



Special Education Needs & Disabilities (SEND) Inspection Revisit Outcome

For consideration by:
Children, Young people and Education Scrutiny Commission
Date: 2 September 2021
Lead director: Martin Samuels

Useful information

- Ward(s) affected: All
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- Report version number: 1

1. Summary

This report sets out the findings of the May 2021 Special Educational Needs and Disabilities (SEND) inspection revisit. It outlines what is required of the local area to continue to make improvements to support children and young people with special educational needs and/or disabilities.

In 2018, the Local Area (partners across Leicester: Local Authority, Health, Education and the Parent Carer Forum) received an inspection of the SEND local offer. The local offer sets out the support and services provided by the partners to children and young people with SEND in Leicester.

The 2018 inspection found that there were five areas of weakness:

- Area 1 - The lack of strategic planning to improve the outcomes for children and young people who have SEN and/or disabilities
- Area 2 - The poor quality of EHC Plans
- Area 3 - The assessment of children and young people's social care needs
- Area 4 - The lack of joint commissioning of services to support young people's health needs post 19
- Area 5 - The disjointed approach to the preparation for adulthood

The Local Area partners were required to produce a plan called the Written Statement of Action (WSOA) to set out how we intended to address those areas of weakness. The Department for Education (DfE) and NHS England also assigned advisors to support and challenge improvements.

During 2020, inspections were suspended due to the pandemic and resumed in April 2021. Our Local Area was subject to a SEND revisit between 4 and 7 May 2021. The inspection was carried out remotely.

During the SEND revisit, Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority and National Health Service (NHS) officers. They spoke to leaders, managers and staff from Leicester for education, health and social care about implementing the disability and special educational needs reforms.

Inspectors looked at a wide range of information about the performance of the local area partnership, including Leicester's self-evaluation of actions in relation to the WSoA. They reviewed quality and performance data, evidence about the local offer, joint commissioning and dip sampled 80 Education, Health and Care plans (EHCP's). The EHCPs detail the support requirements for individual children and young people.

Inspectors fed back to the local area that throughout their conversations and meetings with lots of different stakeholders, that there is a tangible pride and enthusiasm to work in Leicester city and that there is a shared ethos and vision for SEND by schools and education.

Inspectors commented that since the 2018 inspection, there have been significant changes to leadership of the local area. Leadership is now stable, with leaders across

education, health and social care services working well together. They now have a shared and ambitious vision for children and young people with SEND in Leicester. See appendix 1 for a visual overview of the SEND improvement journey since 2018.

As a result of the SEND revisit, Her Majesty's Chief Inspector (HMCI) and Care Quality Care (CQC) inspectors found **4 of the 5 areas** of weakness **had made sufficient** progress. Area 4 has not made sufficient progress. See appendix 2 for their published findings.

Following their findings, the local area was required to produce a plan to address the insufficient progress made in Joint Commissioning of Health needs post 19. The plan, called the Accelerated Progress Plan (APP) sets out the actions, evidence and impact expected to be achieved in 3-month milestones. See appendix 3 for the Accelerated Progress Plan approved by the DfE. See appendix 4 for the DfE approval of the Accelerated Progress Plan. It should be noted that NHS colleagues are leading on the APP, as the majority of improvements relate to health improvements.

The DfE and NHS England will call a six month review formal meeting in January 2022 in order to gain assurance that the actions undertaken have had the expected positive impact on outcomes for young people with SEND and their families.

The Local area continues to make wider improvements in Transforming SEND in Leicester City and these are set out in the Local Area SEND Transformation plan and the SEND Division's 3-year Strategy.

The SEND review will also be taken into consideration as part of the evidence base for the Ofsted Inspection of Local Authority Children's Services (ILACS), which is anticipated in the Autumn for the City.

2. Recommended actions/decision

The Children, Young People & Education Scrutiny Commission are asked to note the following and to provide feedback/comment

- a) The outcome of the revisit as detailed at Appendix 2.
- b) The approved Accelerated Action Plan, which sets out the improvements required for Area 4 - joint commissioning of services to support health needs post 19 as detailed at Appendix 3.
- c) The Regional DfE and NHS SEND advisors will monitor and challenge progress of the APP. They will report to the DfE on our progress at the end of December 2021 and again in June 2022.

Scrutiny Commission to note the outcome of this revisit has an impact on the Ofsted Inspection of Local Authority Children's Services (ILACS):

- In 2017, Leicester City Council Children's Services received an overall "Requires Improvement" judgement from Ofsted and we are overdue a re-inspection under the ILACS framework. Ofsted would generally bring forward inspections of the local authority if they had concerns about the area. The outcome of the SEND revisit has likely had a positive impact on the timing and focus of the inspection.
- Although the next Leicester City ILACS inspection is an un-announced inspection and therefore the inspection date cannot be predicted, we anticipate re-inspection in autumn 2021.

3. Scrutiny / stakeholder engagement

During the SEND revisit, Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority and National Health Service (NHS) officers and the SEND Improvement Board members.

An online survey was made available to parents and carers in the week before the revisit and 209 responses were received and this informed the inspectors' revisit evaluation.

