

Local Area SEND Partnership Board

21st May 2024



Local Area SEND Partnership Board Agenda

Date and time: Tuesday 21st May 2024, 11am – 1pm

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

Item number	Item	Owner	Time
1	Welcome and apologies	Paul Satoor, Chair Chief Executive, Wirral Council	11:00 – 11:05
2	Review of Actions Log	Sian Hartley, Business Change Portfolio Lead, Law and Corporate Services, Wirral Council	11:05 – 11:10
3	Urgent item: Improvement Notice	Elizabeth Hartley, Director for Children, Families and Education, Wirral Council	11:10 – 11:30
4	Written Statement of Action Impact Group Position Update	Elizabeth Hartley, Director for Children, Families and Education, Wirral Council	11:30 – 11:45
5	SEND Dashboard	Julia Bryant, SEND Strategic Performance Group Lead and Head of Quality and Safety Improvement, NHS Cheshire and Merseyside	11:45 – 12:00
6	Educational Psychology Service Redesign	Adrian Leach, Interim Head of Service for SEND, Children's Services, Wirral Council	12:00 – 12:15
7	Neurodevelopmental Pathway: Proposed New Model	Lorna Quigley, Associate Director of Quality & Safety, NHS Cheshire and Merseyside	12:15 – 12:30
8	Speech and Language Service Recovery Plan	Lorna Quigley, Associate Director of Quality & Safety, NHS Cheshire and Merseyside	12:30 – 12:45
9	Risk Register	Sian Hartley, Business Change Portfolio Lead, Law and Corporate Services, Wirral Council	12:45 – 12:55
10	AOB	All	12:55 – 13:00

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Review of Actions Log

Item Number	Item	Action/ Decision	Detail	Meeting date	Owner	Completion date	Open/ Closed	Further information
1	New Governance Arrangements	Decision	The board endorsed the new governance arrangements	29.04.24		29.04.24	Closed	
2	New Governance Arrangements	Decision	A decision to delegate authority to the Chair and Wirral SEND Executive Group to make any necessary amendments or refinements to the Terms of Reference should they be required within the next 12 months.	29.04.24		29.04.24	Closed	
3	SEND Dashboard	Action	The performance report to be updated to include the correct metrics for Speech and Language services	29.04.24	Tricia Thomas	21.05.24	Closed	
4	SEND Dashboard	Action	The Head of SEND to assign administrative support to the Educational Psychology team to enable their time to be focused on undertaking assessments for children and young people	29.04.24	Adrian Leach	21.05.24	Open	Recruitment underway
5	SEND Dashboard	Action	The Head of SEND to present a plan to increase capacity in the Educational Psychology Team on 21st May	29.04.24	Adrian Leach	08.05.24	Closed	Report available to board 21st May
6	SEND Dashboard	Action	The Place Director for ICB to arrange for a Speech and Language Recovery Plan to be presented at the next board on 21st May.	29.04.24	Simon Banks	08.05.24	Closed	Report available to board 21st May
7	SEND Dashboard	Action	Julia Bryant and Tricia Thomas to meet with Cllr Powell-Wilde on the service scorecards and dashboard.	29.04.24	Tricia Thomas	21.05.24	Closed	Meeting took place on 14.05.24
8	SEND Dashboard	Action	The Strategic Performance Group to present a mock up Dashboard, to be presented to the board in May.	29.04.24	Tricia Thomas	08.05.24	Closed	Report available to board 21st May
9	EHCP compliance and recovery plan	Decision	The board approved the EHCP recovery plan.	29.04.24		29.04.24	Closed	
10	EHCP compliance and recovery plan	Action	Head of SEND to report back to Board on capacity of the team on the 25th June, with the expectation that progress has been made.	29.04.24	Adrian Leach	25.06.24	Open	

11	EHCP compliance and recovery plan	Action	Head of SEND to liaise with Carl Fagan of DfE on other Local Authorities approaches to recruitment challenges with Educational Psychologists and report back.	29.04.24	Adrian Leach	21.05.24	Closed	Discussion informs report (action item 5).
12	EHCP compliance and recovery plan	Action	Head of SEND to report back to Board on the number of tribunals that go to tribunal and the number that are resolved once a tribunal has been scheduled.	29.04.24	Adrian Leach	21.05.24	Closed	Briefing note circulated to board on Thursday 16th May.
13	EHCP compliance and recovery plan	Action	A workshop to take place on EHCP's	29.04.24	Adrian Leach	25.06.24	Open	Workshop arranged for 18.06.24
14	Delivering Better Value in SEND	Decision	The 12 month work plan and the formation of the project was approved, with the board to receive quarterly reports (in line with DfE reporting).	29.04.24	James Backhouse	29.04.24	Closed	
15	Risk and Issues	Action	The Place Director for ICB to arrange for a report on implementation of the new neurodevelopmental offer and associated recovery plan.	29.04.24	Simon Banks	08.05.24	Closed	Report available to board 21st May
16	Risk and Issues	Action	The Head of SEND to provide an update on recruitment in the local authority team.	29.04.24	Adrian Leach	21.05.24	Closed	Duplicate action to item 10.
17	Risk and Issues	Action	The Director for Children Services to initiate the Written Statement of Action Impact Group, providing a report on key success measures and impact.	29.04.24	Elizabeth Hartley	09.05.24	Closed	Group established and verbal update to be provided to board members on 21st May.
18	Risk and Issues	Action	A risk session to take place with the Executive Group.	29.04.24	Melissa Berry	25.06.24	Closed	A risk session took place on 01.05.24.
19	New Governance Arrangements	Action	To consider how best to communicate the new boards arrangements to parents and carers. Participation and Engagement subgroup to consider and report back with a comms plan.	29.04.24	Cath Griffiths	21.05.24	Closed	Participation group met on 13.05.24, determined the approach and will action.

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LOCAL AREA SEND PARTNERSHIP BOARD

REPORT TITLE:	IMPROVEMENT NOTICE
REPORT AUTHOR:	ELIZABETH HARTLEY, DIRECTOR FOR CHILDREN, FAMILIES & EDUCATION
MEETING DATE:	21ST MAY 2024

1. REPORT SUMMARY

On 15th April 2024, the Minister for Children, Families and Wellbeing issued Wirral Council with an Improvement Notice for SEND. This report and its appendices provide members of the Local Area SEND Partnership Board with the essential information they need to understand the implications of the Improvement Notice and expectations set by the Minister, on the advice of the Department for Education and NHS England.

2. RECOMMENDATION/S TO BOARD

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

- (i) Note the requirements of the Improvement Notice, agreeing to adhere to its conditions
- (ii) Agree the updated Terms of Reference for the Local Area SEND Partnership Board.

3. BACKGROUND INFORMATION/CONTENT

- 3.1 In September 2021, the Local Area SEND Inspection was carried out by Ofsted and the Care Quality Commission (CQC). As a Local Area inspection, it included Local Authority Children’s Services, education settings and health services. The findings report was published in December 2021, identifying ten areas for priority action.
- 3.2 In response to the inspection findings, the Local Area was required to produce a Written Statement of Action, which was published in March 2022. A partnership board was established, chaired by the previous Director for Children’s Services, with six subgroups set up to deliver improvement.
- 3.3 Following two years of activity, there has been insufficient improvement of Key Performance Indicators (KPIs), and concerned with “poor progress”, DfE

Officials advised the Minister for Children, Families and Wellbeing to issue an Improvement Notice.

- 3.4 On Wednesday 1st May, DfE Officials met with Cllr Paul Stuart, Cllr Sue Powell-Wilde, Paul Satoor and new Director for Children's Services, Elizabeth Hartley, to discuss next steps.
- 3.5 The Improvement Notice (Appendix 1) outlines the Minister's expectations for improvement across all ten Written Statement of Action areas, which must be delivered by October 2025 at the latest. It lists the parameters to be put in place including, continued monthly monitoring by DfE and NHS England Officials, six-monthly progress reviews, refreshing the improvement plan, and robust scrutiny arrangements.
- 3.6 To ensure there is robust monitoring of improvement activity, the following will be actioned:
- A Written Statement of Action Impact Group, chaired by the Director for Children, Families and Education will track the KPIs monthly, reporting directly to the Local Area SEND Partnership Board.
 - The Local Area SEND Partnership Board will meet monthly with attendance from DfE and NHS England to monitor progress, apply grip and ensure pace of improvement.
 - On behalf of the Local Area SEND Partnership Board, the Director for Children, Families and Education will report to the Health and Wellbeing Board at every meeting.
 - The DfE will undertake 6-monthly reviews, providing written feedback to the Chief Executive and Leader of the Council. This will be shared with all Elected Members and members of the Local Area SEND Partnership Board.
- 3.7 Planning for the first Deep Dive session, to take place on 19th June 2024, is underway supported by the DfE Adviser. All members of the Local Area SEND Partnership will be expected to attend, providing data or input as appropriate.
- 3.8 The Terms of Reference for the Local Area SEND Partnership Board have been updated by the SEND Executive Group to reflect the requirements of the Improvement Notice (Appendix 2). Changes to the Terms of Reference are as follows:
- The Purpose of the Board has been expanded to include direct reference to the Written Statement of Action and the Improvement Notice
 - The Board is now accountable to the Health & Wellbeing Board as is consistent in other local authorities subject to an Improvement Notice
 - Membership of the Board has been extended to include the Chair of the Health & Wellbeing Board

4. FINANCIAL IMPLICATIONS

4.1 There are no financial implications directly resulting from this report.

5. LEGAL IMPLICATIONS

5.1 The Council, working with the Integrated Care Board (ICB) and its other partner agencies must comply with the notice and the actions it contains, as set out in Section 28 (2) of the Children and Families Act 2014. Failure to comply would lead to further intervention from the Minister for Children, Families and Wellbeing.

6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications directly arising from this report.

7. RELEVANT RISKS

7.1 Should the Local Area SEND Partnership Board not deliver the improvement required as set out in the notice and Written Statement of Action further intervention under Section 497A of the Education Act 1996 would be invoked, thereby directing the Council to take further action to improve SEND services.

8. ENGAGEMENT/CONSULTATION

8.1 Engagement has taken place with partners, Elected Members and stakeholders via meetings and written communication. The Council's Public Relations Team are overseeing communications with residents, and if required, with the media.

9. APPENDICES

Appendix 1 – Improvement Notice

Appendix 2 – Local Area SEND Partnership Board Terms of Reference

Appendix 1- Improvement Notice

Improvement Notice

To: Wirral Metropolitan Borough Council ('the council')
2 Alice Ker Square
Birkenhead
Wirral
CH41 2AB

This Improvement Notice is issued to Wirral Metropolitan Borough Council on 15 May 2024 as a result of poor progress against the actions and deliverables in the Special Educational Needs and Disability Written Statement of Action (WSoA) produced by Wirral local area SEND partnership in response to the Ofsted and CQC SEND inspection published on 9 December 2021.

1. This notice is given to address the ten areas of significant concern identified in the report of the inspection published on 9 December 2021.
2. To comply with this notice, the following actions are required of the Council, working with the Integrated Care Board (ICB) and its other partner agencies ("partners"), as set out in section 28(2) of the Children and Families Act 2014.

