	34	8	1	63	54	61	45	50
Neuro Development - Discharged	2	1	2	3	2	1	2	3	1	0	1	4	1	2	5	0	3	4
Neuro Development - Another appointment given	1	1	1	0	1	0	14	5	3	3	3	0	0	11	10	8	9	9
Neuro Dev.- Appointment to be made at a later date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0

## Wirral SEND / Health Dashboard

### Appendix

Education	2022/23						2023/24											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of pupils with SEND	19.2	19.2	19.7	20.2	20.2	20.2	20.2	20.2	20.2	21.3	21.3	21.3	21.3	21.3	21.2	21.2	21.2	21.8
Number of Pupils with SEND	9985	9985	9985	10340	10340	10340	10340	10340	10340	10913	10913	10913	10913	10913	10677	10677	10677	11028
% of pupils with SEN Support (all schools)	15.2	15.2	15.3	15.6	15.6	15.6	15.6	15.6	15.6	16.3	16.3	16.3	16.3	16.3	15.7	15.7	15.7	15.8
Number of pupils with SEN Support	7767	7767	7767	7957	7957	7957	7957	7957	7957	8371	8371	8371	8371	8371	7917	7917	7917	7996
All Schools: Number of Suspensions episodes started in month - Pupils with an EHCP at time of Suspension				55	46	34	20	32	36	30	0	36	67	43	23	30	42	27
All Schools: Number of Suspensions episodes started in month - Pupils with SEN Support at time of Suspension				157	112	166	64	109	125	63	0	139	172	182	86	95	116	129
All Schools: Number Permanent Exclusions - Pupils with an EHCP	1	1	1	3	3	3	0	0	3	0	0	1	0	1	0	0	0	0
All Schools: Number Permanent Exclusions - Pupils with SEN	4	2	2	5	5	5	2	0	6	0	0	2	3	1	2	0	3	0
% SEND Authorised Absence - Primary (EHCP)	6.2	8.1	12.9	7.3	7.0	6.7	6.2	6.9	7.3	6.1	6.1	6.6	7.1	7.3	8.3	7.6	7.0	7.6
% SEND Authorised Absence - Secondary (EHCP)	8.1	8.9	13.0	9.1	8.8	7.5	7.0	8.2	9.1	11.3	11.3	7.8	8.8	8.5	9.8	9.8	9.8	9.6
% SEND Unauthorised Absence - Primary (EHCP)	3.2	1.6	1.9	2	1.7	2.1	3.3	2.8	3.4	2.8	2.8	2.3	2.3	2.4	3.0	2.6	2.3	3.0
% SEND Unauthorised Absence - Secondary (EHCP)	7.5	6.9	8.8	7.6	6.6	7.6	8.9	9.5	10.6	6.4	6.4	6.4	7.2	8.0	9.5	9.4	8.6	9.9
Total number of SEND CYP that are Electively Home Educated	7	4	4	6	5	3	3	3	2	7	0	6	15	18	17	17	17	17
Number of new SEND CYP that are Electively Home Educated in month - Primary	2	1	1	2	1	1	1	1	0	3	0	3	0	0	0	0	0	0
Number of new SEND CYP that are Electively Home Educated in month - Secondary	5	3	3	4	4	2	2	2	2	4	0	4	0	0	0	0	0	0
Total CYP with an EHCP missing from education								1	0	1	0	0	1	0	0	0	0	1

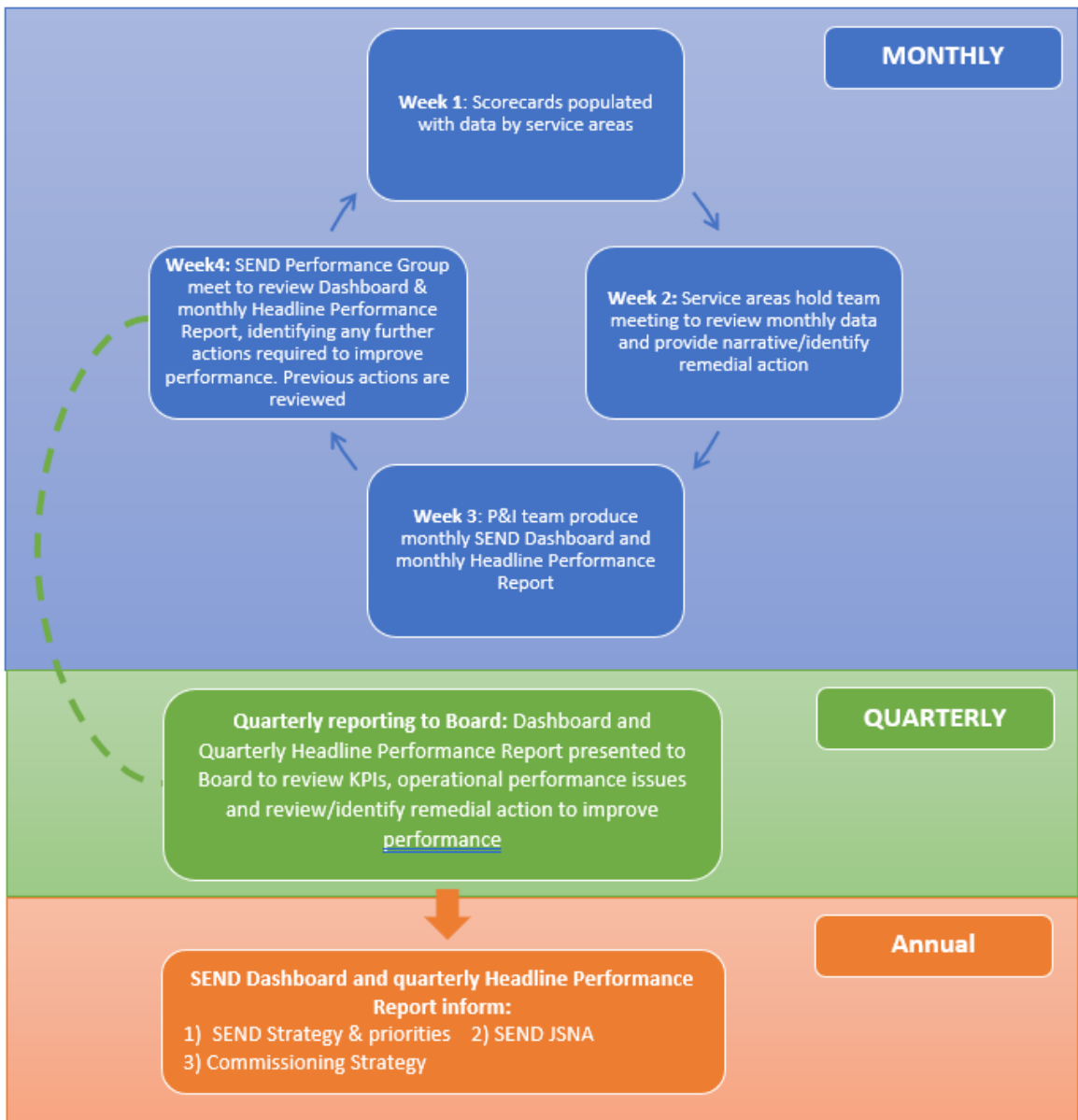
## Wirral SEND / Health Dashboard

### Appendix

Education - attainment	2022/23							2023/24										
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
KS1 Reading EHCP - % at Expected Level	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4
KS1 Reading SEN Support - % at Expected Level	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	32.6	32.6	32.6	32.6	32.6	32.6	32.6	32.6
KS1 Writing EHCP - % at Expected Level	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
KS1 Writing SEN Support - % at Expected Level	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	18.2	18.2	18.2	18.2	18.2	18.2	18.2	18.2
KS1 Maths EHCP - % at Expected Level	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1
KS1 Maths SEN Support - % at Expected Level	32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5	34.5	34.5	34.5	34.5	34.5	34.5	34.5	34.5
KS2 RWM EHCP - % at Expected Level	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9
KS2 RWM SEN Support - % at Expected Level	20.7	20.7	20.7	20.7	20.7	20.7	20.7	20.7	20.7	20.7	24.6	24.6	24.6	24.6	24.6	24.6	24.6	24.6
KS2 Reading EHCP - % at Expected Level	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	18.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0
KS2 Reading SEN Support - % at Expected Level	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0	49.2	49.2	49.2	49.2	49.2	49.2	49.2	49.2
KS2 Writing EHCP - % at Expected Level	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.8
KS2 Writing SEN Support - % at Expected Level	30.2	30.2	30.2	30.2	30.2	30.2	30.2	30.2	30.2	30.2	35.5	35.5	35.5	35.5	35.5	35.5	35.5	35.5
KS2 Maths EHCP - % at Expected Level	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0
KS2 Maths SEN Support - % at Expected Level	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	39.5	39.5	39.5	39.5	39.5	39.5	39.5	39.5
KS4 Overall Progress 8 Score - ECHP (negative score)	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
KS4 Overall Progress 8 Score - SEN Support (negative score)	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
KS5 EHCP Cohort - (Expected Level) - Only in Schools	142	142	142	141	141	141	141	141	141	141	140	140	140	140	140	140	140	140
KS5 SEN Support Cohort - (Expected Level)	219	219	238	265	265	265	265	265	265	265	274	274	274	274	274	274	274	274