They spoke to leaders, managers and staff in Leicester from education, health, public health and social care about implementing the disability and special educational needs reforms.

Inspectors looked at a wide range of information about the performance of the local area partnership, including Leicester's self-evaluation of actions in relation to the WSoA. They reviewed quality and performance data, evidence about the local offer, joint commissioning and dip sampled 80 Education, Health and Care plans.

4. Background

As a result of the findings of the **June 2018** Special Educational Needs and Disabilities (SEND) **inspection** and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action (WSoA) was required to address significant areas of weakness in the our local area practice.

The WSoA, submitted by the local area partners, was the plan to address the five areas of weaknesses identified at the inspection. The local authority and the clinical commissioning group (CCG) were jointly responsible for submitting the written statement of action to Ofsted. It was declared fit for purpose on 25 September 2018.

Since 2018:

- the SEND Improvement Board (SENDIB) has been responsible for driving improvement and overseeing progress in relation to the WSoA, with strategic leads connected to Health and Wellbeing and Joint Commissioning Boards.
- The SENDIB was reviewed in early 2020. With new membership and chaired by the Deputy Director of Nursing from the CCG, the SENDIB robustly challenged progress and was a key driver in increasing the pace of improvement. A summary of the SEND improvement journey can be found in appendix 1.
- The vision is owned by partners and is a significant improvement from 2018. There is a shared SEND local area strategy and plan to transform the SEND agenda in Leicester City. A Leicester City, Leicestershire and Rutland joint commissioning strategy will also drive forward commissioning to meet the needs of children and young people.
- The pace of improvement accelerated in the 2020, despite Covid disruption with for example:
 - A significant investment in the SEND service and across health partners
 - The inclusion agenda and the expansion of the Dedicated Special Provision across mainstream schools.
 - Personal transport budgets promoted to support parent carer choices.
- The rise in demand for Education, Health, Care Plan's (EHCP's) assessments has continued from the latter half of 2019 and in 2020 this had an impact on the timeliness and improvement in quality of EHCP's and their annual reviews. An investment in capacity in the SEND Special Education Service enabled the service to address the backlog of assessments and to reconfigure the service to better meet increasing demand. The continued rise in the demand for EHCP's in 2021

means that further investment is being considered to process assessments and annual reviews.

The local area partnership has had and continues to have frequent meetings with the Regional DfE SEND and NHS SEND advisors who challenge progress, impact and sustainability of actions. They have supported and continue to support the improvement journey.

5. Financial, legal, equalities, climate emergency and other implications

5.1 Financial implications

There are no direct financial implications arising from this report.

The majority of SEN related expenditure is funded from the High Needs Block (HNB) of the Dedicated Schools Grant (DSG). Areas which by statute have to be funded by the local authority's general fund include home to school transport for SEN, Education Psychology service and the costs of assessing children and young people for EHCPs. In addition, primary schools de-delegate back to the local authority a proportion of their school budget to pay for the Behaviour Support service. These non HNB funded items amount to £11.9m (budget for 2021/22).

Those items funded by the HNB are split into direct placement costs, for example a place in a special school, together with indirect costs for support services. Details of these costs are included in Appendix 5 together with the HNB funding allocation from the DfE. Total forecast costs for the HNB in 2021/22 are £65.7m compared to a funding allocation of £60.1m, leaving a forecast deficit of £5.6m. HNB deficits are a national issue, with 2019/20 published data reporting total local authority net in-year overspends on HNB budgets of 10.8% of the funding allocations, or £593m. 138 out of 152 (91%) local authorities had an in-year overspend.

The LA has incurred in-year deficits in the HNB since 2015/16 as a result of continued growth in numbers of pupils with SEND. The incurring of deficits also coincided broadly with the replacement of statements of special educational need with EHCPs. Numbers of pupils with EHCPs has grown by 84% since 2016 (compared to a national increase of 68%). The DfE increased the overall national HNB funding in 2020/21 and 2021/22. This was part of a commitment to increase funding over a 3-year period, with the final increase in 2022/23. We have no information on the funding levels beyond 2022/23. The funding increases whilst welcome, have not kept pace with the ongoing increase in demand and therefore we have continued (and will continue) to incur deficits.

The DfE are looking at reviewing the national funding formula for the HNB but have stated that *'Numbers of EHC plans are not to be used as a robust indicator of underlying need because the way they are used varies considerably across local areas, and the number of plans is therefore not necessarily directly associated with the local authority's need to spend.'* It seems unlikely therefore that the DfE will alter their funding formula to reflect the main cost driver for the HNB, the number of EHCPs together with ensuring that EHCPs are consistent and of high quality.

The service continues working to manage the HNB expenditure – we have reviewed special school funding rates, will be consulting upon funding support for SEN within mainstream settings and we have expanded our dedicated specialist provision to provide cost effective placements. Nevertheless, the demand for SEN will remain a significant cost pressure for both the DSG and the general fund.

Martin Judson, Head of Finance.