Improvement plan

3. The Council's revised improvement plans should deliver appropriate and sustainable improvement, taking account of the views of parents, children and young people, school and education leaders and wherever possible, putting co-production at the centre of improvement activity. These revised plans must cover the areas of significant concern identified in the Ofsted and CQC inspection report of 9 December 2021, including revised activity to:
 - strengthen the quality and timeliness of EHC assessments and annual reviews,
 - embed meaningful co-production with parents and carers,
 - increase parent satisfaction with the area's provision,
 - improve the use and utility of the published local offer,
 - improve communication with parents and carers across the area,
 - improve the relationship between the Local Area Partnership and the Parent Carer Partnership Wirral,
 - increase joint commissioning of services in the area,
 - embed effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account,
 - address the lack of accurate, up-to-date and useful information informing the area's plans and the impact of these actions,
 - embed the graduated response consistently across all schools and settings.

4. The Secretary of State has chosen to appoint a Specialist SEND Adviser (“DfE Adviser”) to provide advice to the Department and the council. The council will work with the DfE Adviser until some such time that the Secretary of State is satisfied this is no longer required.
5. To ensure there is clear evidence of progression:
 - a. the Council must ensure there is an Improvement Board, which the partnership are responsible for. The Chair is to be agreed by the Department and the Board attended by key leaders across Education, Health and Care services, including the Chief Executives of the Council and the ICB, the Children Services Accountable Officer, the ICB Accountable Officer and appropriate Elected Members of the Council to a timetable agreed with the Department;
 - b. the Improvement Board must have clearly assigned accountabilities for all actions agreed, along with clear and measurable targets covering the areas of significant concern identified in the Ofsted and CQC report;
 - c. those accountable for the actions in the improvement plans must keep the content up to date, with a risk register and mitigation plan updated in line with the meeting cycle and provided to the Improvement Board in advance;
 - d. reports to the Improvement Board should include data, analysis and evidence of the impact of improvements on the lived experience of children and families;
 - e. the Improvement Board should maintain an action and impact log which is updated at each meeting, highlighting objectives which are slow to progress and where contributions need to be strengthened.
6. Invitations to Improvement Board meetings must be sent on each occasion to the appointed DfE Adviser, NHS England Adviser and to the Department’s case lead.

Improvement against the above measures will be assessed as follows:

7. The DfE Adviser and NHS Advisers will provide regular updates to the Department of progress or concern against the areas set out in this notice; improvement against the Ofsted and CQC requirements; and any other such information relevant to the improvement journey.

Department for Education Stocktake Reviews

8. Officials or advisers from the Department will undertake reviews of progress against the improvement agenda at least every six months and more regularly where appropriate.
9. Reviews, including areas of priority action deep dives, may cover but are not exclusive to: leadership; governance; co-production; quality of workforce training and support; multi-agency arrangements including joint commissioning, Education, Health, and Social Care provision; the timeliness and quality of EHC plans and engagement with children, young people,

families and carers.

10. Prior to any reviews, the Council should provide to the Department its own assessment of improvement. This may include, but is not limited to:
 - a. progress against improvement plan objectives;
 - b. feedback from parents and carers;
 - c. clear information about local accountability and governance structure;
 - d. the documentary evidence used to plan, track and evaluate the impact of actions. This may include:
 - I. A progress update against each area of priority action and improvement area;
 - II. A dashboard of performance measures showing whether targets and milestones are being met in a timely manner; any slippage; evidence of impact and whether the local area is on track to meet the next set of milestones.
 - III. Evidence that key partners, including children and young people, families and schools are playing an active role in improving services.
11. From time to time, the Department may require that a diagnostic review or assessment is undertaken by a party agreed with the Department.
12. For any review or assessment, the Council must provide the person(s) conducting it with:
 - a. access to, and time with, staff and leadership;
 - b. accurate and up to date data on performance and quality;
 - c. facilities to carry out the reviews; and
 - d. access to minutes of meetings or any other relevant information.

Timescales:

13. The Council should aim for the impact measures set out in the Improvement Plan to be evidenced by the agreed target dates. The Council should also aim for actions included in the improvement plan to be delivered by the end of October 2025 or sooner. However, the Improvement Notice will not be stepped down until sufficient progress has been evidenced, and the Minister agrees. Failure to comply with this Improvement Notice by the assessment dates or poor progress:
14. Should the Council be unwilling or unable to comply with this Improvement Notice or should the Secretary of State not be satisfied with the Council's progress at any stage, they may choose to invoke their statutory powers of intervention (s497A Education Act 1996) to direct the Council to take any further actions deemed necessary to secure the improvements required in SEND services.

Signed:

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Date: 07/05/2024

Mark Taylor

Senior Civil Servant in Department for Education

Appendix 2

Local Area SEND Partnership Board Terms of Reference April 2024

Purpose

The Local Area SEND Partnership Board is responsible for:

- setting the strategic vision for the delivery of support to children and young people with special educational needs and disabilities (SEND).
- driving improvement that addresses areas of significant concern identified in the Local Area SEND Inspection report (December 2021) and delivery of the related Written Statement of Action
- ensuring oversight and compliance with the requirements of the SEND Improvement Notice (May 2024).

Chairing Arrangements

Chief Executive of Wirral Council, Paul Satoor,

In the absence of the Chair, the Board will appoint a Chair for the duration of the meeting.

Membership

Members of the Local Area SEND Partnership Board will remain accountable to their employing organisations; however, they will be Senior Decision Makers 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*

Leader of the Council, Wirral Council

Lead Member for Children, Wirral Council

Chair of the Health & Wellbeing Board

Director for Children, Families and Education, Wirral Council*

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

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

Joint Strategic Commissioner for Children and Young People, Wirral Council

Head of SEND, Wirral Council

Head of SEND, Cheshire and Merseyside ICB

Programme Manager, Wirral Council

Head of Legal Services, Wirral Council

Headteacher Representative

Headteacher representative

Headteacher representative- Special

Early Years Sector Representative

Post-16 Sector Representative

SENCO Representative
SENDIASS Representative

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

NHS England Representative(s)
Department for Education Representative(s)

**Denotes Members of Executive Group*

Named Deputies

Where appropriate, Board Members are requested to provide a named deputy. It is expected that the Deputy would be one named person with the appropriate subject and organisational knowledge to represent the member adequately.

Frequency of Meetings

Board meetings will be held monthly.

In addition to the monthly meetings of the Board, at the request of the Chair, members will be required to attend and contribute to deep dives, reviews, or diagnostic assessment as agreed with the Department for Education and/or NHS England.

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 Health & Well Being Board. This decision was made following an options appraisal whereby it was felt that the board had representation across the Council and health services and therefore was the most appropriate option.

On behalf of the Board, the Director for Children, Families and Education will provide updates to the relevant Council Committees and Place Based Partnership Board as required.

SEND Executive Group

The Local Area SEND Partnership Board will have a SEND Executive Group, which includes the Place Director for ICB, Associate Director for Quality and Patient Safety ICB, Director for Children, Families and Education, and Director for Adult Social Care and Public Health. 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. Council leadership, including the Chief Executive and Elected Members, may attend the SEND Executive Group meetings as they see appropriate and necessary.

Reporting lines

As suggested, the Local Area SEND Partnership Board will be held accountable to the Health and Wellbeing Board, however, the Board will be required to report into other Boards and Committees upon request. These include:

- 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
- Multi Agency Safeguarding Arrangements (MASA) Executive
- Joint Health Care Commissioning Executive Group

Subgroups

Reporting into the Local Area SEND Partnership Board will be 5 subgroups:

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 co-ordinate inspection readiness activities, providing assurance to the board on this.
- To co-ordinate service improvement for Home-to-School Travel.
- To scope and deliver improvements within Preparation for Adulthood.
- To manage the development of the SEND and Alternative Provision Strategy, reporting into the SEND Partnership Board on agreed milestones throughout development.
- To manage developments within the neurodevelopmental offer, Speech and Language Therapy offer and other specialist provisions.

Subgroup 3: SEND Participation and Engagement Group

- To plan and facilitate SEND youth voice activities.
- To plan and facilitate the Parent Carer Forum.
- To forward plan, scope and co-ordinate all engagement events.
- 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 SEND Partnership Board papers and subsequent documentation.

Subgroup 4: Delivering Better Value in SEND Project Board

- To oversee delivery of the 12-month DBV programme as agreed with the DfE Memorandum of Understanding
- To provide the Local Area SEND Partnership Board with quarterly progress reports.
- To escalate risks and issues for strategic leadership direction.

Subgroup 5: Written Statement of Action Impact Group

- To monitor progress against the Written Statement of Action and refreshed Improvement Plan
- To ensure that evidence of impact is being monitored and collated.
- To evaluate impact and provide assurance that actions are resulting in a positive impact for children and young people.

Subgroup Accountability

Each Subgroup will be accountable to the Local Area SEND Partnership Board. Subgroups will provide progress reports demonstrating progress against their agenda, highlighting areas of concern where necessary and evidencing high quality outcomes into the board on a monthly basis.

Subgroup 4, the Delivering Better Value in SEND Project Board, will report on a quarterly basis, aligned with reporting to the DfE.

The Subgroup structure can be found in Appendix 1.

Enabling Groups

There are a number of enabling groups that monitor, steer or facilitate business and improvements within the SEND Governance Structure. These groups will report into the Local Area SEND Partnership Board by exception.

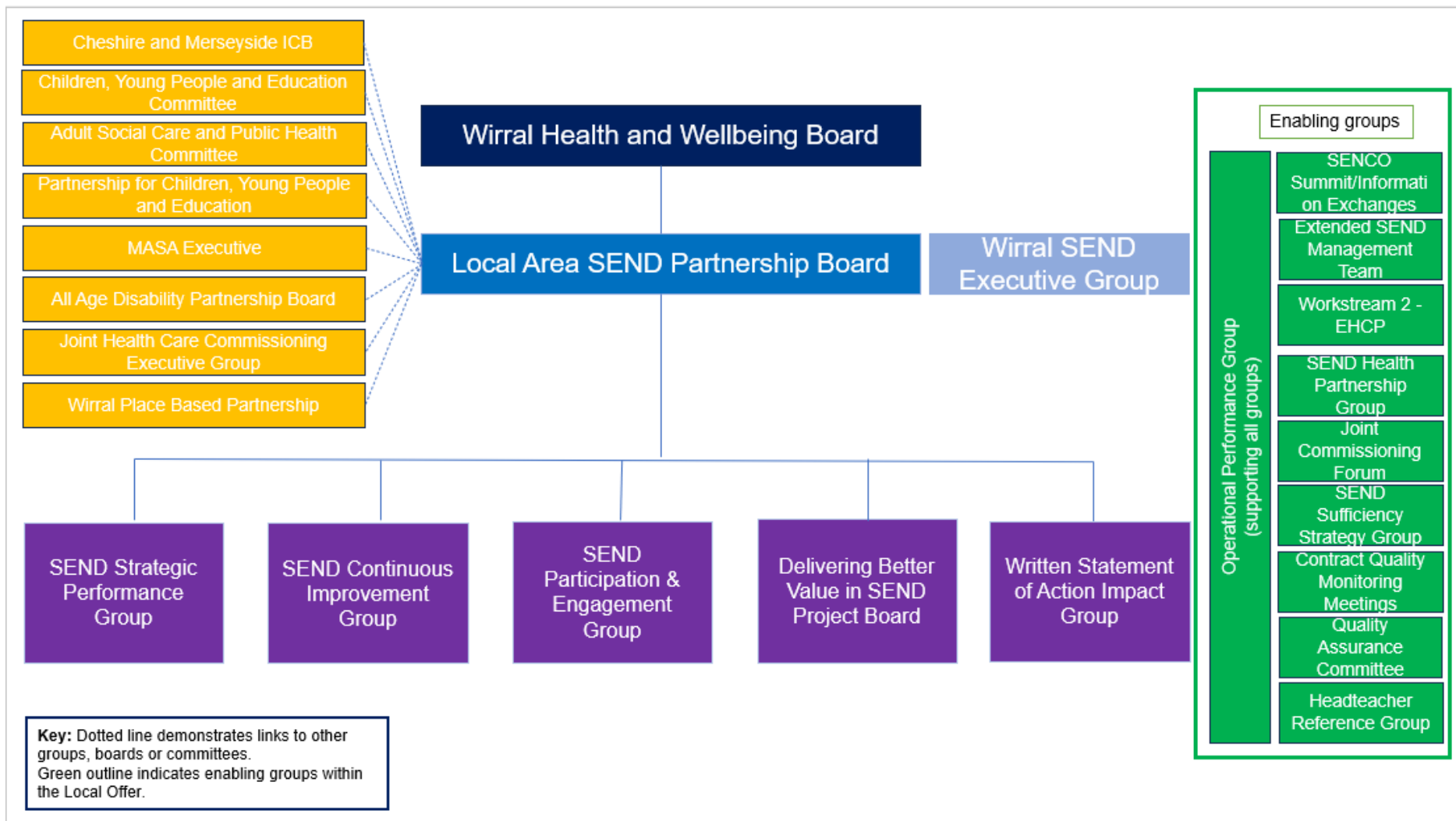
Member Induction and Annual Appraisal

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

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

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.