## Appendix 2- 2024-25 Performance Reporting for SEND

1. SCORECARDS			
<b>MONTHLY</b>	<ul style="list-style-type: none"> <li>Scorecard templates prepared by Principal Performance &amp; Improvement Officer and shared via MS Teams.</li> <li>Service areas to review/agree their operational performance measures. (NB scorecards do not need to capture all activity data. Live activity data should already be available to services via their own BI teams through Power BI. The scorecards capture a snapshot of performance at the end of the month).</li> <li>Every month, service areas populate their scorecards with latest data, review the information at their team meetings and provide supporting commentary.</li> <li>Narrative must be provided for any KPIs that feature on the SEND Dashboard.</li> <li>Service areas can also highlight any operational data that is of concern, along with any remedial action.</li> </ul>	<b>When?</b> Every month, by 2 weeks after the end of the previous month.	<b>Who?</b> Each service/ team
	2. DASHBOARD		
	<ul style="list-style-type: none"> <li>The SEND Dashboard is built, including the most recent month's data.</li> <li>Monthly Headline Performance Report is written, which draws upon narrative and data from step 1 above.</li> <li>The Headline Performance Report contains narrative on the Key Performance Indicators that feature in the SEND Dashboard and any actions required to improve performance.</li> <li>It also highlights any operational issues that are of concern and any remedial action.</li> </ul>	<b>When?</b> Each month, by 3 weeks after the end of the previous month.	<b>Who?</b> Principal Performance and Improvement Officer
	3. SEND PERFORMANCE MEETING		
<ul style="list-style-type: none"> <li>The SEND Dashboard and the monthly Headline Performance Report are reviewed.</li> <li>Group to review identified actions and suggest further remedial action and feedback to service teams where applicable.</li> <li>Previous performance issues along with remedial actions are also reviewed and updated.</li> <li>Quarterly Headline Performance Report is prepared for Board by Principal Performance and Improvement Officer.</li> </ul>	<b>When?</b> Each month, 4 weeks after the end of the previous month.	<b>Who?</b> Performance Group members	
<b>QUARTERLY</b>	4. BOARD MEETING		
	<ul style="list-style-type: none"> <li>Quarterly Headline Performance Report contains narrative to support the SEND Dashboard key performance indicators. It also includes escalated operational performance issues and remedial action that have been escalated to Board.</li> <li>Board to review and identify further remedial action to address any escalated areas of concern.</li> <li>Track progress against previously agreed actions.</li> <li>Additional 'deep-dive' reports can be commissioned to come back to future meetings.</li> </ul>	<b>When?</b> Each Quarter, 2 weeks after a Monthly Meeting has taken place.	<b>Who?</b> Board members



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## LOCAL AREA SEND PARTNERSHIP BOARD

<b>REPORT TITLE:</b>	<b>EHCP COMPLIANCE AND RECOVERY PLAN</b>
<b>REPORT AUTHOR:</b>	<b>ADRIAN LEACH, HEAD OF SERVICE FOR SEND, WIRRAL COUNCIL</b>
<b>MEETING DATE:</b>	<b>29<sup>TH</sup> APRIL 2024</b>

### 1. REPORT SUMMARY

The purpose of this report is to make the Local Area SEND Partnership Board aware of current factors impacting on EHCP production and performance in Wirral. The report will cover the change in profile in demand for EHCPs, current performance metrics and highlight the key issues and challenges that the local area faces in relation to improving the quality and timeliness of EHCPs.

The report also details the proposed EHCP Recovery Plan and its indicative timescales and success measures.

### 2. RECOMMENDATIONS TO BOARD

The Local Area SEND Partnership Board are recommended to:

- (i) Note the context for EHCPs described within the report.
- (ii) Approve the EHCP Recovery Plan.
- (iii) Agree to future reports regarding capacity building

### 3. BACKGROUND INFORMATION/CONTENT

3.1 EHCP performance has been reported to the previous SEND Transformation Board on a number of occasions over the last two years. It remains a priority for the Local Area. The intention of this report is to build on previous reports providing an up-to-date picture for quarter 4 of 2023-24. This provides the background and context for the Recovery Plan (Appendix 1) discussed in this report.

3.2 In line with the regional and national picture, demand growth for EHCPs has increased significantly since the 2014 SEND Reforms, but particularly over the last five years. There are a number of factors that have been ascribed to this growth. Key drivers are:

- Extension of statutory responsibilities up to age 25 and starting from birth, rather than age 5-18 years.

- Increasing prevalence of more socially associated SEND such as Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Conditions (ASC), Social, Emotional and Mental Health (SEMH) and Foetal Alcohol Syndrome Disorders (FASD).
- Reductions in per capita funding to schools and streamlining of mainstream curriculum to remove more vocational options.
- Medical improvements increasing survivability rates, particularly for children born prematurely.

3.2 Growth in EHCP activity is shown below:

Year	2019	2020	2021	2022	2023
EHCP Plans issued	346	407	401	802	1089
20 week compliance (National average in brackets)	42% (61%)	59% (58%)	27% (59.9%)	38% (49.2%)	34% (publishing June 24)

3.3 At the end of March 2024, EHCP compliance dropped to 15%. However, this has been due to finalising in March over 160 EHCPs that were over 20 weeks. In terms of the total number of finalised EHCPs for the period, performance remains in line with 2023.

3.4 Compliance rates for Q4 of 2023-24 are impacted by other contributory factors. Most notably, the team had a change of leadership and management in February 2024. Over the first two months in post the new SEND Team Manager has rightly focussed on recruitment and building capacity in the team which has potentially contributed to a decline in supervision and oversight to ensure cases are moved on swiftly. With significant vacancy levels within the team and caseloads overwhelming existing staff, it was necessary to prioritise recruitment activity.

3.5 Timely availability of advice from professionals and services, in particular Speech and Language Therapy (SALT) Advice and Educational Psychology (EP) Advice continues to be a significant barrier to timely delivery of EHCPs. The need to address these issues is contained in the EHCP Recovery Plan (Appendix 1) and plans are being worked through the new Children's Services Leadership to develop and grow Wirral's Educational Psychology Service (EPS) to better meet demand from schools and families. It is important to note that there has been a long-standing national shortage of qualified EPs and a lack of EP training places across universities.

3.6 The focus on building capacity and recruitment will reap long-term productivity benefits as eight of the ten vacant posts that existed when the new SEND Team Manager came into post have now been filled through secondments and agency staff. Experienced and competent SEN staff, in a similar vein to

teaching and social care staff are in short supply, and it remains a challenge to recruit. Interviews are continuing until the end of April and it is anticipated that the team will be operating at its establishment capacity by the start of May 2024.

- 3.7 Compliance and productivity are also impacted by increasing demand for specialist places. Despite growth in the special school sector and increases in resourced base provision within mainstream schools, demand for specialist places outstrips available provision. Whilst this is being addressed through the forthcoming SEND Sufficiency Strategy and the ongoing embedding of Wirral's Graduated Approach, immediate parental concern over placements and lack of positive consultation responses places increasing workload on EHC Co-ordinators as they seek appropriate provision. This challenge is clearly demonstrated in the SENDIST Tribunal Appeals Data below:

Tribunal Type	2019	2020	2021	2022	2023	2024 to date
Decision not to Assess	18	26	27	1	6	1
Decision not to issue	2	2	0	1	3	0
Pilot Scheme (H and/or SC provision)	1	6	1	4	1	0
Section B (understanding of needs)	1	12	34	21	16	4
Section F (education provision)	10	0	5	5	3	0
Section I (placement)	7	13	10	15	58	18
TOTAL	39	60 (inc 1 decision to cease not shown)	77	47	87	23

- 3.8 As evident in the data there is a shift from appeals that are in relation to operational practice regarding decisions to assess, on to appeals in relation to placements. In 2023, two thirds of appeals were in relation to placements driven primarily by a lack of perceived sufficiency of provision. It should be noted however that Wirral's proportion of EHCP pupils in mainstream schools is half the national rate at only 19% compared to 39% amongst comparator local authorities (data taken from Delivering Better Value in SEND analysis).

- 3.9 The prioritisation of EHCP compliance over the past two years has impacted on the maintenance of Annual Reviews. There is significant concern across stakeholders about the lack of effective Annual Reviews and how plans are being updated where appropriate. This concern is increased as there is currently a lack of quality management information reporting to allow increased control and oversight.