5.2 Legal implications

There are no direct legal implications arising from the contents of this report.
Pretty Patel, Head of Law, Social Care & Safeguarding Tel. 0116 454 1457

5.3 Equalities implications

5.4 Climate Emergency implications

Following the city council's declaration of a Climate Emergency in 2019, and its aim to achieve carbon neutrality, addressing emissions from all areas of the city council's operations, including SEND, is vital. All areas of the council need to consider the carbon emissions relating to their operations and consider opportunities to reduce this impact. For example this could include promoting or encouraging the use of more sustainable and active travel by staff and service users, considering the energy efficiency of buildings and equipment and investigating opportunities to reduce emissions through commissioning, procurement and partnership activities.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Background information and other papers:

- Briefing to LMB and CMB leading up to the SEND revisit
- Link to SEND [Local Offer webpage](#)

7. Summary of appendices:

Appendix 1: Visual of SEND journey of improvement since 2018

Appendix 2: SEND revisit outcome letter from Ofsted and CQC

Appendix 3: Accelerated Progress Plan (APP) approved by DfE

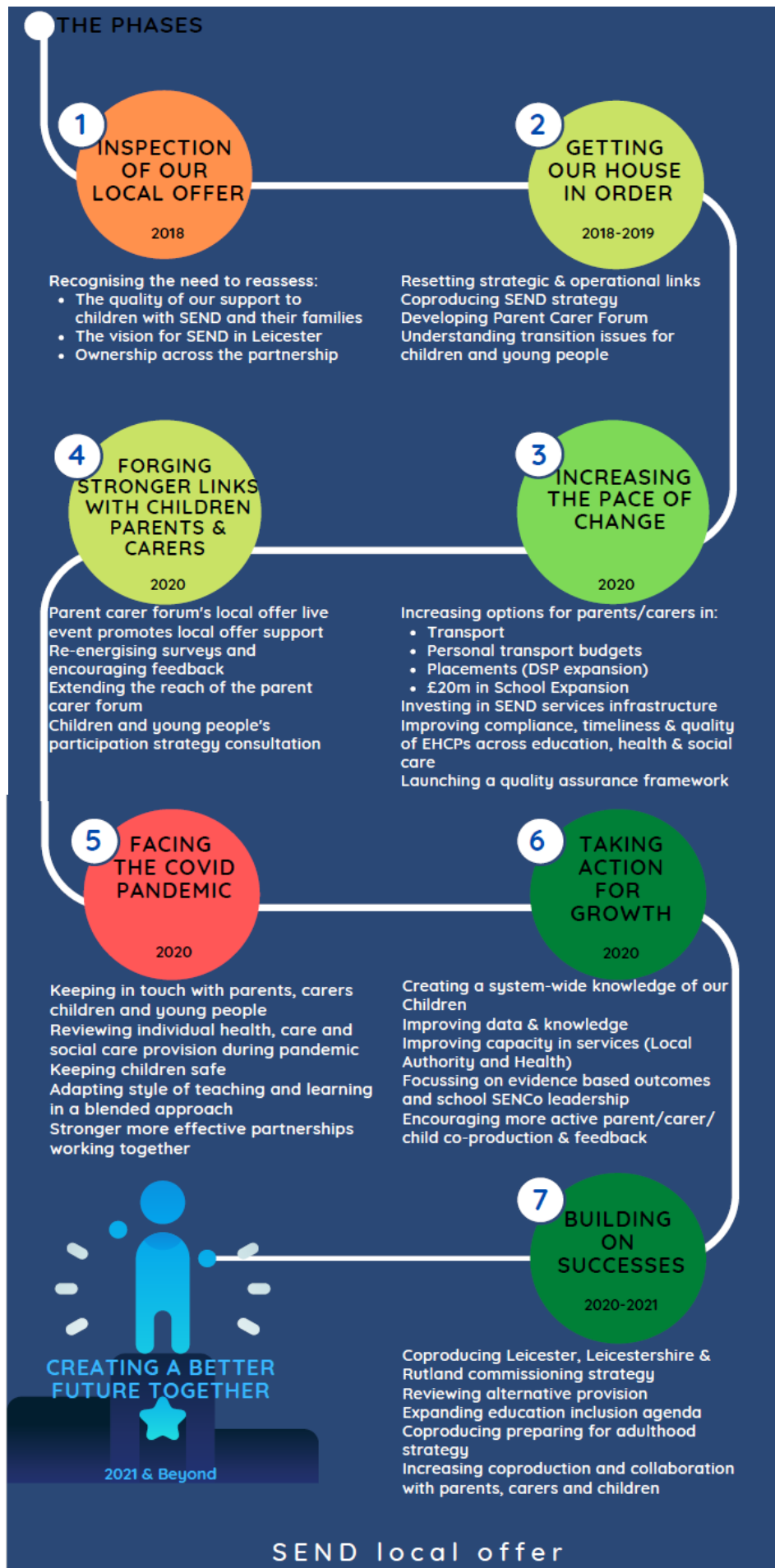
Appendix 4: DfE letter approving the Accelerated Progress Plan

Appendix 5: SEND and High Needs Block Expenditure

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)? No, this is not a private report

10. Is this a "key decision"? If so, why? No

Appendix 1 - Visual of SEND journey of improvement since 2018



15 June 2021

Martin Samuels

Strategic Director of Social Care and Education, Leicester City Council Leicester City Hall
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Floor 3, 115 Charles Street Leicester
LE1 1F

Chris West, Deputy Director of Nursing, Quality and Performance,
Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning
Groups

Jane Pierce, Acting Head of Children's Performance, Planning and
Transformation, Local Area Nominated Officer

Dear Mr Samuels and Ms West

Joint area SEND revisit in Leicester

Between 5 and 7 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Leicester to decide whether sufficient progress has been made in addressing each of the significant weaknesses detailed in the written statement of action (WSOA) issued on 18 June 2018.