Subgroups

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

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LOCAL AREA SEND PARTNERSHIP BOARD

REPORT TITLE:	WIRRAL LOCAL AREA SEND DASHBOARD
REPORT AUTHOR:	JULIA BRYANT, HEAD OF QUALITY & SAFETY IMPROVEMENT, NHS CHESHIRE & MERSEYSIDE ICB
MEETING DATE:	21ST MAY 2024

1. REPORT SUMMARY

This report presents the proposed Key Performance Indicators to be reported in the revised Wirral SEND Dashboard. The Dashboard includes new data metrics which align with statutory reporting requirements and support the intended outcomes of the Written Statement of Action.

As per the request of board members at the meeting of 29th April 2024, the report provides an example dashboard (Appendix 1) which will be scrutinised by the Local Area SEND Partnership Board, and the service specific scorecards (Appendix 2) which will be monitored by the SEND Strategic Performance Group on a monthly basis.

The purpose of this report is to provide examples, thereby enabling the Local Area SEND Partnership Board members to agree the content, format, and design of future reporting.

2. RECOMMENDATION/S TO BOARD

The Local Area SEND Partnership Board is recommended to:

- (i) approve the proposed Local Area SEND Dashboard
- (ii) agree to receive quarterly reports of the Local Area SEND Dashboard
- (iii) agree to the service specific scorecards being shared, via email, with all board members for information

It should be noted that the Chair of the Local Area SEND Partnership Board can request, on behalf of board members, that additional performance reports be presented as required to support improvement activity.

3. BACKGROUND INFORMATION/CONTENT

- 3.1 During the period January to April 2024, representatives of Local Area services met on several occasions, with support from Department for Education (DfE) and NHS England Advisors, to review the SEND dashboard.

Having moved from a position of very little collated data in 2021, to having an extensive suite of data in 2023, it was agreed that focussing the dashboard on a smaller number of the right metrics would support improved performance.

- 3.2 As requested by members, the revised dashboard contains both percentages and numbers, allowing a better understanding of performance, volume and activity.
- 3.3 The dashboard will be presented to the Local Area SEND Partnership Board on a quarterly basis, as agreed at the meeting of 29th April 2024, when the Performance Framework was approved. As per the agreed framework, the service specific scorecards will be monitored by the SEND Strategic Performance Group on a monthly basis, with the Chair of this group escalating issues as appropriate.
- 3.4 The metrics of the proposed dashboard focus on SEND statutory duties and support the intended outcomes of the Written Statement of Action.
- 3.5 The dataset reports on:
 - Compliance against the 20-week EHCP timescale
 - Compliance against the 12-week Annual Review timescale
 - Average waiting time for initial Speech and Language assessment
 - Speech and Language Therapy waiting list
 - Timescales for neurodevelopmental appointments
 - Access to CAMHS within 18 weeks
 - Complaints to the Local Authority
 - Number of tribunals
 - Persistent absence for children and young people with EHCPs
 - Year 9 Transition Reviews
 - EET rates for 18–24-year-olds with SEND
 - % of children and young people with EHCPs in mainstream education settings
 - Children and young people with SEND Support and EHCPs in alternative provision

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 The performance dashboard and reporting cycle will highlight legal implications for 20-week EHCP and 12-week Annual Review compliance.

- 5.2 Tribunal data will highlight the frequency at which the Local Area is facing legal challenge from parent carers.

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, implications for supporting needs of children and young people, as well as statutory duties, impacting future inspection. These issues form part of Place Delivery Assurance Framework (PDAF).

- 7.2 Wirral Place has a current PDAF in relation to SEND, as follows:

PDAF 2 - The Wirral health and care system is unable to meet the needs of children and young people with complex and/or additional needs leading to long term health issues, increased inequalities and demands on services.

8. ENGAGEMENT/CONSULTATION

- 8.1 The Performance Framework and reporting structure was approved at the Local Area SEND Partnership Board Meeting on 29th April 2024. Following engagement work with stakeholders and service providers.

9. APPENDICES

Appendix 1: Example of Wirral Local Area SEND Dashboard

Appendix 2: List of indicators for SEND Service Specific Scorecards

Wirral Local Area SEND Dashboard May 2024

Acronyms

A & E	Accident and Emergency
Alt. Provision	Alternative Provision
CAMHS	Children and Adolescent Mental Health Services
Comm Pads	Community Paediatrics
CYP	Children and Young People
Ed Psych	Educational Psychologist
EET	Employment, Education or Training
EHCP	Education, Health and Care Plan
EY	Early Years
ND	Neurodevelopment
NEET	Not in Employment, Education or Training
OT	Occupational Therapy
RWM	Reading, Writing and Maths
Salt	Speech and Language Therapy
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SENDLO	SENDLO- Wirral Local Offer

Colour coding

	Performance Below target
	Performance Above / On target
	Performance has no set-target
	Measure is new to SEND Dashboard

Reporting Period

All data is up to and including March 2024. This is the last month within Q4 2023/24. Data not submitted before cut-off are as follows
1) ND % currently within 18 weeks timescale (relates to activity of community peads) - From National Community Waiting Time Submission - Latest date is Feb 2024
2) ND Number on waiting list (relates to activity of community peads) - Latest date is Feb 2024

APPENDIX 1

KPI Measures – Page 1

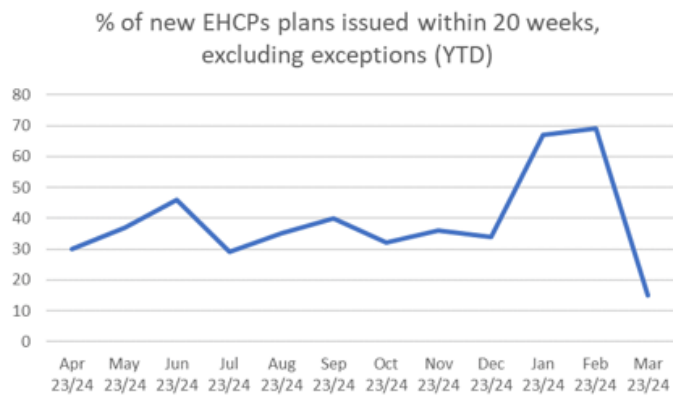
Service / Team	KPI Measure	Target	Apr 23/24	May 23/24	Jun 23/24	Jul 23/24	Aug 23/24	Sep 23/24	Oct 23/24	Nov 23/24	Dec 23/24	Jan 23/24	Feb 23/24	Mar 23/24
EHCP	% of new EHCPs plans issued within 20 weeks, excluding exceptions (YTD)	49.5	30	37	46	29	35	40	32	36	34	67	69	15
EHCP	Number of new EHCPs plans issued within 20 weeks, excluding exceptions (YTD)	N/A	91	126	183	189	252	306	312	361	366	11	19	22
EHCP	% of EHCP annual reviews completed within 12 weeks (YTD)	N/A	New Measure - Data available to report from September											
EHCP	Number of EHCP annual reviews completed within 12 weeks (YTD)	N/A	New Measure - Data available to report from September											
SaLT	SaLT average wait time for initial assessment in weeks	Reducing monthly				51	68	43	50	52	60	49	41	48
SaLT	SaLT Total Waiting List	Reducing monthly				2138	No data	2002	1924	1938	1996	1940	1729	1534
ND	ND % currently within 18 weeks timescale (relates to activity of community peads) - From National Community Waiting Time Submission	N/A	42.1	37.5	36.2	36.5	32.5	31.8	30.0	24.9	24.5	26.5	27.2	
ND	ND Number on waiting list (relates to activity of community peads)	Reducing monthly	1391	1503	1711	1978	2087	2156	2372	2459	2374	2441	2672	
ND	ND 0 - 19 Pre Diagnostic Pathway. % completed within timescale (30 weeks) - ADHD	N/A							66.2	47.9	23.8	13.6	3.2	16.2
ND	ND 0 - 19 Pre Diagnostic Pathway. % completed within timescale (30 weeks) - ASD	N/A							42.5	32.5	43.8	39.6	28.3	25.9
CAMHS	CAMHS % seen at access within 18 weeks	80	69.5	71.6	67.9	59.1	75.3	80.8	61.7	40.7	70.6	84.8	84.9	90
CAMHS	CAMHS Number seen at access within 18 weeks	66	66	78	72	65	61	42	58	24	36	67	45	72
EHCP	Total number of Stage 1 complaints	Lower is better	7	7	8	8	9	9	10	10	11	14	38	45
EHCP	Total number of Stage 2 complaints	Lower is better	3	3	3	9	13	14	16	28	28	28	28	28
EHCP	Total number of tribunals (YTD)	Lower is better	1	1	2	4	4	4	5	6	6	6	6	7
ATTENDANCE	% of CYP with an EHCP with persistent absence	Lower is better												2.5
ATTENDANCE	Number of CYP with an EHCP with persistent absence	Lower is better												1055

KPI Measures – Page 2

Service / Team	KPI Measure	Target	Apr 23/24	May 23/24	Jun 23/24	Jul 23/24	Aug 23/24	Sep 23/24	Oct 23/24	Nov 23/24	Dec 23/24	Jan 23/24	Feb 23/24	Mar 23/24
EHCP	% of year 9 transition reviews complete	N/A	New Measure - This is an Annual Process. Must be commenced and completed at end of Summer Term											
EHCP	Number of year 9 transition reviews complete	N/A	New Measure - This is an Annual Process. Must be commenced and completed at end of Summer Term											
NEET	% of 18-24 year olds with SEND in Education, Employment or Training	N/A												75.0
NEET	Number of 18-24 year olds with SEND in Education, Employment or Training	N/A												430
EHCP	% of EHCP in Maintained and Academy school setting	N/A												38.4
EHCP	Number of EHCP in Maintained and Academy school setting	N/A												1782
EHCP	% of EHCP in special school (including independent special) setting	N/A												17
EHCP	Number of EHCP in special school (including independent special) setting	N/A												1720
EHCP	% of EHCP in Other setting	N/A												15.3
EHCP	Number of EHCP in Other setting	N/A												712
ALT. PROVISION	% of alternative provision cohort with SEND (EHCP)	N/A												12
ALT. PROVISION	Number of alternative provision cohort with SEND (EHCP)	N/A												12
ALT. PROVISION	% of alternative provision cohort with SEND (SEN support)	N/A												88
ALT. PROVISION	Number of alternative provision cohort with SEND (SEN support)	N/A												88