- 3.10 Due to the lack of confidence in the data, no Annual Review data for compliance is included in this report. The data reflects a picture that is currently highly inaccurate. However, the need to address this is contained in the EHCP Recovery Plan and forms part of the suite of management information that will be held within the service and reported to the Local Area SEND Partnership Performance Board moving forward from summer 2024.
- 3.11 Challenges regarding the recording of Annual Reviews are noted and addressed in the EHCP Recovery Plan. For context for the board the key factors of concern to be addressed are:
- Staffing and capacity within the Annual Review Officers affecting the ability to attend annual review meetings, updating EHCPs and provide timely and appropriate communication with families.
  - Recording of data and responses to Annual Reviews in Capita as the system is cumbersome to operate and navigate, leading to inaccurate and untimely recording.
  - Issues are exacerbated by a culture of poor data recording and case management in some parts of the team.
- 3.12 Achieving compliance and improved EHCP performance is a Local Area responsibility reliant on the SEND system operating effectively as a whole. The Referral and Assessment team are dependent on amongst other things:
- Good and effective early intervention and assessment- consistent application of the Graduated Approach.
  - Confident and skilled school staff and leaders who are able to meet needs effectively.
  - Availability and quality of timely professional advice from services.
  - Availability and quality of local provision and appropriate school places.
  - Confidence of parent carers to consider mainstream and resourced base provision as appropriate for their children.
- 3.13 In response to long-standing performance issues outlined above, SEND managers have developed an EHCP Recovery Plan. The plan is wide-ranging in scope and recognises the interdependencies in the system. However, at its core are capacity, structure, decision making, operational processes and oversight of the SEND Referral and Assessment Team. This is recognised in the two phased approach implicit in the recovery plan.
- 3.14 The first phase is designed to make sure that the SEND Statutory Referral and Assessment Team (SENDSTART) has the capacity and tools to be able to deliver a high-quality service to Wirral families. This phase incorporates such elements and restructure, training, management information; performance data; and process and decision control. Phase 1 will be completed by the end of the 2024 calendar year.

Action	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Update and revise the SENDSTART Handbook so that it reflects our aspirations									
Agree and publicise/communicate “our Journey” setting out where we think we are and how we will reach our aspirations									
Develop and devise a process to monitor and reduce average plan completion times with a priority focus on “stuck” plans over 30 weeks.									
Develop timelines for phase transfers with early communication so that schools and families understand our process more clearly									
Implementation of the EHCP QA Framework									
Review of EHCP Decision Making Group to ensure accountability and QA of decision making across the partnership									
Restructure referral and assessment team to ensure sufficient staffing to meet capacity and delivery stability.									
Provide SENDSTART team colleagues with a toolkit to support with person centred planning									
NASEN L3/4 qualifications for all SENDSTART staff started- CPD									
Data cleanse for Migration to Liquid Logic EYES									
Migration to Liquid Logic EYES and Team Training									
MI reporting suite developed in LL EYES									
Invision360 QA Feedback process in place and impacting work									
Review of High Needs Funding Policy to ensure that top up funding for pupils with EHCPs is understood, transparent and equitable.									

3.15 The second phase ensures areas upon which timeliness and quality of EHCPs are dependent are fully addressed. This includes, sufficiency of provision, timely provision of statutory advice (particularly Educational Psychology advice) quality assurance and the impact of quality improvement in plans. This requires long-term development and is intended to be fully implemented over the next two years with completion planned for December 2026. These longer-term actions can be seen in the Action Plan attached in Appendix 1.

## **4. FINANCIAL IMPLICATIONS**

- 4.1 There are a number of areas in the EHCP Recovery Plan which will have financial implication, particularly those relating to capacity of the SEND Referral and Assessment Team. Resourcing requests will be managed within organisational leadership wherever practicable. Risks or Issues for resourcing implications will be escalated to the Local Area SEND Partnership Board as individual actions as the EHCP Recovery Plan is implemented.

## **5. LEGAL IMPLICATIONS**

- 5.1 Wirral Council are legally responsible for the production, maintenance oversight of Education Health and Care Plans including ensuring that the provision contained within them is being delivered. These duties are set out in the 2014 Children and Families Act.
- 5.2 Additional duties to ensure provision for pupils, including those pupils who for medical or other reasons are unable to attend school are contained within the 1996 Education Act.

## **6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 There are resource implications contained within a number of the strands of the EHCP Recovery Plan, primarily in relation to building capacity to meet demand and staff training. These will be presented to the Local Area SEND Partnership Board in future papers subject to consent.

## **7. RELEVANT RISKS**

- 7.1 There are a number of risks inherent not improving the quality and timeliness of Wirral's EHCPs, most notably:
- Failure to address performance will result in poor inspection outcomes and potential loss of control of services.
  - Lack of high quality EHCPs will act as a barrier to children and young people with SEND achieving their full potential.
- 7.2 Risks will be identified and addressed through the Local Area SEND Partnership Board's Risk and Issues Log.

## **8. ENGAGEMENT/CONSULTATION**

- 8.1 The Wirral EHCP Recovery Plan has been informed by existing service improvement plans, outstanding actions arising from Wirral's 2022 Written Statement of Action, and from feedback from families, staff, education partners, and health colleagues.

## **9. APPENDICES**

Appendix 1 – EHCP Recovery Plan 2024-26.

## Appendix 1

### Wirral EHCP Recovery Plan 2024-26

#### What does good look like:

- 20 week compliance at 95%
- Annual review compliance 4 weeks/12 weeks = 100%
- QA = 100% of plans quality assured through Invision360 at 'good' or 'outstanding'
- Parent and young person feedback surveys indicate 80% 'satisfied' or 'very satisfied' with their experience.
- Case reviews indicate that case management is timely and up to date in EYES = 95%
- 80% reduction in complaints and SEND Tribunal appeals in relation to timeliness and communication

#### Where will we be when?

The EHCP Recovery Plan is focussed on two phases of improvement. The first phase is designed to make sure that the SEND Statutory Referral and Assessment Team (SENDSTART) has the capacity and tools to be able to deliver a high quality service to Wirral families. This phase incorporates such elements and restructure, training, management information; performance data; and process and decision control. Phase 1 will be completed by the end of the 2024 calendar year.

By the end of 2024 we will have

- EHCP 20 week completion rate in line with national average (as a minimum)
- All phase transfer reviews and emergency reviews attended by an SENDSTART Officer
- 0% of EHCPs that have not been reviewed in the previous 18 months
- 50% of new EHCPs graded 'good' or better in Invision 360
- 50% reduction in complaints and Tribunal appeals relating to timeliness and communication

The second phase is concerned with ensuring that other areas upon which timeliness and quality of EHCPs are dependent are fully embedded. This includes, sufficiency of provision, timely provision of statutory advice, particularly Educational Psychology advice, QA and the impact of quality improvement in plans. intended to be fully implemented over the next 2 years with completion.

By the end of 2025 we will have:

- EHCP 20 week completion rates at 75%
- All Annual Review meetings attended by an SENDSTART Officer
- 100% of EHCPs reviewed within the previous 12 months (with review outcomes communicated within 4 weeks of review)
- 75% of EHCPs graded 'good' or better in Invision360

- 75% reduction in complaints and tribunal appeals in relation to timeliness and communication

By the end of 2026 we will have:

- 20-week compliance at 95%
- Annual review compliance 4 weeks/12 weeks = 100%
- QA = 100% of plans quality assured through Invision360 at 'good' or 'outstanding'
- Parent and young person feedback surveys indicate 80% 'satisfied' or 'very satisfied' with their experience.
- Case reviews indicate that case management is timely and up to date in EYES = 95%
- 80% reduction in complaints and SEND Tribunal appeals in relation to timeliness and communication

### **Oversight and Accountability**

The operational responsibility for the implementation of this action plan lies with the SENDSTART Team Manager. However, to make improvements to Wirral's EHCP requires a whole partnership approach to address pressures arising from other areas. Therefore, the monitoring and oversight of the plan as a whole will sit with the EHCP Continuous Improvement Group reporting to the Local Area SEND Partnership through the continuous improvement strand.



Action	Officer responsible	Comments/Progress	Anticipated outcome	Target date
<b>Workstream 1 – Process and relationship experience</b>				
Update and revise the SENDSTART Handbook so that it reflects our aspirations	SEND Team Manager (DS)		All Staff are clear about their role and expectations	Aug2024
Agree and publicise/communicate “our Journey” setting out where we think we are and how we will reach our aspirations	SEND Team Manager (ST)		Families and schools feel better supported.	Jun 24
Develop timelines for phase transfers with early communication so that schools and families understand our process more clearly	Head of Service SEND (AL)	Process mapping undertaken with Special Heads Feedback from partners and families received. Lessons learnt	100% of N2 and Yr 6 Transfers delivered by 15 Feb	Jun 24
Develop and devise a process to monitor and reduce average plan completion times with a priority focus on “stuck” plans over 30 weeks.	SEND Team Leader (LP)	Initial benchmarking exercise identified Capacity increase through flexible use of capacity across AC and Review officers. Ongoing recruitment of additional capacity.	0% of EHCPs over 30 weeks	May 2024
Implementation of the EHCP QA Framework	Head of Service SEND (AL)	Invision QA commissioned for baselining April and May 2024 Half termly partnership QA in place	% of plans good or better	May 24
Review of EHCP Decision Making Group to ensure accountability and QA of decision making across the partnership (to address QA or Health and social care advice and consistency of application of GA	Head of Service SEND (AL)		% of plans good or better in Invision 360	August 24