As a result of the findings of the initial inspection in 2018 and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 25 September 2018.

The area has made sufficient progress in addressing four of the five significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness. This letter outlines the findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

The inspection was carried out remotely. Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority and National Health Service (NHS) officers. They spoke to

leaders, managers and staff from Leicester for education, health and social care about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation of their actions in relation to the WSOA. They reviewed performance data and evidence about the local offer and joint commissioning. 209 parents responded to our online survey.

Main findings

- The initial inspection found that there was:

'a lack of strategic planning to improve the outcomes for children and young people with SEND'.

Since the initial inspection, there have been significant changes to leadership of the local area. Leadership is now stable, with leaders across education, health and social care services working well together. They now have a shared and ambitious vision for children and young people with SEND in Leicester.

Leaders have put in place an improvement plan that they have co-produced and developed with parents, children and young people, and professionals from education, health and social care. The plan focuses on what leaders need to do to improve the outcomes for children and young people with SEND. A 'SEND improvement board' is in place to check how well leaders are bringing about these improvements. Leaders have increased the pace of improvement in the last 18 months.

Leaders have reviewed their plans for improvement to take into account the impact of the COVID-19 (coronavirus) pandemic on the different services available to children and young people with SEND. This has ensured that leaders have kept their focus on improving the provision at this time.

Education outcomes for all children and young people in Leicester remain low. Improvement work carried out in schools before the start of the pandemic helped to raise outcomes for children and young people with SEND. Leaders have ensured that staff have continued to receive training during the pandemic, so that they can continue to build on these early improvements. Leaders have acted to provide more places for children and young people with SEND in special and mainstream schools and colleges. They expect there to be new provision and more places available from September 2021.

Area leaders are not yet able to show how they have improved the health and social care outcomes of children and young people with SEND. However, leaders are now in a better place to focus on checking on their work to improve services and provision in the future.

Parents, children and young people with SEND who spoke with inspectors explained how they are beginning to experience the benefit of some of the actions taken by leaders to improve outcomes, including in relation to the improved education, health and care (EHC) plan assessment process. However, not all parents who responded to Ofsted's online survey shared this

view. A large majority of those who responded to the survey are not yet seeing improvements in the provision for their children. There is still a need to promote the local offer more widely with parents and for leaders to build the trust and confidence of the local community as they move forward with their co-produced plans to improve outcomes for children and young people with SEND.

The local area has made sufficient progress to improve this area of significant weakness.

- The initial inspection found that there were:

'poor quality EHC plans'.

Leaders have improved the quality of EHC plans. They have worked with professionals from education, health and social care to improve the way plans are set out and completed. Suggestions for improvements have been discussed and agreed with parents, children and young people. Members of the Leicester City parent and carer forum (LCPCF) act as 'critical friends' to give leaders support and challenge. They help leaders to improve the efficiency of the statutory assessment process and the quality of EHC plans.

There is a rigorous procedure in place to make sure that EHC plans are of good quality. Appropriate training is provided to professionals who contribute to the plans. The proportion of plans with health and social care assessments has increased. Contributions from health and social care professionals are now more evident in EHC plans. They receive draft copies of plans to check before the plans are completed. Electronic systems have been introduced to make sharing of assessments and EHC plans more efficient and ensure that annual reviews are timely.

EHC plans clearly capture the views, interests and aspirations of children and young people. Suggested support and strategies are clearly stated. The plans inspectors sampled contained appropriate details about children and young people. Most plans were appropriately focused on ambitious but achievable outcomes.

Parents, children and young people inspectors spoke with said that EHC plans provide an accurate reflection of the child or young person. A typical comment was, 'My EHC plan helps people to know who I am and what I need.' Professionals for education, health and social care told us that they are positive about the improved quality of EHC plans. The recent appointment of a review co-ordinator ensures that area leaders have good oversight of when each plan needs to be reviewed. However, some parents who responded to our online survey remain unconvinced about the quality of EHC plans. Leaders realise that there is still further work to do to ensure that all plans are of consistently high quality.

The local area has made sufficient progress to improve this area of significant weakness.

- The initial inspection found that:

'there was a lack of effective assessment of children and young people's social care needs'.

At the time of the initial inspection, there was a high turnover of social care staff. There is now a comprehensive strategy to support staff recruitment and retention. This includes links with a local university and a social care apprenticeship offer. Social care teams have been restructured to work more effectively together. Staff told us that there is a renewed sense of purpose and culture of learning. They say that the service is now focused on driving forward improvements for children and young people with SEND.