EHCP - % Plans Issued within 20 weeks (YTD)

Latest performance: **15%** Target: **49.2%**



Example chart and narrative. These will be produced for all the Key Performance Indicators listed in Appendix 1

Latest Update	Mitigating actions include revised Governance arrangements, a detailed Recovery Plan (Presented at Transformation Board 29/04/24), a restructure of the SEND Referral and Assessment Teams and the implementation of a new Quality Assurance Framework
Action & Timescale	SEND restructure by July 2024 Implementation of new Quality assurance Framework. See Recovery Plan presented to Board on 29 April by Adrian Leach for more details

Appendix 2 Service Specific Scorecard Measures

SERVICE	SCORECARD MEASURES	SERVICE	SCORECARD MEASURES
A&E	Number Presented in A & E - Self Harm Number Time Spent in A & E (within 4 hour target) - Self Harm % Time Spent in A & E (within 4 hour target) - Self Harm A & E - Self Harm - Admitted A & E - Self Harm - Discharged Number Presented in A & E - Mental Health Number Time Spent in A & E (within 4 hour target) - Mental Health % Time Spent in A & E (within 4 hour target) - Mental Health A & E - Mental Health - Admitted A & E - Mental Health - Discharged	Alternative Provision	% of Alternative Provision with an EHCP Number of Alternative Provision with an EHCP % of Alternative Provision with SEN Support Number of Alternative Provision with SEN Support % of Alternative Provision with an SEND Number of Alternative Provision with an SEND
Attendance	No. of SEND CYP that are missing from Education - Primary No. of SEND CYP that are missing from Education - Secondary Total No. of CYP that are missing from Education % SEND Authorised Absence – Primary/Primary (EHCP) % SEND Unauthorised Absence – Primar/Secondary (EHCP) % of CYP with Persistent Absence - All EHCP Number of CYP with Persistent Absence - All EHCP % of CYP with Persistent Absence - All EHCP Primary % of CYP with Persistent Absence - All EHCP Secondary Total number of SEND CYP that are Electively Home Educated Number of new SEND CYP that are Electively Home Educated in month – Primary/Secondary All Schools: Number of Suspensions episodes started in month - Pupils with an EHCP at time of Suspension All Schools: Number of Suspensions episodes started in month - Pupils with SEN Support at time of Suspension All Schools: Permanent Exclusions - Pupils with an EHCP All Schools: Permanent Exclusions - Pupils with SEN Support Total Number pupils on a Part-Time timetable Total new pupils on a Part-Time timetable - per month	Baby Screening	% of babies eligible for newborn hearing screening for whom the screening process is complete within timescal % 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. % 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. Screens offered % Screens completed by 3 months % Screens declined
CAMHS	CAMHS Referrals CAMHS Total Waiting List	Occupational Therapy	Children's OT Referrals Children's OT Total Waiting List

	<p>CAMHS % seen within 18 weeks CAMHS Number seen within 18 weeks CAMHS Total Caseload CAMHS Average waiting time to Access CAMHS Longest waiting time to Access CAMHS Patient Experience CAMHS Positive experience CAMHS Complaints/concerns</p>		<p>Children's OT % seen within 18 weeks Children's OT Total Caseload Children's OT Average waiting time (weeks) Children's OT Longest waiting time Children's OT Patient Experience Children's OT Positive experience Children's OT Complaints/concerns</p>
Physiotherapy	<p>Number of Referrals received Total Waiting List % Within 18 Weeks Total Case Load Average waiting time (weeks) Longest waiting time (weeks) Patient Experience Positive Experience Complaints / Concerns</p>	Dietetics	<p>Dietetics Referrals received Dietetics Total Waiting List Dietetics % Within statutory timescale Dietetics Total Caseload Dietetics Average waiting time (weeks) Dietetics Longest Waiting time (weeks) Dietetics Patient Experience Dietetics Positive experience Dietetics Complaints/concerns</p>
Early years	<p>% Identified by Early Years as SEND Number identified by Early Years as SEND EY Portage Referrals EY Portage Total Waiting List EY Portage % Families receive Triage (invite to group) within 1 month of referral EY Portage Total Caseload EY Portage Average Waiting time between Referral and Triage (weeks) EY Portage Longest Waiting time between Referral and Triage (weeks) EY Portage Family Experience EY Portage Positive Experience EY SEND Officers Referrals EY SEND Officers Total Waiting List EY SEND Officers % of CYP seen within timescale EY SEND Officers Total Caseload EY SEND Officers Average Waiting time between Referral and Triage (weeks)</p>	Education	<p>Attainment KS1 Reading EHCP - % at Expected Level Attainment KS1 Reading SEN Support - % at Expected Level Attainment KS1 Writing EHCP - % at Expected Level Attainment KS1 Writing SEN Support - % at Expected Level Attainment KS1 Maths EHCP - % at Expected Level Attainment KS1 Maths SEN Support - % at Expected Level Attainment KS2 RWM EHCP - % at Expected Level Attainment KS2 RWM SEN Support - % at Expected Level Attainment KS2 Reading EHCP - % at Expected Level Attainment KS2 Reading SEN Support - % at Expected Level Attainment KS2 Writing EHCP - % at Expected Level Attainment KS2 Writing SEN Support - % at Expected Level Attainment KS2 Maths EHCP - % at Expected Level Attainment KS2 Maths SEN Support - % at Expected Level Attainment KS4 Overall Progress 8 Score - ECHP Attainment KS4 Overall Progress 8 Score - SEN Support Attainment KS5 EHCP Cohort - (Expected Level) - Only in Schools Attainment KS5 SEN Support Cohort - (Expected Level)</p>

	<p>EY SEND Officers Longest Waiting time between Referral and Triage (weeks)</p> <p>EY SEND Officers Family Experience</p> <p>EY SEND Officers Positive Experience</p> <p>Number of SEND CYP in receipt of Disability Access Funding</p> <p>Number of SEND CYP in receipt of SENIF</p>		
Educational Psychology	<p>Ed Psych - Total number of outstanding requests for advice</p> <p>Ed Psych - Number of advices unallocated</p> <p>Ed Psych - Total number of overdue advice requests</p> <p>Ed Psych - EP Advices - Number of requests received</p> <p>Ed Psych - Number of advices completed within 6 week timescale</p> <p>Ed Psych - % completed within timescale (KPI)</p> <p>Ed Psych - Average Wait time for Advices (days)</p> <p>Ed Psych - Longest Wait time for Advices</p> <p>Ed Psych - Wirral EP Team Number Within timescale</p> <p>Ed Psych - Wirral EP Team Number Over timescale</p> <p>Ed Psych - Wirral EP Team % Within timescale</p> <p>Ed Psych - Number of Advices submitted within timescale by locum EPs</p> <p>Ed Psych - Locum EP Number of advices over timescale</p> <p>Ed Psych - Locum EP % Within timescale</p> <p>Ed Psych - Cumulative number of advices submitted by REED EPs</p> <p>Ed Psych - Private EP Number Within timescale</p> <p>Ed Psych - Private EP Number Over timescale</p> <p>Ed Psych - Private EP % Within timescale</p> <p>Ed Psych - Total Number Within timescale</p> <p>Ed Psych - Total Number Over timescale</p> <p>Ed Psych - Total % Advices within timescale (KPI)</p>	EHC Advice	<p>EHC Advices - Health Total - Number of Submissions within timescale</p> <p>EHC Advices - HealthTotal - % Compliant</p> <p>CAMHS - Number of Submissions within timescale</p> <p>CAMHS - % Compliant</p> <p>Comm Paeds - Number of Submissions within timescale</p> <p>Comm Paeds - % Compliant</p> <p>Health Visitors - Number of Submissions within timescale</p> <p>Health Visitors - % Compliant</p> <p>Occupational Therapy - Number of Submissions within timescale</p> <p>Occupational Therapy - % Compliant</p> <p>Physiotherapy - Number of Submissions within timescale</p> <p>Physiotherapy - % Compliant</p> <p>SALT- Number of Submissions within timescale</p> <p>SALT - % Compliant</p> <p>School Nursing - Number of Submissions within timescale</p> <p>School Nursing - % Compliant</p>
EHCP	<p>EHCP - Population Total 0 -25 Population withn EHCP</p> <p>EHCP - Population % of pupils with an EHCP - Primary</p> <p>EHCP - Population % of pupils with an EHCP - Secondary</p> <p>% of EHCP in Maintained and Academy school setting</p> <p>Number of EHCP in Maintained and Academy school setting</p>	EHCP	<p>EHCP Tribunals - per month</p> <p>EHCP Tribunals - YTD</p> <p>Annual Review - Number sheduled for completion - in month</p> <p>Annual Review - % completed within timescale - in month</p> <p>Annual Review - % completed within 12 week timescale - YTD</p>

	<p>% of EHCP in special school (including independent special) setting Number of EHCP in special school (including independent special) setting % of EHCP in independent (non special) & College (non special) setting Number of EHCP in independent (non special) & College (non special) EHCP - Population % of Pupils with an EHCP Not in Setting EHCP - Population Number of Pupils with an EHCP Not in Setting EHCP Number of Requests EHCP YTD (from January) % of new EHC plans issued within 20 weeks, excluding exceptions EHCP YTD (from January) Number of new EHC plans issued within 20 weeks, excluding exceptions EHCP Monthly % of new EHC plans issued within 20 weeks, excluding exceptions EHCP Monthly Number of new EHC plans issued within 20 weeks, excluding exceptions EHCP Total Plan Issued Average Wait Time for new EHC plan issued Longest Wait Time for new EHC plan issued EHCP CYP / Parent Carer Experience EHCP Positive Experience EHCP Complaints / Concerns</p>		<p>Annual Review - Number completed within 12 weeks timescale - YTD Annual Review - Total Waiting List Average wait time for Annual Review Longest wait time for Annual Review Annual Review CYP / Parent Carer Experience Annual Review Positive Experience Annual Review Complaints Annual Review Tribunals % of year 9 transition reviews completed Number of year 9 transition reviews completed Total Number of Stage 1 complaints received - Per month Total Number of Stage 2 complaints received - Per month Total Number of Stage 1 complaints received - YTD Total Number of Stage 2 complaints received - YTD Number of Stage 1 complaints received regarding Provision Number of Stage 1 complaints received regarding Communication Number of Stage 1 complaints received regarding Timescales</p>
Health Visiting/ School Nursing	<p>Health Visitors & School Nurses- % of births that receive a face-to-face new birth visit (NBV) within 14 days by a health visitor Health Visitors & School Nurses - Number of births that receive a face-to-face new birth visit (NBV) within 14 days by a health visitor Health Visitors & School Nurses - % of children who received a 12 month review by the time they turned 12 months</p>	NEET	<p>% of KS5 SEN pupils in EET % of KS5 SEN pupils NEET % of SEN 16 - 24-year-olds in EET % of SEN 16 - 24-year-olds NEET % of SEN 18 - 24-year-olds in EET Number of SEN 18 - 24-year-olds in EET</p>