Action	Officer responsible	Comments/Progress	Anticipated outcome	Target date
<b>Workstream 2 – Staffing and Capacity</b>				
Restructure referral and assessment team to ensure sufficient staffing to meet capacity and delivery stability.	Head of Service SEND (AL)	Structure agreed Children’s SLT Consultation start Ringfencing and recruitment	All establishment permanent posts filled	Completion July/August 24
Asset based approaches training for all staff	SEND Team Manager (DS)	RP sessions organised and delivered	Staff are competent and confident	Aug/Sept24 - ongoing
Provide SENDSTART team colleagues with a toolkit to support with person centred planning	SEND Team Manager (DS)		Staff are competent and confident	Sept 24
Bespoke induction and ongoing training package -SEND Legal training – IPSEA L2 - Working with partners - managing difficult conversations - RP practitioner	Head of Service SEND (AL) with OD support	Flo modules in development in relation to SEND expectations and stat duties. IPSEA training delivered to SEN Referral and Assessment Team	Families feel confident in professional knowledge and understanding of SENDSTART staff	Sept 2024
NASEN L3/4 qualifications for all staff- CPD	SEND Team Manager (DS)		All existing SEND staff qualified to NASEN L3 at least by Dec 25	December 2025- then ongoing
Understanding of the local offer and available provision training	SEND Team Manager (ST)		LO is used as a support and reference tool by default across the partnership: families feel empowered	Ongoing from July 24
Action	Officer responsible	Milestones	Anticipated outcome	Target date
<b>Workstream 3 – ICT Case Management and Management information</b>				
Data cleanse for Migration to EYEs	SEND Team Manager (AD)	Capacity requirement for data cleanse analysed and presented to SLT	% of plans completed within 20 weeks % annual reviews completed within 12 months.	May 24

Develop a suite of exception reporting and MI reports to support supervision in SENDSTART in LL EYES	SEND Team Manager (DS) Head of Service Systems (TT)		Case management is timely and up to date	Sept 24
Training for LL EYES for inputting and expectations (to be incorporated into the Team Handbook)	SEND Team Manager (DS)		Case management is timely and up to date	Sept 24
Ensure all letter templates are compliant and provide clear information for families, schools and services.	SEND Team Manager (DS)		Parent and YP satisfaction with performance	Mar 25
Maintain and monitor MI reporting to include as a minimum: EHCP % @ 20wks EHCP % @ 25 wks EHCP % @ 30 wks EHCNA % within 6 weeks AR- % of plans updated in last 12 months AR – % of AR responses to families within 4 weeks (no change) AR – % of AR responses to families within 12 week (updated provision) Number and % of plans graded good or better through Invision360	Head of Service SEND (AL) Head of Service Systems (TT)		% of plans delivered within 20 weeks  % of annual reviews completed within 12 months  Parent and young person satisfaction feedback	This will follow migration to LL EYES to ensure robust data and baselining.  Sept 24
Action	Officer responsible	Milestones	Anticipated outcome	Target date
<b>Workstream 4 – Assessments and Partners</b>				
EP recovery plan and capacity building to ensure that the EPS can meet local demand for statutory assessment	EP Service Manager (COC)		% of plans within 20 weeks % of plans graded good or better in invision360	Completion by Summer 2026
Commissioned health services have commissioned capacity to undertake assessment to timescales with clear criteria about when	Deputy Director Safety/Quality for ICB (JB)		% of plans completed within 20 weeks	Completion by Summer 2026

assessment is appropriate.	Joint Commissioner for Children (CR)			
Update Health advice form so that health advice is requested from and targeted at correct services.	SEND Team Manager (DS) Deputy Director Safety/Quality for ICB (JB)		% of plans delivered within 20 weeks	May 24
Process in place to ensure Invision 360 feedback is used effectively to inform improvements in quality of advice across all services.	Head of Service SEND (AL)		% of plans graded good or better in Invision360	Jun 24
Review of High Needs Funding Policy to ensure that top up funding for pupils with EHCPs is understood, transparent and equitable.	Head of Service SEND (AL) Finance Business Partner (AB)	The need for this piece of work is agreed and approved through Schools Forum to where it is accountable.	Improvement in ability to place children with plan	Dec 24

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## LOCAL AREA SEND PARTNERSHIP BOARD

<b>REPORT TITLE:</b>	<b>DELIVERING BETTER VALUE IN SEND PLAN 2024</b>
<b>REPORT AUTHOR:</b>	<b>JAMES BACKHOUSE, ASSISTANT DIRECTOR FOR EDUCATION, WIRRAL COUNCIL</b>
<b>MEETING DATE:</b>	<b>29<sup>TH</sup> APRIL 2024</b>

### 1. REPORT SUMMARY

This report notifies the Local Area SEND Partnership Board that the application made to the Department for Education (DfE) in December 2023 for the Delivering Better Value (DBV) Grant has been successful. The Local Authority was informed in February 2024 that it will receive a £1 million grant to be utilised over a 12-month period to transform services and mitigate against increasing budget pressures.

This report outlines the 12-month programme of activity and investment plan to support the 5 initiatives outlined in the business case.

### 2. RECOMMENDATION/S TO BOARD

The Local Area SEND Partnership Board is recommended to:

- (i) Endorse the 12-month work plan to be delivered through the five initiatives.
- (ii) Approve the formation of the DBV in SEND Project Board.
- (iii) Agree to receive quarterly updates on progress, in line with the reporting to DfE.

### 3. BACKGROUND INFORMATION/CONTENT

3.1 The DBV Programme's main objective has been to identify local and national opportunities to improve outcomes for children and young people with SEND.

3.2 Wirral Local Authority was identified as eligible for the DBV, like 54 other local authorities, due to its current deficit in the Dedicated Schools Grant of £4.8million, this will rise to £9.8 million in the 2024-25 financial year.

3.2 The first phase of the DBV programme aimed to identify sustainable changes that would drive high-quality outcomes for children and young people with SEND, and to support local authorities in building an evidence-based grant application to assist the implementation of those changes.

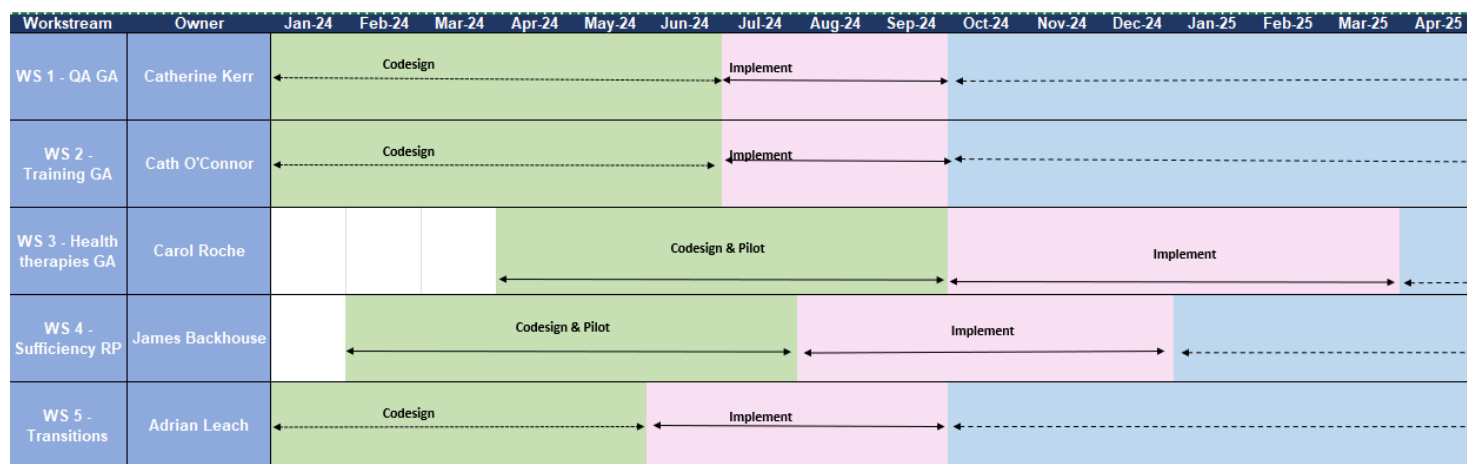
- 3.3 In the longer-term, reform is sought by building an objective evidence base across a third of the SEND sector, which can be used to:
- Inform future policy and drive legislative and funding changes.
  - Build a national playbook and share best practice.
  - Inform future national programmes of similar scale and intent.
- 3.4 A 6-month analysis of Wirral's pupil level data, financial information, case reviews, deep dives and multi-agency meetings led to developing key lines of enquiry to focus the DBV programme from a Wirral perspective.
- 3.5 The following areas were identified as key in supporting the local area to achieve better outcomes:
- Ensure that mainstream schools can provide inclusive environments to allow children and young people to thrive, with the right spaces, resources, skilled staff and parental engagement.
  - Support children and young people in Wirral with a range of multi-disciplinary services to meet their need, at the right time and right level, to prevent needs escalating; with all staff being clear and confident to deliver it.
  - Better support for children at key transition points (especially primary to secondary) and take a child-centred approach which enables children and young people to thrive between phases.
- 3.6 The business case submitted to the DFE has identified 5 initiatives to support the local area in meeting the needs of young people and at the same time looking at mitigations to address the overspend in the High Needs Block of the Dedicated Schools Grant. The 5 initiatives to be delivered are:
- Embed a Quality Assurance framework for the Graduated Approach from early years to post 16.
  - Training, sharing best practice and increased capacity to embed the Graduated Approach.
  - Evidence and review of health therapies within the Graduated Approach.
  - Developing resourced provision across primary and secondary phases of education.
  - Sufficiency of provision, education and employment opportunities for young people.
- 3.7 As key challenge of the DBV programme is for Wirral to deliver SEND provision within the high needs budget allocated. Even with the mitigations identified through the DBV programme, Wirral's High Needs Block budget is expected to have a cumulative deficit of £91 million by 2028. The key driver identified through DBV is the rate of Education, Health and Care Needs Assessment requests continuing at the same rate as they currently are. Consistent and effective

application of the Graduated Approach and sufficiency of provision (both in education and health) are the means by which to reduce demand for EHCPs.