Strong partnerships have been developed between social care, education and health services. Leaders for social care are engaging more widely with working groups across all sectors to support families in the local area. For example, the principal educational psychologist is working closely with Connexions to support young people in the youth justice system. The 'corporate parenting board' for children looked after is working with health services and colleges to support young people with SEND to move into further education.

Social care professionals often attend LCPCF meetings and are engaging more effectively with parents, children and young people. These activities are helping to shape and drive improvements to the wider early help and social care offer for children and young people with SEND.

The implementation of 'strength based' assessments has improved the social care and early help offer within Leicester. Extra training and resources have been supplied for lead professionals working in schools to carry out joint meetings to assess early help and EHC plans.

Social care assessments are now routinely offered to all children and young people with an EHC plan. If this offer is not taken up, plans include a link to the social care section on the local offer website where families can find information about wider social care support in the future, should they change their mind. Social care assessments are reoffered at every annual review.

There is a robust procedure to check the quality of social care assessments and contributions to EHC plans. This process helps leaders to keep track of the number of children and young people with SEND who contact social care for advice and support. There is an effective system to identify and support children and young people who contact social care and have an EHC plan.

Despite improvements, some parents do not understand the purpose of a social care assessment. Leaders are aware that social care assessments can be concerning and misunderstood by some parents. Social care staff are working with the LCPCF and members of the Special Education Service to help parents understand the purpose of this offer and how it can help their children.

The local area has made sufficient progress to improve this area of significant weakness.

- The initial inspection found that there was:

'a lack of joint commissioning of services to support young people's health needs post-19'.

Leaders recognise that their work to remedy this weakness has not been rapid enough until more recently. Leaders have now developed a joint commissioning strategy which sets out a clear direction for the local area. It identifies appropriate actions to support young people to move into adulthood in the future. However, the joint commissioning strategy is in draft format and has not been implemented. There is little evidence of effective progress with arrangements for joint commissioning to support young people with SEND to move from children's services to adult services. Leaders have plans in place to implement the joint commissioning strategy in the near future.

Health leaders have strengthened partnerships across the local area. Partners are now in a good position to bring about improvements for children and young people with SEND through the joint commissioning of resources and services.

There are some measures to support young people to transfer from children's services to adult services which are having a positive impact. For example, care navigators help young people to find the right support, resources and provision to prepare them for education, employment or training. There is a digital mental health resource to support young people attending university. This offer is to be expanded more widely. Leaders are also expanding the current mental health offer for schools and colleges to meet the increasing needs of young people, particularly those with SEND.

The local area has not made sufficient progress to improve this area of significant weakness.

- The initial inspection found that there was:

'a disjointed approach to the preparation for adulthood'.

There is now a coordinated and collaborative approach to this area. Education, health and social care professionals help children with SEND to start preparing for adulthood from 13 years of age. Leaders aim for all EHC plans to include outcomes which are focused on preparing children for adulthood from Year 9.

The 'Preparation for Adulthood' strategy has been co-produced. It is linked to the economic regeneration in Leicester to ensure that there is a strong offer for young people with SEND, when they leave school. There is a focus on creating opportunities for employment for young people. Local authority leaders have supported schools and colleges to set up effective links with training providers and potential employers.

The proportion of young people with SEND who are not in education, employment or training has decreased since the initial inspection. Area leaders

closely check the destinations of young people when they leave school. They offer young people support with education, health, social care, employment, housing, and inclusion within the community.

School and college leaders work closely with the local authority to ensure that young people with SEND are supported into education, employment or training. Despite the negative consequences of the pandemic, leaders are confident in their strategy. They are working flexibly to help young people make the right choices for their future careers. Leaders believe that the right process is in place to help young people to lead fulfilling lives.

The local area has made sufficient progress to improve this area of significant weakness.

The area has made sufficient progress in addressing four of the five significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness. As not all the significant weaknesses have improved it is for the Department for Education and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Stephanie Innes-Taylor
Her Majesty's Inspector

Ofsted	Care Quality Commission
Katrina Gueli Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Stephanie Innes- Taylor HMI Lead Inspector	Rebecca Hogan CQC Inspector

cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the area
Department of Health
NHS England

Appendix 3: Accelerated Progress Plan (APP) approved by DfE

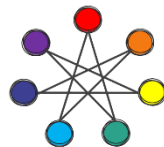
Leicester City Special Educational Needs and Disabilities (SEND)

Accelerated Progress Plan July 2021

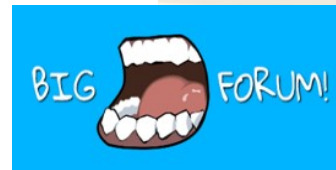
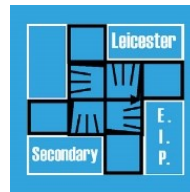


CLASS

City of Leicester Association
of Special Schools



The Leicester
**Primary
Partnership**



NHS
**Leicester City
Clinical Commissioning Group**



Introduction

Pupils with SEND frequently have more limited life chances than their peers. Good commissioning and effective integration between services lie at the heart of improving health and wellbeing outcomes for children and young people with SEND. The Code of Practice (COP) 2015 for SEND sets out the commissioning responsibilities across partners and the expectation that joint working and planning occurs, and we follow this Code in delivering the Leicester Leicestershire and Rutland (LLR) Joint Commissioning strategy for Children and Young people with Special Educational Needs and/or Disabilities (SEND).