	<p>Health Visitors & School Nurses - Number of children who received a 12 month review by the time they turned 12 months</p> <p>Health Visitors & School Nurses - % of children who received a 12 month review by the time they turned 15 months</p> <p>Health Visitors & School Nurses - Number of children who received a 12 month review by the time they turned 15 months</p> <p>Health Visitors & School Nurses - % of children who received a 2-2½ year review</p> <p>Health Visitors & School Nurses - Number of children who received a 2-2½ year review</p> <p>Health Visitors & School Nurses - % of primary school children (Reception) with a valid annual height & weight recording</p> <p>Health Visitors & School Nurses - Number of primary school children (Reception) with a valid annual height & weight recording</p> <p>Health Visitors & School Nurses - % of primary school children (Year 6) with a valid annual height & weight recording</p> <p>Health Visitors & School Nurses - Number of primary school children (Year 6) with a valid annual height & weight recording</p>		
Neurodevelopment	<p>0 -19 Referral Received</p> <p>0 -19 Total Waiting List</p> <p>0 -19 % seen within 18 weeks timescale</p> <p>0 -19 Number seen within 18 weeks timescale</p> <p>0 -19 Total Caseload</p> <p>0 -19 Average waiting time</p> <p>0 -19 Longest waiting time</p> <p>0 -19 Patient Experience</p> <p>0 -19 Positive experience</p> <p>0 -19 Complaints/concerns</p> <p>Community Paeds Referral Received</p> <p>Community Paeds Total Waiting List</p> <p>Community Paeds seen within 18 weeks</p> <p>Community Paeds Total Caseload</p> <p>Community Paeds Average waiting time -weeks</p>	Paediatric Continence	<p>Referrals</p> <p>Total Waiting List</p> <p>% seen within timescale</p> <p>Total Caseload</p> <p>Average Waiting time</p> <p>Longest Waiting time</p> <p>Patient Experience</p> <p>Positive Experience</p> <p>Complaints / Concerns</p>

	Community Paeds Longest waiting time Community Paeds Patient Experience Community Paeds Positive experience Community Paeds Complaints/concerns		
Paediatric Speech & Language	Referrals Total Waiting List % seen within 18 week timescale Total Caseload Average Waiting time for Initial Assessment Longest Waiting time for Initial Assessment Seen within 10 working days: % within timescale Seen within 13 weeks: % within timescale Patient Experience - Number of Feedback completed Positive Experience Complaints / Concerns	Pupil Premium	% of Children with Pupil Premium and EHCP Total Number of Children with Pupil Premium and EHCP New Children with Pupil Premium and EHCP - in month % of Children with Pupil Premium and SEN Support Total Number of Children with Pupil Premium and SEN Support New Children with Pupil Premium and SEN Support - in month
SENDLO	Number of 'hits' on the SENDLO website Satisfaction rate for users of the SENDLO website	Social Care	% of Early Help Episodes with SEND Number of Early Help Episodes with SEND % of CLA with EHCP Number of CLA with EHCP % of CLA with SEN Support Number of CLA with SEN Support % of school aged CiN with EHCP Number of school aged CiN with EHCP % of school aged CiN with SEN Support Number of school aged CiN with SEN Support % of CP with EHCP Number of CP with EHCP % of CP with SEN Support Number of CP with SEN Support Social Care EHC Advices - Number of Submissions within timescale Social Care EHC Advices - % Compliant

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LOCAL AREA SEND PARTNERSHIP BOARD

REPORT TITLE:	EDUCATIONAL PSYCHOLOGY SERVICE REDESIGN
REPORT AUTHOR:	ADRIAN LEACH, INTERIM HEAD OF SERVICE- SEND, WIRRAL COUNCIL
MEETING DATE:	21 MAY 2024

1. REPORT SUMMARY

This report outlines the current pressures and structure of Wirral Council's Educational Psychology (EP) Service. It sets out the current national landscape for EP services with learning from other areas and puts forward proposals to redesign the current model in order to address service performance and capacity.

2. RECOMMENDATION/S TO BOARD

2.1 The Local Area SEND Partnership Board is recommended to:

- (i) Approve the proposed redesign of the Educational Psychology Service
- (ii) Note and agree the timeline for implementation, milestones, and further action.

3. BACKGROUND INFORMATION/CONTENT

3.1 Wirral's Educational Psychology Team is a Local Authority funded service that delivers a range of psychological assessments and interventions for children and young people aged 0-25 years. The team perform both statutory and non-statutory functions to support children, young people, families, and schools.

3.2 The SEND Code of Practice 2015, outlines the expectations of Educational Psychologists. In relation to Education, Health and Care Needs Assessments, the code states:

“In seeking advice and information, the local authority should consider with professionals what advice they can contribute to ensure the assessment covers all the relevant education, health and care needs of the child or young person. Advice and information **must** be sought as follows....Psychological advice and information from an Educational Psychologist who should normally be employed or commissioned by the local authority.”

- 3.3 In addition to providing advice and information for the Education, Health and Care Needs Assessment, the SEND Code of Practice outlines further expectations of Educational Psychologists including:
- Early identification of need
 - Early intervention through specialist support
 - Providing advice and information where a child is making less-than-expected progress
 - Training for the wider workforce
 - Supporting Special Educational Needs Co-ordinators (SENCOs) in education settings
- 3.4 Traditionally, when a Education, Health and Care Needs Assessment is progressed, an Educational Psychologist will undertake an assessment in order to provide advice. Since 2019, the significant increase in EHC Needs Assessments, as reported to the Local Area SEND Partnership Board on 29th April 2024, has meant that the Council's Educational Psychology Team have been unable to meet demand. In 2022, the Council took steps to manage demand by:
- Commissioning an agency to provide Educational Psychology assessments (350 assessments per year)
 - Setting up an agreement with education settings in Wirral which would allow them to commission an Educational Psychology assessment and be re-imbursed by the Council
- 3.5 Commissioned advice is quality assured by the Council's Educational Psychology Team prior to being sent to the SEND Team to be included in the Education, Health and Care Needs Assessment. Due to the geographic spread of commissioned Educational Psychologists these assessments are often undertaken remotely which can result in poorer quality of assessment.
- 3.6 Despite taking these steps, the demand for Educational Psychology input continues to outweigh the supply. In 2020-21 the average number of monthly requests was 44 compared to 97 as it now stands. Provision of statutory advice has risen from 532 in 2020-21 to 1,055 in 2022-23. With the core Council team, the commissioned service, and the school-commissioned Educational Psychology work combined, need continues to be unmet with 234 requests for advice being unallocated at the end of April 2024. The lack of Educational Psychology advice is the single greatest contributor to the SEND Service's poor compliance with the 20-week timescale for EHCPs.
- 3.7 Wirral's SEND Performance Dashboard has consistently reported that the Educational Psychologists have struggled to deliver a high proportion of advice within the 6-week statutory timeframe. Indeed, performance has remained between 10 and 20% compliance throughout the last year.

3.8 Wirral's core Educational Psychology team consists of:

- Principal Educational Psychologist (PEP) 1.0 FTE
- Senior Educational Psychologist 1.6 FTE
- Educational Psychologist 4.8 FTE
- Trainee Educational Psychologists 2.0 FTE

Based on a planning assumption of 220 days work per year for a full-time employee this provides a total service capacity of approximately 1600 days.

3.9 Work undertaken by the team relating to statutory duties equates to 850 days, including:

- Attendance at Annual Review meetings, in and out-of-borough
- Report writing for Annual Reviews
- Re-assessment (increasing demand)
- Attendance and preparation for tribunals
- Responses and assessments for Tribunal Orders
- Attendance and preparation for the Decision Making Group
- Response to complaints
- Quality assurance of commissioned Educational Psychology advice

3.10 Work undertaken by the team other than statutory assessment equates to over 500 days, including:

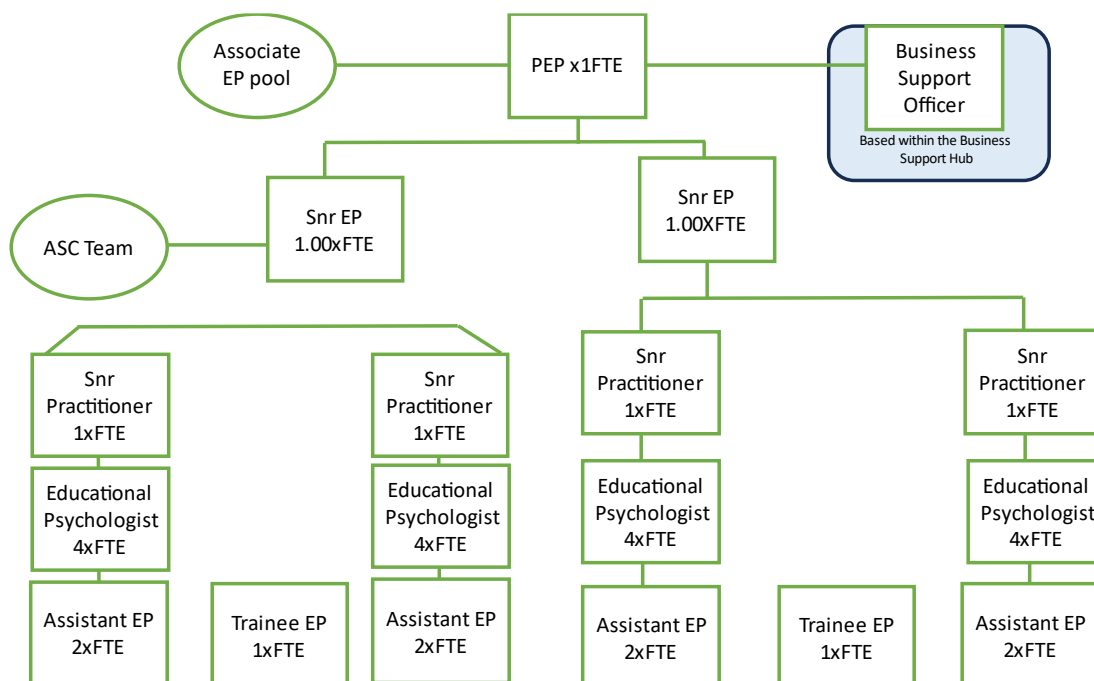
- Attendance at panels (Inclusion, Early Years, Hospital School)
- Critical incident support for schools
- Attendance at SENCO Summits and Exchanges
- Emotionally Based School Avoidance Project (EBSA)
- ELSA training and supervision
- Autism Education Trust Training for schools and settings
- Ongoing support for nurture base development
- School drop-ins and consultation sessions

3.11 Based on the recommendation of the Association of Educational Psychologists (AEP) an Educational Psychologist would be expected to complete 1 to 1.5 assessments per week. This would deliver 200 per year, 1,000 short of demand.

3.12 In order to address the challenges set out above it is proposed to redesign the Educational Psychology Service so that it can deliver both the non- statutory and early intervention services with which it currently engages as well as having the capacity to meet the needs of Education, Health and Care Needs Assessment and advice.

- 3.13 The proposed structure is based on a 60/20/20 model for service capacity such that 60% of service time is dedicated to delivering statutory work, 20% is allocated to early intervention and support to schools including consultations, panel attendance and traded service delivery, and 20% is designed for specific project work based on particular expertise and skill sets.
- 3.14 The structure creates a clear career path for Educational Psychologists from assistant, those who would not have a PhD, trainees undertaking their doctorate, to the Principal Educational Psychologist. Clear career progression opportunities are a key element in an authorities' ability to recruit and retain staff.
- 3.15 The structure will enable Wirral to have stronger oversight and control of all Educational Psychology advice for Education, Health and Care Plans and to deliver within statutory timescales.
- 3.16 In addition to restructuring the service, a pilot will be undertaken to test providing advice for Education, Health and Care Needs Assessment without the need for a full written advice. The pilot will work with a Multi Academy Trust or cluster of schools to test the effectiveness of using a co-production meetings as means to provide advice from an Educational Psychologist directly to the needs assessment. Detail of the pilot will be agreed with the Continuous Improvement Subgroup of the Local Area SEND Partnership Board.