3.8 The SEND Headteacher Reference Group that has been meeting with local area partners over the last 12 months has agreed to support the new DBV in SEND Project Board. Membership will be as follows:

- James Backhouse – Assistant Director for Education, Wirral Council
- Melissa Berry – Programme Manager, Wirral Council
- Michelle Davies – Project Manager, Wirral Council
- Adrian Leach – Head of Service for SEND, Wirral Council
- Catherine Kerr – Head of Inclusion, Wirral Council
- Cath O'Connor – Principal Educational Psychologist, Wirral Council
- Carol Roche – Joint Strategic Commissioner for Children, Wirral Council
- Jean Stephens – Assistant Director- All Age Independence, Wirral Council
- Trica Thomas – Head of Operations, Wirral Council
- Kirsten Brown – Headteacher, Gilbrook School
- Martin Mckenna – Headteacher, Foxfield School
- Stephen Fisher – Headteacher, The Oldershaw School
- Mark Bellamy – Headteacher, Hilbre High School
- Lisa Walsh – Headteacher, Grove Street Primary School
- Sharon Edwards – Headteacher, Greenleas Primary School
- Hazel Beamish – Headteacher, Heygarth Primary School
- Margaret Jackson – Consultant Headteacher, Wirral Council

3.9 The following outlines the timeframes for the programme:



3.10 An overview of the five DBV in SEND initiatives are included in Appendix 1.

#### 4. FINANCIAL IMPLICATIONS

4.1 Wirral Council has been allocated £1 million of grant funding from the DfE. Where additional funding can be sourced to enhance the five initiatives, this will be reported to the Local Area SEND Partnership Board for agreement.

4.2 In agreement with DfE, the £1m grant will be utilised as follows:



Workstream & Area	Impact (Opportunities Supported)	Total Financial Cost	Spend 2024/25 (Financial Year)			
			Q1	Q2	Q3	Q4
<b>Graduated approach</b>						
QA framework of GA from EY to post-16	Meeting the needs of young people with SEND in a mainstream environment without the need for an EHCP  Where an EHCP is required, making the relevant adaptations and having the required external support to deliver the plan in an	150K	40K	30K	50K	30K
Traning, best practice and capacity to embed the GA		250K	60K	40K	80K	70K
Evidence and review of health therapies within the GA		200K	50K	50K	50K	50K
<b>Sufficiency</b>						
Sufficiency opportunities to develop resourced provision across all aged	Create additional provision with mainstream provision for the areas of primary need identified from the JSNA and overarching sufficiency strategy.  Reduce the flow of children with an EHCP into INMSS when not appropriate for the young persons outcomes	100K	40K	20K	40K	0K
Education, employment and training transitions	Reduce the need for pupils who have attended mainstream provision to require specialist at transition.  Improve the quality of transition to support the young person succeeding post transition	100K	40K	20K	40K	0K
<b>Enabler</b>						
Delivery oversight of the project	oversight and delivery of the programme.	200K	50K	50K	50K	50K
<b>Totals</b>			<b>280K</b>	<b>210K</b>	<b>310K</b>	<b>200K</b>

## 5. LEGAL IMPLICATIONS

5.1 This programme does not have any specific legal implications but it is important to consider the SEND Code of Practice within all areas of the DBV programme.

## 6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 As part of the DBV programme, additional staffing resource will be required, which may include officers directly employed by Wirral Council or its partners. Funding will also be utilised to release SEND leads from Wirral schools.
- 6.2 The development of resourced provision (Initiative 4), the will directly linked to the use of education capital funding and the developing SEND and Alternative Provision Sufficiency Strategy.

## 7. RELEVANT RISKS

7.1 In agreement with DfE, risks have been identified as follows:

	Workstream Name	Risk Description	Impact	Risk Manager	Rating	Control/Mitigation	Review
1	QA framework	There is a risk that due to the lack of capacity in schools to support this programme	Will result in an inconsistent application of the new Graduated Approach	CK – Head of Inclusion	High	<ol style="list-style-type: none"> <li>1. A Communication Strategy.</li> <li>2. Communication Plan</li> <li>3. Training Strategy</li> <li>4. Training Plan</li> <li>5. Quality Strategy defining the 'training acceptance criteria'.</li> <li>6. Staff Survey - following training</li> <li>7. Regular meetings in place to discuss/monitor training as it is rolled out with trainers.</li> <li>8. Regular meetings with schools</li> <li>9. Regular meetings with Parents &amp; Carer Group</li> <li>10. Project Manager and Project Governance</li> </ol>	Sep-24
2	Training support for Graduated Approach	There is a risk that SENCO capacity being released for training and support	Will result in the growth in INMSS cost	CO - Principal - EP	medium	<ol style="list-style-type: none"> <li>1. Training Strategy</li> <li>2. Training Plan</li> <li>3. Finance Resource to monitor budget</li> <li>4. Budget Plan</li> <li>5. Regular meetings with Schools &amp; SENCO</li> <li>6. Regular meetings with Parent &amp; Carer Group</li> <li>7. Internal Audit resource and audit checks planned</li> <li>8. Project Manager and Project Governance</li> </ol>	Jul-24

3	Sufficiency	There is a Risk that sufficient capacity will be reached in resourced provision	This will result in an Increase in numbers into INMSS	JB – AD Education	medium	1. Resource Plan 2. Capital Fund Monitoring Plan 3. INMSS Performance Data - analysis/monitor 4. Regular meetings with Schools & SENCO 5. Regular meetings with Parent & Carer Group 6. Internal Audit resource and audit checks planned 7. Project Manager and Project Governance	Oct-24
4	Sufficiency	There is a risk to the Provision for 16-25	This will result in an increase in numbers into INMSS	JB – AD Education	medium	1. Resource Plan 2. Capital Fund Monitoring Plan 3. INMSS Data analysis/monitor 4. Regular meetings with Schools & SENCO 5. Regular meetings with Parent & Carer Group 6. Project Manager and Project Governance	Oct-24
5	Health pathways in Graduated Approach	There is a risk that there is a lack of health professionals to support this programme.	This may result in a continued increase in assessment requests	CR – Head of joint commissioning	High	1. Clear commissioning specification of requirements 2. Resource Plan 3. Commissioning Strategy 4. Communication Plan 5. Regular meetings in place with Health Professionals 6. Performance Data-analysis/monitor 7. Project Manager and Project Governance	Jul-24
6.	Capacity to deliver the programme due to conflicting priorities	There is a risk that there is not sufficient capacity to deliver the programme	This may result in not achieving the target to spend the grant within the timescales	JB	High	1. Programme/project governance 2. TOR 3. Project Plan 4. Resource Plan	Jul - 24

## **8. ENGAGEMENT/CONSULTATION**

- 8.1 The outcomes of the DBV process have been shared widely, with briefings for Elected Members, School Governors, Local Area Officers, Parent Carer Forum and all headteachers.
- 8.2 Further co-design will take place with partners will take place for each initiative to enable implementation in July 2024.

## **9. APPENDICES**

Appendix 1 – Overview of DBV in SEND Initiatives

## Appendix 1- Delivering Better Value in SEND – Overview of Initiatives

### WORKSTREAM 1: Quality Assurance framework of Graduated Approach from EY to post-16

**Objective & Approach:** *Improve mainstream inclusion & parental engagement. Ensuring that Mainstream schools can provide the inclusive environments to allow children and young people to thrive, with the right spaces, resources, skilled staff and parental engagement.*

**Delivery Team:** The work will be overseen by the Head of Inclusion – Catherine Kerr

It will be supported by the inclusion team, attendance team, Head of Special Educational Needs & Disabilities (SEND), Special Educational Needs Coordinators (SENCOs), Headteachers, school improvement, Virtual School, Early Years Special Educational Needs & Disabilities (EY SEND), and post-16 inclusion services.

- Culture- Whole School approach; Governor’s co-production.
- Classroom oversight – Special Educational Needs Coordinators (SENCOs), strengths based on approach, showcase different approaches. Impact on finance of inclusive schools
- Evidence review of inclusive best practice
- Accountability for schools in usings Graduated Approach, promoting parental confidence
- Special Educational Needs & Disabilities (SEND) reviewer training rollout

**Measures:** *What top-level measures do you track? What shorter term indicators can we track?*

Short term we will see a more consistent approach of the application of the Graduated Approach, this will lead to young people receiving support earlier and a consistency across schools in relation to the support received. In the long term we should be able to see a decrease in the number of young people needing an assessment request due to support being received at tier 2/3 of the Graduated Approach. Increased parent confidence of the support young people are receiving.

**Workstream specific risks:** NA

**Dependencies:** *What needs to happen in order for this to be successful?*

Engagement with all schools and settings that the Wirral Graduated Approach is the agreed approach to supporting you people with Special Educational Needs & Disabilities (SEND). Everyone agrees with the steps to follow, and partners agree to make sure support at tier 2/3 is accessible and well signposted.