The impact of the Covid pandemic has had a detrimental effect for many children and young people's mental health and wellbeing. There are likely to be long-term effects and setbacks for children with SEND in their learning from readiness for school right through to adulthood which may also have an impact on their health needs. Through this plan we intend to make an impact on their outcomes for the future. For children, young people, families and carers, having agencies work together will help them to navigate an often-complex system of support. By aligning and understanding each other's worlds, we can support families holistically and ensure that every child can reach their full potential.

We want our schools and educational settings to deliver the best education possible and for children and young people with SEND to **learn, thrive and achieve** their potential, to improve their life opportunities through access to high quality services which are effective, efficient, response and inclusive.

We want to improve early identification of health and learning needs and to be a community that gives children and young people with SEND in Leicester City the support and opportunities to have better lives. Better lives mean more than just meeting special educational needs in schools, it is a lifelong commitment that goes beyond education and includes broader health and wellbeing so that children with special needs can live and learn in their local communities.

Purpose of this progress plan

Ofsted and Care Quality Commission (CQC) revisited Leicester in May 2021 to assess whether the local area had made sufficient progress in addressing the five areas of significant weakness detailed in the Written Statement of Action (WSOA) issued in 2018.

Despite the impact and duration of the Covid-19 pandemic in Leicester, the redeployment of Local Area resources to related to closure of schools, restrictions on movement and support to vulnerable children and young people, the Local Area has maintained a clear focus on Transforming SEND.

As a result of the SEND revisit, inspectors judged that significant progress had been made in four of the five areas but there was more work to be done to see the impact of actions taken to deliver the improvements in area 4.

Area 4: The lack of joint commissioning of services to support young people's health needs post 19

1. Lack of Joint Commissioning

2. Young people experience delays in accessing services when they become a young adult

3. There are no clear pathways for young people to access support, which delays their treatment during this transition
4. Colleges do not get appropriate support from health or social care to support the transition process

This progress plan sets out how we will make accelerated progress in this area. The Local Area Lead for this plan is Jane Young, Designated Clinical Officer (CCG) who will drive a working group of people responsible for key actions to be completed in 3-month milestones (September, end of December 2021) and continuing from January 2022.

Our Governance Structure

We have close partnership working which fosters a culture of Inclusion where SEND is everybody's responsibility in meeting the needs of Children and young people with SEND. This involves many aspects of cross-agency and cross-system working at locality with partners and families to support better access to services for families, support with medical needs in schools, access to therapies and transition to adulthood pathways. The SEND IMPROVEMENT BOARD (SENDIB) includes representatives from the Leicester City Parent Carer Forum (LCPCF), Health, Social Care & Education Services, SENDIASS and representatives from education settings.

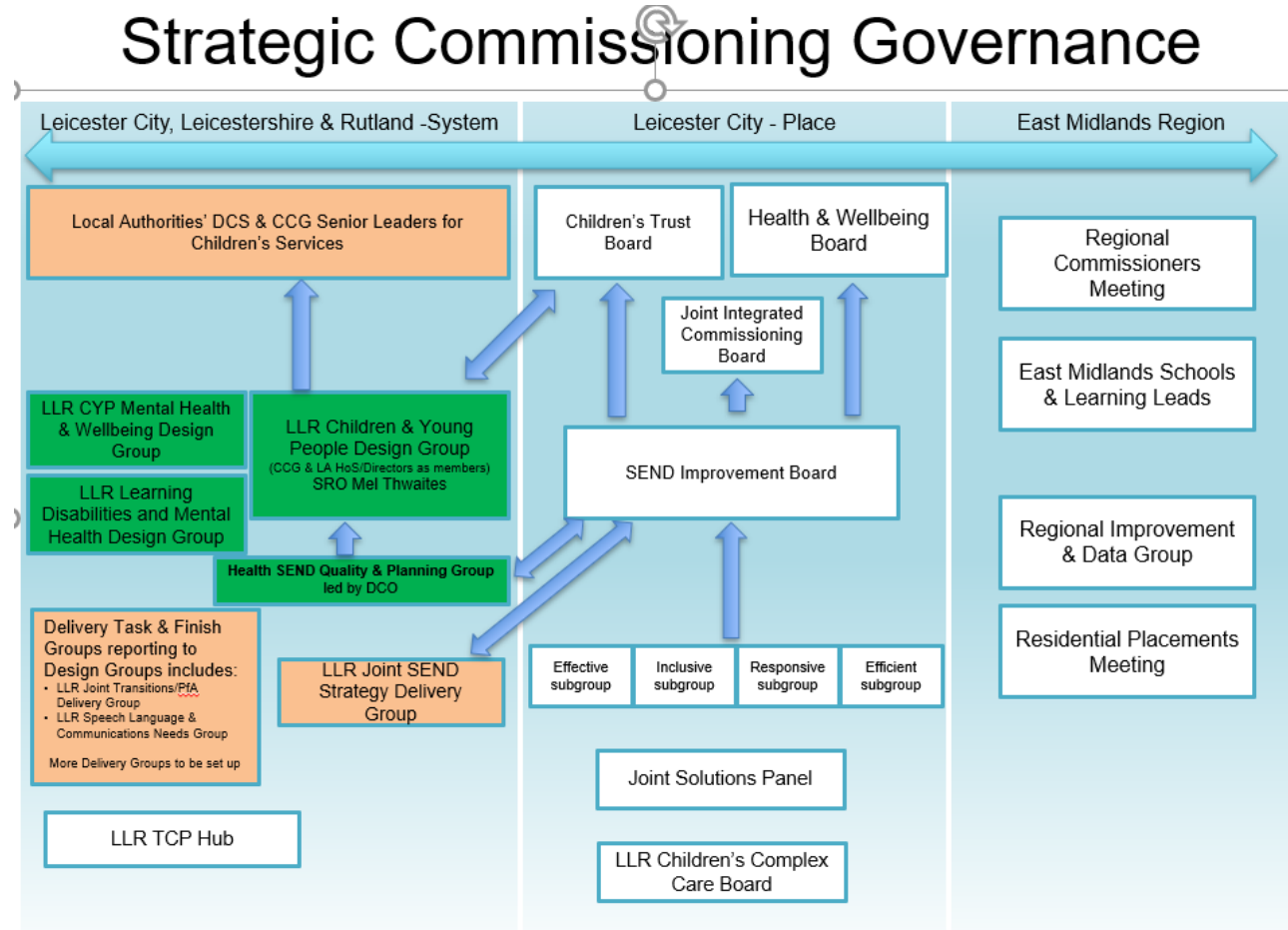
The Leicester City Parent Carer Forum (LCPCF) has over 500 members made up of parents and carers of children who have a variety of special needs, ranging from challenging behaviour to complex medical needs, learning or physical difficulties and more.