3.17 Wirral Educational Psychology Service Proposed Structure



Challenges

- 3.18 In June 2023 the DfE published a research report entitled “Educational psychology services: workforce insights and school perspectives on impact”. The findings from this report on recruitment and retention have been instrumental in developing the proposed model.
- 3.19 The report sets out the national context and scale of the challenge facing Wirral Council in being able to move swiftly to the proposed service model. Research undertaken for the DfE report indicated that 88% of Local Authorities are facing difficulty in recruiting Educational Psychologists. With 77% of those experiencing consistent difficulty. 34% of responding local authorities reported difficulty in retaining staff once recruited, with a lack of variety in their work being cited as a key issue in retaining staff. It is also worth highlighting that only 11% of Principal Educational Psychologists felt confident that they could continue to meet demand moving forward.
- 3.20 Overall the report highlighted a vicious cycle in which the need for Educational Psychologists to prioritise EHCPs reduced the time available for early intervention work and whole-school advisory work. Without this early intervention, the issues experienced by the child or young person can intensify, leading them to need an EHCP, and placing further pressure on Educational Psychologists’ capacity to engage in early intervention and systemic work.
- 3.21 The DfE research highlights that service conditions and variety of work are far more significant factors than pay in determining whether Councils are able to recruit and retain staff effectively to meet their service demands. This, however, has not prevented local authorities from offering financial incentives when recruiting EPs. Norfolk, for example, are currently offering a £10,000 market supplement for their EPs. Further consideration of financial incentives may need to be given following the first recruitment round, should the proposal be approved.
- 3.22 Given the level of challenge faced across local authorities nationally it is expected that it will take in the region of two years to grow and develop the service so that it can fully meet demand in Wirral. The limiting factors include:
- Availability of high-quality trained Educational Psychologists in the northwest
 - Level of professional supervision required for trainees and assistants
 - Time taken for trainees to progress to fully qualified
- 3.23 The table below sets out the proposed timeline for actions and milestones towards full implementation of the proposed Educational Psychology model.

Action	Date	Impact
Advertise and recruit for vacant EP posts and 4X assistant EPs	May 2024	By September 2024 we aim to have attracted an additional 6 EPs and 4 assistant EPs halving dependence on School commissioned advice.
Develop and deliver pilot project with a cluster of schools or MAT to test more efficient EHCP processes through provision of advice verbally and/or in condensed form	From September 2024	If successful, this will reduce the amount of time that EPs spent writing reports and increase their ability to undertake more statutory assessments per EP.
Core EP team to increase their focus on statutory advice and reallocation of “priority cases” to the core team	April/May 2024	Immediate positive impact on performance metrics.
Second round of advertising for EPs	Oct/Nov 2024	Continue to build capacity in the team and service
Consultation with schools on the development of a traded service model for Wirral’s EPS	Implementation from April 2025	This will support demand control measures for statutory assessment by providing targeted early intervention
Third recruitment round for EPs and assistant EPs	April/May 2025	Allowing service the capacity to eliminate reliance on school commissioned EP advice from September 2025
Ongoing recruitment	through 2025 and 2026	To bring the EPS up to capacity and eliminate the need for Reed Commissioned EP advice from 2026

- 3.24 While the SEND service and Principal Educational Psychologist are aware of the urgent need to transform the service, the Local Area SEND Partnership Board should be aware that given the current capacity limitations from the core team and commissioned service, and the backlog of unallocated requests for assessment, it will take several months to clear outstanding work.
- 3.25 Initial recruitment over the summer therefore will allow the additional capacity to start to reduce the backlog of requests more quickly and eliminating the backlog is the first priority for the service. This is forecast to be completed by December 2024 and will allow significant improvements in six-week timeliness.

- 3.26 Further recruitment, development of trainees and demand side measures put in place over 2024/2025 is forecast to eliminate the need for School commissioned EP advice as priority 2 followed by a full in-house advice service by the start of the 2026/27 academic year.
- 3.27 Proposed performance reporting milestones for the EPS

Date	Proportion of EP advice delivered within 6 weeks
September 2024	20%
December 2024	25%
April 2025	75%
September 2025	99%

4. FINANCIAL IMPLICATIONS

- 4.1 The additional staffing needed to meet demand for Educational Psychology services is forecast to be approximately £1.3m pa over the current staffing budget. However, the current spend on commissioned advice is approximately £1.1m, therefore the financial implication is an additional £0.2m. The Children’s Services Departmental Management Team and Finance Business Partner are supporting the additional funding requirements.

5. LEGAL IMPLICATIONS

- 5.1 Educational Psychology assessment and advice to support Education, Health and Care Needs Assessments are a statutory responsibility under the Children and Families Act 2014.

6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 In addition to the staffing implications set out in the main body of the report, additional support and capacity from other enabling services, in particular ICT and HR will be required.

7. RELEVANT RISKS

- 7.1 The risks are outlined in the main body of the report but can be summarised as failure to deliver timely and high-quality education health and care plans. Lack of early intervention and expert advice to schools and settings will diminish the required inclusive culture.

8. ENGAGEMENT/CONSULTATION

- 8.1 The design of the Educational Psychology Service has been informed by engagement with stakeholders including schools and other service feedback in addition to the broader national research undertaken by the DfE in early

2023. The Council's Educational Psychology Team have been engage in the development of the proposed model, supporting the proposal.

9. APPENDICES

None

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LOCAL AREA SEND PARTNERSHIP BOARD

REPORT TITLE:	NEURODEVELOPMENTAL PATHWAY: PROPOSED NEW MODEL
REPORT AUTHOR:	LORNA QUIGLEY, ASSOCIATE DIRECTOR OF QUALITY & SAFETY IMPROVEMENT, NHS CHESHIRE AND MERSEYSIDE
MEETING DATE:	21ST MAY 2024

1. REPORT SUMMARY

As part of the Written Statement of Action transformational work has been undertaken to review and analyse current practices and arrangements in addition to coproducing a new model which aligns to the NHS England, Autism guidance (2023) and best practice models across Cheshire & Merseyside.

The purpose of this report is to inform the Local Area SEND Partnership Board of the key issues and challenges the Local Area faces, the steps that have been undertaken to in the development of the new model and the timescales to implementation.

2. RECOMMENDATION/S TO BOARD

The Local Area SEND Partnership Board is recommended to:

- (i) Acknowledge the partnership work that has been undertaken to-date to co-design the new model
- (ii) Note the timescales for implementation
- (iii) Note the risks and issues associated with the neurodevelopmental pathway as described in the risk register (R0001).

3. BACKGROUND INFORMATION/CONTENT

3.1 Wirral is an outlier for neurodiversity diagnostic rates for both ADHD (Attention Deficit and Hyperactivity Disorder) and ASD (Autistic Spectrum Disorder) nationally and across Cheshire & Merseyside (table 1). There has also been a significant increase in referrals for diagnostic services since 2019 (table 2). This demand, post Covid has exposed the fragility of some of the services and the complexity of pathways and processes which is impacting people's experiences and delays in assessments, provision and support in addition to organisations statutory functions.

3.2 To support the development of the new model, a review of the current pathway was undertaken and benchmarked against national guidance (NICE) and strategies (All Age Autism Strategy). A review of good practice from other areas and extensive consultation and engagement with partners and stakeholders, through workshops and meetings. This was underpinned by intelligence and data analysis to understand what is driving demand and future requirements.

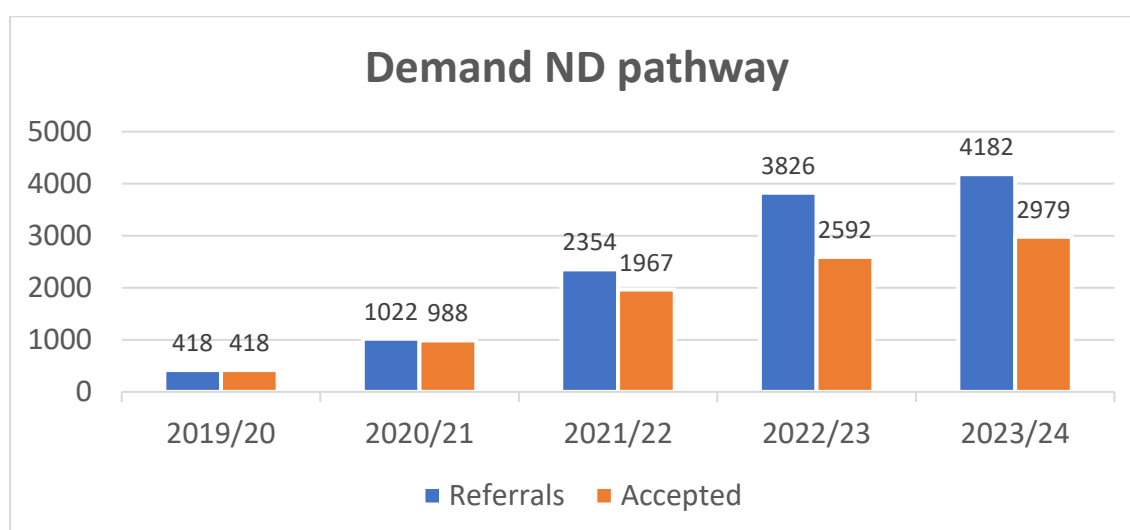
Table 1

ND Conditions (ADHD or Autism) Prevalence by Age Band (CIPHA) 
Cheshire and Merseyside

ICB Place	AGE 0-17 % Prevalence	AGE 18-25 % Prevalence	AGE 26+ % Prevalence	All Ages % Prevalence
NHS Cheshire and Merseyside ICB - 01F Halton	3.96	4.37	0.94	1.86
NHS Cheshire and Merseyside ICB - 12F Wirral	5.63	8.21	1.44	2.80
NHS Cheshire and Merseyside ICB - 01X St Helens	3.05	5.23	0.91	1.68
NHS Cheshire and Merseyside ICB - 02E Warrington	2.35	3.32	0.56	1.14
NHS Cheshire and Merseyside ICB - 27D Cheshire	1.78	2.27	0.37	0.78
NHS Cheshire and Merseyside ICB - 01J Knowsley	4.46	3.38	0.67	1.71
NHS Cheshire and Merseyside ICB - 01T South Sefton	4.62	5.75	0.93	2.04
NHS Cheshire and Merseyside ICB - 01V Southport & Formby	4.31	5.09	0.78	1.70
NHS Cheshire and Merseyside ICB - 99A Liverpool	3.81	3.20	0.93	1.77
NHS Cheshire and Merseyside ICB CIPHA Average	3.59	4.26	0.85	1.71

- Significant variation across C&M Places
- Wirral an outlier for all age bands analysed
- Analysis looks at ADHD or Autism (where a CYP is diagnosed with both conditions they will only count once)