Clear engagement with parents/carers in making sure they are aware of the Graduated Approach and what they should expect to see in relation to support for their child and how this will be communicated

**Sustainability:** *If using fixed term resource/pilots, what steps will be taken to assess effectiveness? How do you ensure the benefits are sustained?*

Regular reviews/surveys/feedback sessions with Special Educational Needs Coordinators (SENCO's) /headteachers at Special Educational Needs Coordinators (SENCO) summits and Special Educational Needs Coordinators (SENCO) exchanges. Incorporate the use of the Graduated Approach into the Wirral school effectiveness banding criteria. Capture feedback from parents regarding their experience of the Graduated Approach being used.

Milestone	When
Workstream announcement – Head of Inclusion – Catherine Kerr	February 2024
Design complete	May 2024
Quality Assurance oversight programme support tested	July 2024
Quality Assurance oversight programme implemented	September 2024
Initial Impact Assessment	January 2025

## **WORKSTREAM 2: Training, best practice and capacity to embed the Graduated Approach**

**Objective & Approach:** *Improve mainstream inclusion & parental engagement. Ensuring that Mainstream schools can provide the inclusive environments to allow children and young people to thrive, with the right spaces, resources, skilled staff and parental engagement.*

**Delivery Team:** The work will be overseen by the Principal Education Psychologist – Catherine O'Connor

It will be supported by the inclusion team, attendance team, Head of Special Education Needs & Disabilities (SEND), Special Educational Needs Coordinators (SENCOs), Headteachers, school improvement, Virtual School, Early Years Special Educational Needs & Disabilities (EY SEND) and post 16 inclusion services, Pastoral leads in schools, Chief Executive Officer's of Multi-Academy Trusts

- Have a team of Graduated Approach champions
- Parental engagement in schools on a termly basis
- Training and systems for early intervention for early identified children and young people with (Special Educational Needs & Disabilities (SEND)
- Pilot of dedicated Special Educational Needs Coordinators (SENCO) to support Wirral Special Educational Needs & Disabilities (SEND) system
- Regular training opportunities across all areas of the GRADUATED APPROACH
- Linked training to new Special Educational Needs Coordinator (SENCO) qualification
- Best practice champions sharing/supporting schools with identified challenges

**Measures:** *What top-level measures do you track? What shorter term indicators can we track?*

Short term we will see a more consistent approach of the application of the Graduated Approach, this will lead to young people receiving support earlier and a consistency across schools in relation to the support received. In the long term we should be able to see a decrease in the number of young people needing an assessment request due to support being received at tier 2/3 of the Graduated Approach. Increased parent confidence of the support young people are receiving.

Increased confidence of practitioners in the use of the Graduated Approach and this is feedback through surveys and feedback from external bodies - OFSTED

**Dependencies:** *What needs to happen in order for this to be successful?*

Engagement with all schools to attend training, allow external partners to visit schools, allow outside bodies to give honest advice and act on the support/direction that given where needed.

**Workstream specific risks:** NA

**Sustainability:** *If using fixed term resource/pilots, what steps will be taken to assess effectiveness? How do you ensure the benefits are sustained?*

Regular reviews/surveys/feedback sessions with Special Educational Needs Coordinators (SENCOs)/headteachers at Special Educational Needs Coordinators (SENCO) summits and Special Educational Needs Coordinators (SENCO) exchanges. Incorporate the use of the Graduated Approach into the Wirral school effectiveness banding criteria. Capture feedback from parents regarding their experience of the Graduated Approach being used.

Milestone	When
Workstream announcement – Cath O’Connor – development of Graduated Approach support subgroup, this would link to the members of workstream 4 of the Written Statement of Action	February 2024
Oversight of offer available to schools is shared via Special Educational Needs & Disabilities (SEND) newsletter <ul style="list-style-type: none"> <li>• Special Educational Needs Coordinators (SENCOs) seconded to support work of the LA</li> <li>• Training opportunities and provided and dates are agreed</li> <li>• Special Educational Needs &amp; Disabilities (SEND) reviewer training programme is outlined and the schools involved agreed</li> </ul>	May 2024
Rollout of training, seconded support, and Graduated Approach champions school visits	June 2024
Review of summer term activity and amendments needed for the autumn term	July 2024
Initial Impact Assessment – feedback from schools, parents, partners and practitioners in relation to support received and confidence in delivering the Graduated Approach	January 2025



## **WORKSTREAM 3: Evidence and review of health therapies within the Graduated Approach**

### **Objective & Approach:**

To bring together all health providers who deliver services to support Special Educational Needs & Disabilities (SEND) and build a cohesive coordinated offer to support the early years, primary and secondary graduated approaches. This will aim to create a system wide approach to support ensuring access to specialist input, evidence-based assessments and interventions, trained and supported workforce and a holistic approach that will see families worked with to aid parents/carers understanding and expectations. This will encompass testing and learning initiatives such as champions and communities of practice and exploring alternative health delivery models. It will link to other family support mechanisms such as the Family Hubs model. It has culture change at its heart seeking to embed

**Delivery Team:** Carol Roche – Joint Commissioning Lead (Children and Young People)

Claire Huntley – Wirral Place Integrated Care Board (ICB) Commissioning lead

Julie Graham – Public Health Senior Programme Manager

Rachel Jarman – Head of Child and Adult Mental Health Services (CAMHS)

**Measures:** *What top-level measures do you track? What shorter term indicators can we track?*

- Reduced number of children requiring Educational Health and Care Plan (EHCP)s at transition into Primary and Secondary
- Decrease the number of under age 5 Educational Health and Care Plans (EHCPs)
- Improved outcomes for children at key stages
- Number of staff and settings trained
- Staff Confidence (before, during and after)
- Professionals feedback on how well they feel supported and the children/parents etc
- Parents/carers/Children and young people's feedback
- Reduction in Educational Health and Care Plan (EHCP) assessment requests due to needs being met as part of the Graduated Approach due to health support being in place pre-Educational Health and Care Plan Needs Assessment (EHCPNA)

**Dependencies:** *What needs to happen in order for this to be successful?*

Engagement of all partners – There is already some strong multi-agency groups already established around both Speech and Language and the Neuro-development pathway so it is envisaged this will be built on and there is a commitment from partners to do this.

**Workstream specific risks:** *Any additional risks not captured in programme level risks?*

A risk management plan will be developed as part of the programme deliverables.

**Sustainability:** *If using fixed term resource/pilots, what steps will be taken to assess effectiveness? How do you ensure the benefits are sustained?*

A sustainability plan will be developed as part of the programme deliverables. The commitment to different partnership working will be cemented as part of this programme.

Milestone	When
<p><b>Steering group</b> – There is already significant stakeholder engagement across the system. This steering group will bring together stakeholders with a single purpose to design a holistic coordinated approach to delivering health assessments and interventions. This will include monitoring effectiveness of approaches through robust data collection (quantitative and qualitative) with use of research.</p>	<p>(May 24 throughout whole programme).</p>
<p><b>Design and Resource Allocation</b> – using the data collected and analysed including the deep dives, the steering group will scope out the key activities required to meet the objectives above and develop a delivery plan. This will include but not be limited to:</p> <ul style="list-style-type: none"> <li>• Mapping evidence-based assessments, resources and interventions against ages and stages matrix to ensure a consistent approach across multiple professionals.</li> <li>• Maximising digital opportunities that make information and resources more easily accessible.</li> <li>• Developing a relevant training programme and identifying universal and targeted approaches to ensure as wide a reach as possible and include coaching and mentoring as required.</li> <li>• Testing out key roles and reach e.g. Champions linked to settings that promote the consistency of approach and ensure training is up date, resources are sufficient and assessments and interventions are being delivered as designed.</li> <li>• Creating a community of practice that goes beyond any single health approach, combining expertise to support families through responding to need.</li> <li>• Commissioning of pilots to test out different support mechanisms.</li> <li>• Agreeing Communications including any campaigns.</li> </ul>	<p>(June 24 – July 24)</p>
<p><b>Risk management plan</b> – Key risks will be identified and mitigated against.</p>	<p>(May 24).</p>
<p><b>Sustainability plan</b> – The above programme will consider the requirement for resources that will be used to pump prime i.e. significant investment in resource at the beginning of the programme with minimal top up needed. And those elements that will need to</p>	<p>(May 24).</p>

evidence that investment in those will equate to future savings and that they are value for money. Business cases will need to be prepared in advance of the final evaluation. This will also include aligning other funding streams to maximise the Delivering Better Value investment and promote sustainable change.	
<b>Evaluation methods</b> – Once the programme is agreed and resources allocated, a data set and evaluation method will be developed to measure impact of the programme.	(June 24).
<b>Commissioning</b> – Procurement timetable to be drawn up and resources purchased	(June 24 – July 24)
<b>Communications</b> – Communications is key for professionals and parents/carers. This may be promotion of resources or key messages and may use a number of different channels including digital methods. Communications will be planned into the programme and monitored for effectiveness	(May 24 – May 25).
<b>Implementation</b> – This is likely to be a phased approach as procurement timelines come to fruition. The design of the programme will take this into account and the expertise of the steering group members will shape the delivery plan and timescales.	(May 24 – March 25).
<b>Monitoring and Review</b> – quarterly reviews will be built into the programme to assess progress against the plan and review and amend the risk management plan as necessary. The reviews will also identify any reporting requirements e.g., Special Educational Needs & Disabilities (SEND) Transformation Board, Delivering Better Value programme management, Special Educational Needs & Disabilities (SEND) Performance Management group.	(June 24, Sept 24, Dec 24, March 24).
<b>Final evaluation</b> -Data collected throughout the programme will be used to evidence impact and effectiveness of approaches and this will include demonstrating value for money and invest to save approaches. This will form the basis of any required business cases.	(Jan 25 – Mar 25)

## **WORKSTREAM 4: Sufficiency opportunities to develop Resourced Provision (RP) across all ages**

**Objective & Approach:** *Successful school transitions through building additional capacity in the mainstream and post 16 provision*

### **Delivery Team: The work will be overseen by the Assistant Director of Education**

It will be supported by capital assets, Head of Special Educational Needs & Disabilities (SEND), school leaders, parent carer forum, Department for Education (DfE), finance, procurement.