The LCPCF chair has a positive and active role in supporting and advising parent carer peers and in the development of services that affect children with special educational needs and/or disabilities. Parent/carers are represented on the Resource Access Panel, the SEND Improvement Board (SENDIB) and various other delivery groups. The LCPCF's approach is a balance of both challenge and support to the local area partners.

The SENDIB was reconfigured in early 2020 and a chair appointed to inject pace into the response to the SEND Written Statement of Action. The SENDIB is chaired by the Health Clinical Commissioning Group, supported by the Strategic Director of Social Care & Education in the local authority.

Our improved governance arrangements will ensure our joint Transformation plans continue to progress with rigour and pace to enable our schools and educational settings to deliver the best education possible and for children and young people with SEND to **learn, thrive and achieve** their potential.

The diagram below sets out our SEND governance arrangements and, the role and relationships of our strategic partnership.



Tracking, challenging and checking progress

The action plan will be delivered across the partnership and supported by lead officers including service heads and project management support. Progress, including risks or issues, will be reported to the SENDIB which meets monthly. The LA has also engaged Peter Foster Chief Executive of Northamptonshire Children's Trust as a peer critical friend.

The revisit highlighted that the local area had made insufficient progress in area four around Commissioning Health needs post 19. This action plan sets out how the local area partnership will make significant progress in not just the actions, but the impact and outcomes to improve area 4. This

action plan is a standalone plan which links to the overall SEND Transformation plan and more widely at a system level including that of the LLR Joint SEND Commissioning Strategy and the developing LLR Transitions/ Preparing for Adulthood Collaborative Commissioning Strategy. The SEND Transformation plan therefore continues to focus on:

1. A single system working together across education, health and social care for joint outcomes.
2. Getting it right first time: appropriate, effective and timely joint assessment, planning and review of need that is personalised to the child or young person with SEND.
3. Talking to, listening to and involving children, young people and parents and carers.
4. Use effective monitoring and quality assurance procedures to challenge, support and develop provision.

BRAG summary, risk register & mitigation plans

The SENDIB will oversee the checks and balances documentation to assess and evidence progress of the plan. This includes a BRAG summary, exception reporting and a risk register to be published alongside this report as an Appendix.

Collecting & analysing impact of actions

There are three main ways that the Local Area collects and analyses impact:

1. **Quality Assurance Performance Framework:** The framework is reviewed and updated on an annual basis as necessary.
2. **SEND Improvement Board Dashboard:** The Dashboard is updated monthly/quarterly/yearly depending on frequency that local, comparator and national measures are updated. This set of measures enables the SENDIB to have oversight, check and challenge on performance and progress.
3. **Engagement, Feedback & Surveys:** We continue to improve the ways in which we engage with and receive feedback from parents, carers and young people, alongside the views of professionals. The SEND 2021 survey to be launched in Autumn 2021 will provide baseline information from feedback and views across a range of stakeholders. This will provide us with a better understanding of the impact of our activity and will inform the new SEND Transformation strategic documentation.