Table 2



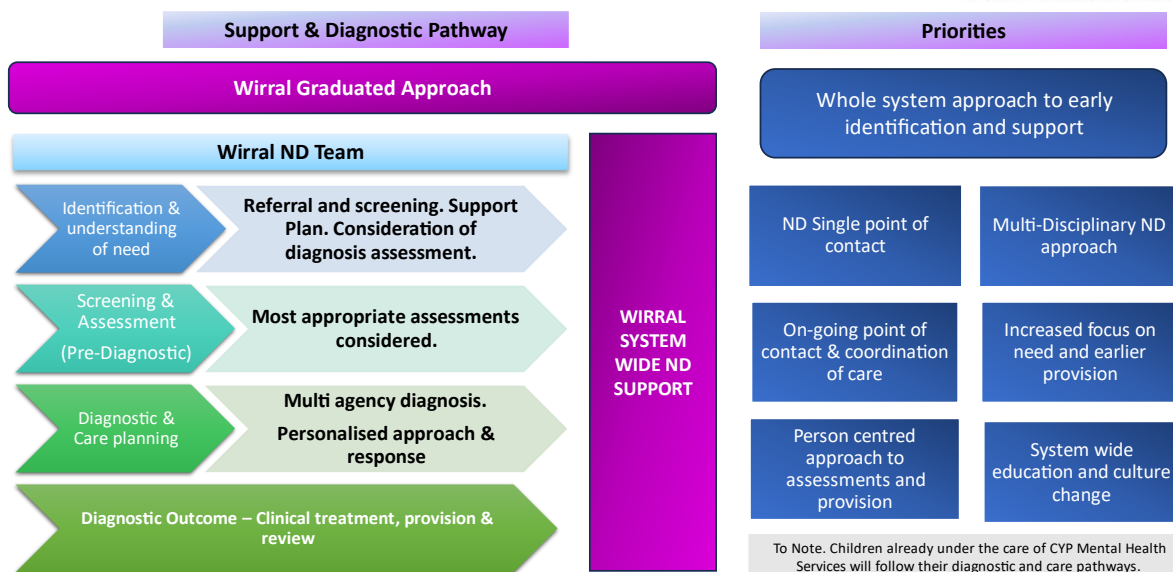
- 3.3 The review of the current pathway demonstrated an over reliance on the 0- 19 service and the Speech and Language service in completing assessments prior to diagnosis, this additional step is not in line with the All-age Autism strategy which recommends an MDT approach.
- 3.4 Through the engagement events parents and carers have feedback a poor experience:
- Long waiting times with little or no support
 - Poor communication and progress updates – no coordination
 - Lack of clarity around who to contact whilst on the pathway
 - Challenges around starting the pathway
 - After waiting years for a diagnosis receiving no support at the end

3.5 IMPROVEMENTS

- 3.5.1 During the review period, improvements have been made and different ways of working tested which has contributed to the development of the new model:
- **Graduated approach.** The alignment of referral processes and available support is now contained within the school's graduated model. The intention to develop a consistent approach with timely and effective support and diagnosis.
 - **Pre-assessment checklist** (pilot with 12 primary schools) – to assist in identifying concerns whilst also giving strategies to support immediately.
 - **Telephone advice line** – via the 0-19 Duty Line. Feedback 100% positive
 - **ND Clinic Pilot** – Specialist nurse and school nurse assistant – 1 per week from Jan 23. Feedback 100% positive
 - **Family Toolbox** - Comprehensive information has been collated and presented on Family Toolbox for reference and easy access by families.
 - **MDT triage pilot** - Findings highlighted the importance of the triage process in taking a personalised approach to meeting need and utilising a panel for more complex diagnosis post assessment.

3.6 The New Model

- 3.6.1 This focusses on the need for support pre and post diagnosis through the implementation of the graduated response. Table 3 describes the principles of the approach.



3.6.2 The new model will:

- **Screen & Triage**
 - Provide multi-disciplinary triage of referrals for diagnostics.
 - Screen referrals for advice and support clinics and diagnostic pathway
 - Signpost to most appropriate care and support.
 - Prioritise need accordingly.
- **Coordinate appropriate assessments.**
 - Coordinate assessments required to support diagnosis.
 - Consider assessments required based on presenting need
 - Ensure family and carers are informed on progress and outcomes of the diagnostic process.
- **Diagnose accordingly.**
 - Provide ADHD nurse diagnosis for non-complex ADHD.
 - Coordinate assessments and readiness for diagnosis.
 - Co-ordinate and provide multi-disciplinary panels for the diagnosis of neurodevelopment conditions.
 - Develop care plan including review processes and medication arrangements.
- **Educate and support.**
 - Provide advice and support clinics for parents and carers.
 - Offer training & education to schools and wider system partners
 - Engage with schools to ensure graduated approach is followed and to advise on early support and reasonable adjustments.

3.6.3 This will address the feedback that has been during the engagement events, in addition to providing a model based on good practice.

3.7 IMPLEMENTATION

3.7.1 To achieve this model several key areas, need to be addressed and implemented:

- Referral and triage pathways
- Assessment and Diagnostic process
- Early Help and support
- Manage Current waiting lists. Work has commenced with the provider in establishing recovery trajectories for Speech and Language Therapy, progress against these trajectories will be tracked through contractual processes.

3.7.2 It is expected the model will be implemented in Q2 2024.

4. FINANCIAL IMPLICATIONS

4.1 There are several areas identified within the model that will have financial implications. This includes resource being reallocated between providers. Additional funding requirements have been included within the 2024/25 business planning cycle which is currently underway. Risks or issues for resourcing implications will be escalated to the Local Area SEND Partnership Board if these are unable to be managed within organisational leadership structures and processes.

5. LEGAL IMPLICATIONS

5.1 SEND is a Statutory function of both the NHS and Local Authority and are set out in within the SEND code of Practice 2021.

6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are resource implications within several services who are critical to the success of the new model. This relates to recruitment and retention of staff in addition to training to build capacity to meet the demand. These issues have been identified within the business cases that have been produced for the relevant section of the pathway.

7. RELEVANT RISKS

7.1 Operational risk is being managed through the SEND Continuous Improvement Subgroup.

7.2 There are interdependencies relating to the implementation of the model including NHS Trusts agreeing to work collaboratively to ensure service change and schools implementing the graduated approach to support managing demand.

8. ENGAGEMENT/CONSULTATION

8.1 Extensive stakeholder consultation and engagement has taken place to develop the model through a series of workshops and presentations, this has included:

- Patient experience survey
- SEND Transformation and Strategic Boards
- Quality & Performance Group
- Parent Carer Forum
- GP Network
- SENCO Summit
- Head Teachers forums
- SEND Health providers group
- SEND Joint Commissioning Forum

9. APPENDICES

None

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LOCAL AREA SEND PARTNERSHIP BOARD

REPORT TITLE:	SPEECH AND LANGUAGE SERVICE RECOVERY PLAN
REPORT AUTHOR:	LORNA QUIGLEY, ASSOCIATE DIRECTOR OF QUALITY & SAFETY IMPROVEMENT, NHS CHESHIRE AND MERSEYSIDE
MEETING DATE:	21ST MAY 2024

1. REPORT SUMMARY

The purpose of this report is to inform the Local Area SEND Partnership Board of the key issues affecting the waiting times for Speech and Language Therapy and the current waiting times.

The report also details the proposed recovery plan, with timescales and resources required to achieve national and local requirements.

2. RECOMMENDATION/S TO BOARD

The Local Area SEND Partnership Board are recommended to:

- (i) Note the report
- (ii) Approve the Recovery Plan and its associated trajectories.

3. BACKGROUND INFORMATION/CONTENT

- 3.1 The WSoA produced in response to the Ofsted and CQC Local Area SEND Inspection (2021) identified joint commissioning as a weakness with specific concerns over waiting times for the specialist speech and language service.
- 3.2 Since then, joint work has been undertaken to address the issues identified within the inspection including a wider system response to speech and language. This resulted in engagement with a wide number of stakeholders from universal to specialist provision and the adoption of a 'balanced system' approach deemed as national best practice.
- 3.3 The Balanced System approach was developed by M.T. Gascoigne in 2012, it is a strategic, outcome based, whole system framework (fig1). It is devised to provide a practical, holistic way of meeting the needs of children and young people with speech, language, and communication needs by promoting an integrated approach to delivering outcomes supported by investment in training and development across the workforce and a consistent use of evidence-based resources and interventions.

- 3.4 Work over the last 12 months has brought professionals together as a steering group to design the new model and to identify key themes for future collaboration. Key principles of the model are to:
- Ensure processes are in place for the earliest identification of children with speech, language, and communication needs.
 - Reduce waiting times for specialist or targeted interventions for children most in need and reduce inappropriate referrals through a clear pathway approach.
 - Strengthen KPI's and data to inform system development, identifying future needs and key risk factors.
 - Interface with the Neurodevelopment and EHCP assessment process appropriately, adding value to assessments.

3.5 CURRENT DEMAND

3.5.1 Current Caseload*¹ (May 2024)

There are currently 4474 children on Childrens speech and Language caseload, of which 1476 are awaiting an initial assessment and 2998 Children are awaiting a follow appointment.

The Initial Assessments can be broken down into clinical areas as follows:

ND Pathway	541
Communication	842
Dysphagia	1
EHCP	30
Children with appointments booked	62
Total	1476

3.5.2 Waiting times for Initial Assessments

0-2 weeks	2-4 weeks	4-6 weeks	6-8 weeks	8-10 weeks	10-12 weeks	12-14 weeks ***KPI 13 weeks	14-16 weeks	16-18 weeks	18-31 Weeks	31-51 Weeks	51-64 Weeks	65+ Weeks
107	55	58	87	50	48	61	56	39	302	364	159	90

Numbers include those who may have DNA an appointment and are awaiting a further appointment and awaiting further information from [SENCO](#)

3.5.3 Follow up Appointments:

Children who have has an initial appointment are likely to require a follow up or several follow up appointments. The follow ups are broken down into clinical areas as follows:

¹ * Current caseload is referrals to NHS SaLT provider and does not include any referrals to private providers.

ND Pathway	0 (ND pathway referrals are for assessment only)
Communication	1548
Dysphagia	39
EHCP	613
Other (including booked appointments, specialist caseload e.g. hearing impairment and children requiring further clinical discussion)	799
Total	2999

3.6 RECOVERY ACTION

The specialist Service has over the past year worked on a recovery plan that contained a series of remedial actions.

3.6.1 PILOTS/ DIFFERENT WAYS OF WORKING

3.6.1.1 A triage pilot took place in schools for those children awaiting an assessment for the ND pathway. Data demonstrates approximately a third of referrals were diverted away from the service. One school had 141 referrals, 35 were discharged with consent from parents/carers, 38 indicated a primary social communication need and did not require further assessment with a therapist, 34 have been seen by a therapist for further assessment but from these, 25 did not need any ongoing intervention. This evidences that a proportion of children did not need to be referred to the specialist service.

3.6.1.2 The specialist service are seeing children in Children's Centre's rather than clinical settings thereby being able to increase the numbers seen. The quality of assessment information gathered through these has been much better than 1:1 clinic session as children are enabled to demonstrate their true strengths and needs. This has been favourably received by parent's and feedback is that they perceived this to be a more realistic assessment. Other consultation methods have been via telephone or video conferencing where appropriate.

3.6.1.3 The specialist service involvement in the improvement work for the ND pathway has seen a different approach to carrying out SaLT assessments. This has seen a reduction in the number of assessments required by the Service. The continued improvements of the pathway with the introduction of a multi-disciplinary function in the pathway coupled with aligning referrals to the graduated approach gives clarity to the role of the specialist service and see a continued reduction in need for assessments.