- Review of Resourced Provision (RP) places required across mainstream system based on primary need.
- Engagement with school leaders to develop places across primary and secondary across 5 year period
- Sharing of best practice from existing provision
- Review of current of post 16 provision for children with an Educational Health and Care Plan (EHCP)
- Evaluation of current provision across other Local Authorities for post 16 providers

### **Measures:** *What top-level measures do you track? What shorter term indicators can we track?*

Increased provision that meets the needs of young people with an Educational Health and Care Plan (EHCP) within a mainstream environment.

Reduction on the demand of Mainstream Secondary School (MSS) and INMainstream Secondary School (MSS) for pupils who's needs could be met in Resourced Provision (RP)

Reduction in the number of young people having to leave Wirral to have their complex needs met.

Reduction on the demand of INMainstream Secondary School (MSS) use for children with an Educational Health and Care Plan (EHCP)

**Workstream specific risks:** NA

### **Dependencies:** *What needs to happen in order for this to be successful?*

Engagement with finance, capital assets, schools, Department for Education to develop the new Resourced Provision (RP) provision and providers across Wirral.

**Sustainability:** *If using fixed term resource/pilots, what steps will be taken to assess effectiveness? How do you ensure the benefits are sustained?*

Once the Resourced Provision (RP) and opportunities have been identified, agreement with school leaders will need to be finalised. Over a 5 year period an implementation will need to be agreed to release the Resourced Provision (RP) provision at the appropriate time for the correct primary need.

Milestone	When
Workstream sufficiency group developed to support sufficiency strategy	February 2024
Implementation and identification of relevant schools for Resourced Provision (RP).  Identification of places required based on Joint Strategic Needs Assessment data of primary need  Identification of schools with sufficient capacity to develop relevant provision.  Identify schools where capital investment is required (Special Educational Needs & Disabilities – SEND - capital funds to be identified)	April 2024
Model of provision required for Resourced Provision (RP) agreed by relevant stakeholders	May 2024
Time frame for developing Resourced Provision (RP) delivery model agreed and parent/carers involved in final sign off	July 2024
5 year programme of delivery of Resourced Provision (RP) provision with clear implementation signed off by all stakeholders	January 2025

## WORKSTREAM 5: Education, settings and employment transitions

### Objective & Approach:

- Successful school transitions
- Key transition points – take a child-centred approach which enables children and young people to thrive between phases.

### Delivery Team: The work will be overseen by the Head of Special Educational Needs & Disabilities (SEND)

The Head of Special Educational Needs & Disabilities (SEND) will be supported by the inclusion team, attendance team, Head of Special Educational Needs & Disabilities (SEND), Special Educational Needs Coordinators (SENCOs), Headteachers, school improvement, Virtual School, Early Years Special Educational Needs & Disabilities (EY SEND) and post 16 inclusion services, Pastoral leads in schools, Chief Executive Officer's of Multi-Academy Trusts

- Regular reviews and enhanced reviews
- Pilot enhanced transitions – consistency across primary & secondary, modelling success stories
- Parental engagement in relation to education transition – parental confidence

### Measures: *What top-level measures do you track? What shorter term indicators can we track?*

Reduction in Education Health & Care Plan (EHCP) assessment requests in years 5, 6 and 11

Reduction in the number of children with an Education Health & Care Plan (EHCP) moving from mainstream with an Education Health & Care Plan (EHCP) into Mainstream Secondary School /Independent Mainstream Secondary School at key transition points

Increased confidence of parents in accessing mainstream provision at key transitions

Improved information sharing of young people moving between establishments

### Workstream specific risks: NA

### Dependencies: *What needs to happen in order for this to be successful?*

Engagement with school leaders, Chief Executive Officer's of Multi-Academy Trusts, partners of the Graduated Approach, parents/carers, tertiary sector

### Sustainability: *If using fixed term resource/pilots, what steps will be taken to assess effectiveness? How do you ensure the benefits are sustained?*

Review of transition programme through the summer term 24 and autumn 25 will capture feedback from young people, parents and schools. If effective in reducing the number of children moving from Mainstream to Mainstream Secondary School/Independent Mainstream Secondary School to allow better outcomes for young people, a business case will be developed to secure the provision through current teams as a business case

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## LOCAL AREA SEND PARTNERSHIP BOARD

<b>REPORT TITLE:</b>	<b>RISKS AND ISSUES</b>
<b>REPORT AUTHOR:</b>	<b>MELISSA BERRY, PROGRAMME MANAGER, LAW AND CORPORATE SERVICES, WIRRAL COUNCIL</b>
<b>MEETING DATE:</b>	<b>29<sup>TH</sup> APRIL 2024</b>

### 1. REPORT SUMMARY

The Risks and Issues register (Appendix 1) contains matters pertaining to the strategic delivery of the system-wide approach to improving and effectively delivering Special Educational Needs and Disabilities support and services across the local area.

The Risk register highlights priority areas where strong mitigation and partnership response are required. The Issues log provides an overview of live strategic challenges, the severity of these and action taken to reduce the severity of impact. Escalation routes are also included.

This report provides the first overview of Risk and Issues in the Local Area SEND arrangements. It has been developed in collaboration with senior leaders from across agencies and will be presented to each monthly meeting of the Local Area SEND Partnership Board to ensure that strong mitigation and action is in place.

### 2. RECOMMENDATION/S TO BOARD

Members of the Local Area SEND Partnership Board are recommended to:

- (i) Consider all strategic risks as identified in the report, agreeing that sufficient mitigation and/or actions are in place or, where it is not deemed sufficient, to agree on further action to be taken.
- (ii) Provide feedback and/or highlight areas within the Risk Register and Issues Log which need to be further examined.

### 3. BACKGROUND INFORMATION/CONTENT

The Executive Group have identified 10 key strategic risks to the delivery of SEND. Mitigating actions have been agreed and with controls in place are rated as follows:

RAG	Number of risks
Green	2



Amber	4
Red	4

Four key risks have been rated as red, which means that they have the greatest likelihood and/ or significant impact should they realise. Each risk has been evaluated, taking into account existing controls in place, however the Executive Group have determined that until progress is made against action plans, that the overall risk score remains high. Below is a breakdown of the 4 priority risk areas and mitigations in place.

### 3.1 Neurodevelopmental pathway

Risk R0001	Controls in place
<p>Neurodevelopment Pathway: Should wait times increase for ASD and ADHD services, there is increased risk for young people if there is an inability to access provision at the earliest stage. The resulting impact of this for young people would be poorer individual outcomes, increased risk of self harm, poorer mental health, school provision, social care or housing. Additionally, there would be a financial impact due to the increased costs/ spend within the system due to increased demand.</p>	<p>A recovery plan is being developed to manage current backlog and mitigate against an increased demand. A new model for service provision has been developed and is currently being sighted by strategic leads for approval.</p>

Continued challenges:

Referrals to the neurodevelopmental pathway have increased by 1000% since 2019. Such high demand has led to increased waiting times to access the pathway and significant delay whilst on it. Over the last 2 years significant engagement with stakeholders and service providers has led to co-design of a new neurodevelopmental offer, which is yet to be implemented. A revised offer, which is needs-led will support quicker access to support. In addition to the revised offer for neurodevelopmental support, a recovery plan is being developed to ensure that the significant backlog of children awaiting assessment can be addressed, with trajectories and timescales to support the plan.

The new neurodevelopmental pathway is due to be sighted at the Wirral Place Based Partnership in June 2024. It should be noted that once agreed, time will need to be given to implement and embed the new pathway, with sufficient training and development provided to the teams in scope.

### 3.2 SEND Service Capacity

Risk R0008	Controls in place
Should national challenges increase for key roles the impact would be critical in service delivery across the partnership, resulting in further delays in meeting demand.	Workforce development underway to encompass, capacity, recruitment, retention and sufficiency within the workforce.

Continued challenges:

In March 2024, the SEND Team Manager has dedicated time to filling a significant number of vacancies in the service. Projected action suggests that the existing establishment will be full by May 2024. To support this in the longer-term a service review is planned. The Head of Service has completed engagement activity with the team and will commence a formal service review as soon as possible. Beyond the service review, capacity at senior level will be considered to ensure that there is sufficient prioritisation for SEND and inclusion, in line with the growing need of the cohort and priorities of the new Director for Children, Families and Education.

### 3.3 Speech and Language Pathway

Risk R0009	Controls in place
Speech and Language Pathway: Should wait times increase for Speech and Language services, there is increased risk for young people if there is an inability to access provision at the earliest stage. The resulting impact of this for young people would be poorer individual outcomes, increased risk of self harm, poorer mental health, school provision, social care or housing. Additionally, there would be a financial impact due to the increased costs/ spend within the system due to increased demand.	A recovery plan is being developed to manage current backlog and mitigate against an increased backlog. A new model for service provision has been developed and is currently being sighted by strategic leads for approval.