3.6.2 REVIEW

3.6.2.1 Waiting lists have been reviewed for deterioration to reduce risks and ensure appropriate referrals and increased efforts to reduce non-attendance (DNAs).

3.6.2.2 Review of caseloads to ensure children are discharged appropriately and discharge reports are being shared with schools. SEND caseworkers also receive them so EHCPs can be updated at annual review.

3.6.2.3 Review of allocation of therapist based on clinical need with assistant therapists as named link workers for clusters of primary schools. Review of skill mix, and staffing structure has seen success in recruitment. The team are now fully staffed and are making use of apprenticeships. They are also utilising agency support to maximise short term funding.

3.6.3 REFERRAL

3.6.3.1 The new schools graduated approach has presented an opportunity for the SaLT specialist service to align the referral process across the approach ensuring referrals are received in a timely way accompanied by supporting evidence and this will begin to better manage the flow of appropriate referrals into the specialist service.

3.6.4 UNIVERSAL/TARGETED APPROACHES

3.6.4.1 As part of the WSoA, a Joint Strategic Needs Assessment (JSNA) was developed to better understand the health and wellbeing needs of Wirral CYP with SEND.

- This demonstrated the most common Primary Need amongst pupils with SEND in an education setting on Wirral is Social, Emotional and Mental Health, accounting for 27.7% of all Primary Needs, followed by Speech, Language and Communication needs, accounting for 20.7%.
- For pupils under 5 and identified as having SEND in an education setting on Wirral, the most common Primary Needs is Speech, Language and Communication needs, with this Primary Need accounting for 60.4% of all Primary Needs. This mirrors the national picture of 58%.

3.6.4.2 The graduated approach has provided a much-needed framework to support schools and services to develop a staged approach to interventions. This is however dependent upon the inclusivity of schools and the resources for training and interventions. The graduated approach will take time to embed both in Early Years and Primary settings.

3.7 WAY FORWARD

3.7.1 DELIVERING BETTER VALUE

3.7.1.1 The DFE Delivering Better Value (DBV) Programme aims to support local authorities and their partners to improve the delivery of SEND whilst working towards financial stability. Consultation with a range of stakeholders has resulted in a workstream focused on evidencing and reviewing health therapies within the

graduated approach. The successful bid will see an allocation of approximately of £200k over the next year (April 2024 – March 2025) to test alternative ways of working and delivering health interventions supporting both speech and language and the Neurodevelopment pathway to enable support at the earliest opportunity to prevent unnecessary escalation to specialist services.

3.7.1.2 Additional funding will be aligned from the Early Years Special Education Needs Inclusion Fund (SENIF) aimed at supporting early years settings to meet children’s needs over and above what they ordinarily provide. This has seen an increase in resource to broaden reach to 2-year-olds in nursery settings and a remodelled approach will see investment in support and training to Early Years settings.

3.7.1.3 Equally the Early Years Professional Development fund will be maximized to invest in the screening tools required by professionals to carry out assessments. This funding has previously been used to train speech and language champions to deliver training and support settings to attain communication friendly setting accreditation. The champions will continue to be utilised to support ongoing work with settings.

3.7.1.4 There is a real opportunity within the universal early years settings to combine resources to maximise benefits and strengthen the offer.

3.7.2 BALANCED SYSTEM

The overall vision of the balanced system approach is to ensure a consistent approach to screening, assessment, training, and interventions in inclusive settings. The graduated approach is to ensure a seamless flowthrough to specialist services. It is intended as part of the work to ensure capacity within the specialist service to reach down and provide consultation and advice to professionals and settings and to support early years and primary schools with identifying children needing a more targeted approach or specialist intervention.

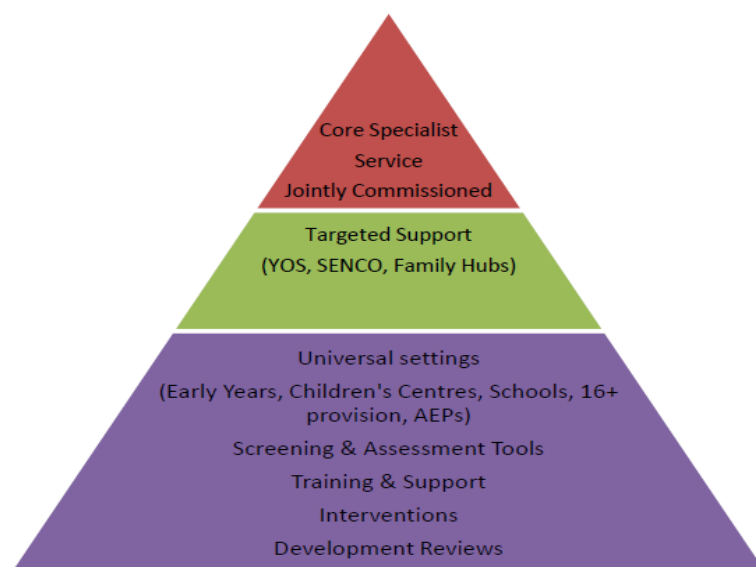


Fig 1 Balanced System Model (Wirral)

3.7.2.1 The Speech and Language Therapy Service have been fully engaged within this work; and are being innovative to support more effective working to manage backlog and referrals coming in. However, with an increasing complexity of referrals and demand out stripping current service capacity additional support is required in the interim to clear the backlog which will support the implementation of the Neurodevelopmental pathway and EHCP process.

3.7.3 RECOVERY TRAJECTORIES

Trajectories have been set with the provider in line with the NHS operational planning guidance which states that waits for children’s Speech and therapy services are to be under 52 weeks by March 2025. To comply with this guidance and beyond the following additional resource is required:

4 X Band 6 (Qualified Therapists). This is predicated on the following analysis:

Area of focus	Resource required	Breakdown	Outcome
Initial assessments	1 FTE ² (Band 6)	4 appointments per day/14 weeks	Reduction waiting time to 52 weeks
Initial assessments	1 FTE (Band 6)	4 appointments per day/33 weeks	Reduction waiting times between 18 to 51 weeks
All initial waits	1 FTE (Band 6)	28.2 weeks	All initial waits cleared
Review appointments	1 FTE (Band 6) or 3 FTE (band 6)	4 appointments per day/5 days per week/150 weeks 50 weeks	Review backlog cleared

4. FINANCIAL IMPLICATIONS

4.1 Currently the specialist service is jointly funded with a 19% versus 81% split (£768,616 NHS, £178,000 LA). Originally the contribution from the Local Authority was seen as a contribution to the work around EHCPs however the remodel of the team has seen the funding allocation subsumed into the overall budget and distributed according to service priorities and needs.

² FTE – Full-time equivalent

- 4.2 To achieve these trajectories and reduce the waiting times a further investment of circa £250,000 is required. Based on the previous funding ratio, the following resource would be required from each agency: £200,000 NHS and £50,000 LA. This is a short term non recurrent funding request due to the opportunity within the DBV programme to pilot and test alternative delivery models that will support the whole system and reduce referrals into the specialist service over time.

5. LEGAL IMPLICATIONS

- 5.1 SEND is a Statutory function of both the NHS and Local Authority as set out in the SEND code of Practice 2020 and contained within the Children and Families Act 2014.

6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Additional staff will be required to undertake this work. Locum staff can be sourced if recruitment is problematic.

7. RELEVANT RISKS

- 7.1 Despite the improvement activity that has taken place there is still significant progress to be made in decreasing waiting times.
- 7.2 There is also a risk of specialist service delivery of provision in EHCPs as there are a significant number of plans where children are waiting for provision to be delivered. Consequently, schools are purchasing their own provision from private SaLT providers. The Local Authority SEND Commissioning team report an additional spend of £39,000 this financial year.
- 7.3 Some risks have been identified by not clearing the backlog will impact on R0001 and the development of the Neurodevelopmental model. There will be a short-term pressure on commissioning and operational budgets.

8. ENGAGEMENT/CONSULTATION

- 8.1 The recovery plan has been informed by existing service improvement plans, outstanding actions from the 2021 WSoA and feedback from families and partners.

9. APPENDICES

None

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LOCAL AREA SEND PARTNERSHIP BOARD

REPORT TITLE:	RISK REGISTER
REPORT AUTHOR:	MELISSA BERRY, PROGRAMME MANAGER, LAW AND CORPORATE SERVICES, WIRRAL COUNCIL
MEETING DATE:	21ST MAY 2024

1. REPORT SUMMARY

This report provides an overview of the risks and issues identified in the Local Area SEND Partnership along with mitigating actions identified to reduce both their likelihood and impact.

The report represents the baseline, following direction from the Local Area SEND Partnership Board meeting of 29th April 2024, to reset the risk register with moderation of the approach across agencies. The risk register has been developed in collaboration with senior leaders and will be presented at each meeting.

Operational risks and issues are managed within service level risk registers.

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

- 3.1 The Executive Group have identified 10 key strategic risks to the delivery of a system-wide approach to improving and effectively delivering SEND support and services.

Level of risk identified	Number of risks identified
High risk	9
Medium risk	1
Low risk	0

3.2 Whilst mitigating actions are in place to reduce the likelihood and impact of the identified events happening, the Executive Group acknowledges that progress within these mitigating actions cannot yet be evidenced. On that basis the group has concluded that we cannot determine whether our mitigation is robust enough and therefore seeks to maintain the high-risk rating provided for the next three months.

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

Date Risk Identified (dd/mm/yy)	Programme Name	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
01/05/2024	SEND Transformation Programme	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 and will be presented to the Local Area SEND Partnership board in May. The recovery plan will seek to manage current backlog and mitigate against increased demand. A new model for service provision has been developed, with a view to implement from May 2024 onwards.	Loma Quigley	4	4	16	Red
01/05/2024	SEND Transformation Programme	SCP008	R0002	Education - Access to provision and sufficiency planning: Risk of increased demand within special schools and mainstream schools with resourced provision.	4	4	16	Red	People	Elizabeth Hartley	A co-produced Sufficiency Strategy is currently under development and has been shared with the SEND Sufficiency Group and the Strategic Performance Group. 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	4	4	16	Red
01/05/2024	SEND Transformation Programme	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. This is linked to the first 3 initiatives of DBV and linked to the timeframes within the DBV delivery plan.	James Backhouse	4	4	16	Red
01/05/2024	SEND Transformation Programme	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. Inductions are scheduled for 10th May and 12th June.	Elizabeth Hartley	4	3	12	Amber

01/05/2024	SEND Transformation Programme	SCP008	R0005	Education - Statutory override: At the end of the financial year 25/26 the statutory override will become the financial responsibility of the local authority. Should there be any overspend of the DSG, councils will have to cover the short fall.	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 children's needs being met at an appropriate level, the DBV programme has a DSG financial management plan attached to the delivery programme. This will be overseen by the schools forum.	James Backhouse	3	4	12	Red
01/05/2024	SEND Transformation Programme	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. Increased strategic oversight and direction through increased reporting measures to CYPE DMT on a fortnightly basis commencing May 2024.	Tricia Thomas	3	4	12	Red
01/05/2024	SEND Transformation Programme	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	4	4	16	Red
01/05/2024	SEND Transformation Programme	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
01/05/2024	SEND Transformation Programme	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 and will be presented to the Local Area SEND Partnership board in May. The recovery plan will seek to manage current backlog and mitigate against increased demand. A new model for service provision has been developed, with a view to implement from May 2024 onwards.	Lorna Quigley	4	4	16	Red
01/05/2024	SEND Transformation Programme	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 increased demand. 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