Similar to the neurodevelopmental pathway, access to speech and language assessment and support has been under significant demand. Over the last two years, engagement with stakeholders and service providers has led to co-design of a new model. There are further opportunities to consider joint commissioning of services. A revised offer for speech and language needs to be implemented, accompanied by a recovery plan to ensure that those children and young people awaiting support receive it, with trajectories and timescales to support the plan.

### 3.4 Education, Health and Care Plans (EHCP)

Risk R0010	Controls in place
Education, Health and Care Plans: Should the back log in delays for EHCP's and Annual reviews increase, there is a risk of not meeting statutory requirements, with young people experiencing unmet needs and unidentified provision, resulting in direct impact to social, health and school provision.	An EHCP Recovery Plan produced, to be presented to the Local Area SEND Partnership Board on 29 <sup>th</sup> April 2024 for approval. The EHCP Recovery Plan spans the period April 2024 to December 2026, aiming to take the service and compliance rates to consistently good performance.

Continued challenges:

Despite action completed since the publication of the Written Statement of Action in April 2022, compliance rates for EHCP completion have not consistently risen above the national average. There was a short period (January to February 2024) where they were above national average, but this has not been sustained. There are challenges in that the SEND Service capacity is not sufficient to meet demand and there are a range of system-wide factors impacting on the service's ability to complete EHC needs assessments and issue plans within the statutory timeframe.

## 4. FINANCIAL IMPLICATIONS

- 4.1 Any financial implications arising from this report need to be considered by Wirral SEND Executive Group and reported back to the next meeting of the Local Area SEND Partnership Board.

## 5. LEGAL IMPLICATIONS

- 5.1 Any legal implications arising from this report need to be considered by the Wirral SEND Executive Group and reported back to the next meeting of the Local Area SEND Partnership Board.

## 6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Implications for staffing, ICT and assets are being monitored and managed as per recovery plans in place for the relevant areas of need.

## 7. RELEVANT RISKS

- 7.1 Should risks and issues not be managed effectively, there is further risk that the relevant improvements will not be made.

7.2 Additionally, failure to monitor and manage risk and issues effectively can result in failing to meet the requirements of future Local Area SEND and Alternative Provision inspections.

## **8. ENGAGEMENT/CONSULTATION**

8.1 Engagement activity has taken place with the Executive Group, Senior Leaders and Heads of Service across the Local Area system.

## **9. APPENDICES**

Appendix 1 – Risk and Issues Register.

Programme Ref	Risk Ref. (eg R0001, R0002)	Risk Description (Source of potential threat and its consequences)	Unmanaged Likelihood	Unmanaged Impact	Unmanaged Total (LxI)	Unmanaged Total RAG	Risk Category	Risk Owner	Existing Controls	Existing Control Owner	Current Likelihood	Current Impact	Current Total (LxI)	Current Total RAG
SCP008	R0001	Neurodevelopment Pathway: Should wait times increase for ASD and ADHD services, there is increased risk for young people if there is an inability to access provision at the earliest stage. The resulting impact of this for young people would be poorer individual outcomes, increased risk of self harm, poorer mental health, school provision, social care or housing. Additionally, there would be a financial impact due to the increased costs/ spend within the system due to increased demand.	4	4	16	Red	People	Simon Banks	A recovery plan is being developed to manage current backlog and mitigate against an increased demand. A new model for service provision has been developed and is currently being sighted by strategic leads for approval.	Lorna Quigley	4	4	16	Red
SCP008	R0002	Education - Access to provision and sufficiency planning: Risk of increased	3	3	9	Amber	People	Elizabeth Hartley	A co-produced Sufficiency Strategy is currently under development. The strategy is scheduled to come to the LASPB in June 2024, and plans are in development for the sharing and embedding of this strategy.	James Backhouse	3	3	9	Amber
SCP008	R0003	Early identification/ early intervention/ graduated approach: Risk of young peoples needs being unidentified and not being met should the graduated approach not be embedded. If not met, the need for support packages would increase, which would also result in an increase in costs too.	4	4	16	Red	Customer / Citizen	Elizabeth Hartley	Training and awareness raising of the graduated approach is underway, coupled with a plan for embedding and monitoring the usage of this.	James Backhouse	2	4	8	Amber
SCP008	R0004	Local Area Governance and Strategic decision making: Risk of improvement requirements not being met should the board not operate cohesively and effectively, providing clear and transparent direction across the partnership.	4	3	12	Amber	Customer / Citizen	Paul Satoor	A new governance structure has been co-produced and implemented, with revised membership and TOR. Further controls include all board members being inducted into their role as board member to ensure members are briefed and equipped to stronger oversight and decision making.	Elizabeth Hartley	2	3	6	Green
SCP008	R0005	Education - Statutory override: (if DSG deficit is accrued, requires authorities to remove the impacts of the fair value movements of pooled investment funds from their budgets and record them in an unusable reserve).	3	4	12	Red	Financial	Elizabeth Hartley	Through the change in culture and increased use of graduated approach, which would lead to a reduction in pressure on services and more needs met at appropriate level.	James Backhouse	3	3	9	Amber

SCP008	R0006	Systems: Risk of failure to go live with the new case management system, Liquid Logic, resulting direct impact to case management.	4	4	16	Red	Technological	Elizabeth Hartley	Monitoring delays in data cleansing, capacity within teams to conduct required data cleansing and escalating where necessary and increased strategic oversight and direction through increased reporting measures to CYPE DMT.	Tricia Thomas	2	3	6	Green
SCP008	R0007	Home to School Travel: Risk of unmanaged increased overspend within service delivery model, resulting in the directorate not meeting its requirement to manage its budget effectively, impacting on council delivery of effective budget management.	4	4	16	Red	Financial	Elizabeth Hartley	A scoping exercise has taken place by external consultants to understand our service delivery which can inform cross-directorate planning to improve service delivery. Furthermore, LCR are in discussions on a longer term collaborative approach.	Elizabeth Hartley	3	3	9	Amber
SCP008	R0008	SEND Service Capacity: Should national challenges increase for key roles the impact would be critical in service delivery across the partnership, resulting in further delays in meeting demand.	4	4	16	Red	People	Elizabeth Hartley	Workforce development underway to encompass, capacity, recruitment, retention and sufficiency within the workforce.	Elizabeth Hartley	4	4	16	Red
SCP008	R0009	Speech and Language Pathway: Should wait times increase for Speech and Language services, there is increased risk for young people if there is an inability to access provision at the earliest stage. The resulting impact of this for young people would be poorer individual outcomes, increased risk of self harm, poorer mental health, school provision, social care or housing. Additionally, there would be a financial impact due to the increased costs/spend within the system due to increased demand.	4	4	16	Red	Customer / Citizen	Simon Banks	A recovery plan is being developed to manage current backlog and mitigate against an increased backlog. A new model for service provision has been developed and is currently being sighted by strategic leads for approval.	Loma Quigley	4	4	16	Red
SCP008	R0010	Education, Health and Care Plans: Should the back log in delays for EHCP's and Annual reviews increase, there is a risk of not meeting statutory requirements, with young people experiencing unmet needs and unidentified provision, resulting in direct impact to social, health and school provision.	4	4	16	Red	Customer / Citizen	Elizabeth Hartley	A recovery plan is in place to manage current backlog and mitigate against an increased backlog. Should the recovery plan be met, the local authority will be statutory compliant in young people receiving education, health and care plans and an annual review.	Adrian Leach	4	4	16	Red

					Description, Inc. cause, impact and assumptions	1. Small 2. Minor 3. Significant 4. Major 5. Critical		Include updates with dates	Include which governance meeting should manage the issue ( Portfolio Board/Programme board/Project Board)	
Date Identified (dd/mm/yyyy)	Programme	Programme Ref	Issue Ref (I0001, I0002)	Type	Description	Severity	Issue owner	Action (include date)	Escalation Route	Open/Closed
19.04.24	SEND Transformation Programme	SCP008	I0001	People	Workforce: Local Authority capacity not meeting the demand at leadership and team level.	3. Significant	Elizabeth Hartley	Plans for a staff consultation underway with a view to increase capacity within the team. Sought support from DfE in relation to challenging in recruiting EP's, seeking support on a recruitment campaign for Wirral. Plan in place for increased investment for SENCO's.	Wirral Place Based Partnership Board	Open
19.04.24	SEND Transformation Programme	SCP008	I0002	Financial	Funding for providers: Providers are underfunded, impacting on provision for young people.	3. Significant	James Backhouse	Schools Forum are reviewing funding for units for EHCPs which could result in better distribution of this.	Elizabeth Hartley	Open
19.04.24	SEND Transformation Programme	SCP008	I0003	People	Preparing for Adulthood and Transition: Lack of multi-agency planning and governance of service area, with no PfA governing group in place and multiple initiatives underway without co-ordination.	3. Significant	Jean Stephens	Bring partners together through multi-agency planning discussions and integrated partnership meetings to share learning and case studies. Establish PfA governance group, objectives and key milestones.	Jean Stephens	Open

**END OF BOARD PAPERS**