Stakeholder engagement and feedback

The ways in which we communicate and exchange views with stakeholders, parents and carers makes a big difference to how effectively plans and services are shaped. We are committed to continuing the development of SEND improvement in partnership with families and young people and to make sure developments are communicated effectively. We have a clear focus on embedding robust quality assurance processes within our SEND statutory work and in conjunction with partner services and parents.

In early 2021, the Council worked with children, young people with SEND and their families, Social Care, Health and other partners to co-produce our Local Area SEND Transformation plan. We continue to encourage views from parents and carers in many different ways to help shape and keep plans current and active. Some examples of our engagement activity with stakeholders, children and parent carers:

- Our annual Local Offer Live event which also seeks to extend our reach to parent carers in the city who may not be part of formal networks or unfamiliar with what the SEND local area offers
 - At the May Local Offer live event, we held an interactive session with parents and carers about plans and progress to hear their views and remind us of what is important for parents and carers
- Our SEND newsletter responds to current themes, issues and concerns whilst also offering us a mechanism for sharing important information and updating families on events and work
- The Local Area Education and Local Authority partnership is strengthened through daily/weekly e-briefings, SEND newsletters, SENCo and education network and our education and social care cells
- Across Children's services, an approach to participation and engagement based on the Lundy Model of participation has been introduced. This model provides a way of seeing children's and young people's rights to participation, as laid down in Article 12 of the UN Convention on the Rights of the Child.
- The Children's Rights and Participation Service supports children and young people aged between 5 and 25 to express their opinions, concerns and views and have them listened to. The service aims to ensure that what children and young people say informs how their needs are met and the way services are provided.
 - Our Participation Strategy encompasses all children
 - Coproduction also through The Big Mouth Forum and other children and young people's participation groups guides progress
 - Young people with SEND are involved in recruitment to strategic roles in the SEND system.
- An increasing number of our strategies are created as easy read versions for those with learning disabilities
- Leicester City Parent Carer Forum (LCPCF) meetings are regularly attended by practitioners and leaders from education health and social care and these are valuable sessions which provide an opportunity to talk through emerging themes and address concerns from parents.

The pace at which we work in partnership, galvanised during the pandemic, has given us a number of real positives to take forward:

- As professionals we were receiving a routine understanding of the reality of life for children and young people with SEND which enforced our strong partnership

- Parent Carers from LCPCF say that they have more insight into how the local area “system” works and have been able to make new relationships that will be of benefit
- We will continue the work to improve our local offer to reflect the emerging needs of children, young people and their families and ensure that the support they need is easily signposted.

Training and development

This accelerated progress plan makes reference to the training and development of professionals across the local area and the system to increase awareness and enable professionals to appropriately help children and young people with SEND, and their parents to make use of the opportunities and support available.

Action plan progress

The following provides a brief summary of progress against each item of the action plan:

Status	RAG rating
Complete	Grey
On track	Green
Minor delay	Yellow
Major delay	Red

Accelerated Progress Plan - Improvement Actions Summary

The lack of joint commissioning of services to support young people's health needs post 19

Ref	Area of remaining weakness	Action	Lead (Governance)	Progress Indicate if Complete & signed off by the SENDIB	Evidence – Output (completion of actions)	Action Milestone	Evidence – Impact (Demonstrated through case studies, qualitative and quantitative feedback). Evaluation of impact tools to be co-produced.	Impact Milestone	SENDIB	
									Status	RAG rating
1	Lack of Joint Commissioning	1. Review local area joint commissioning strategy and action plan ensuring links to SEND and transition strategies	Clare Nagle/ James Hickman	<p>The All-age commissioning strategy commits to support the implementation of the Leicester City transitions strategy. The LLR SEND Joint Commissioning Strategy presented to SENDIB in November 2020 was approved at SENDIB in June 2021. It is due for approval by the CCG in July. System sign off will be complete in August 2021.</p> <p>CCG: Investment in the system</p> <ul style="list-style-type: none"> core health services to meet the needs of children with SEND and their families. e.g. AHPs, Paediatricians, CAMHS, Transition, Care Navigators Designated Clinical Officer non-statutory role. SEND Senior Officer to lead operational aspects of the role, to allow the DCO more time to support joint commissioning initiatives at a strategic level. e.g. EOI in evidence folder Children's Personalisation Commissioner to implement the health contribution for joint funding of support for C and YP. <p>Joint Solutions Panel: co-ordinates support for YP who have very high-level complex needs who required support from all partners.</p> <p>SEND Data Group established to report to Health Quality & Planning Group and to SENDIB.</p>	1. LLR SEND Joint Commissioning Strategy is published.	Dec 21	1. Professionals, parents, carers and children demonstrate awareness the strategy is in place and understand its key priorities for the first two years. 2. Survey of multi-agency professionals demonstrates positive impact of the DCO offer, which in their view will impact on improvements for CYP.	Dec 21 Mar 22 Mar 22		
1	Lack of Joint Commissioning	2. Establish a task and finish group to identify mechanism for delivering the strategy through JICB	Nicola Cawley/ Clare Nagle/ Sara Bailey	<p>The JICB has taken the lead oversight of joint commissioning for children services. This is the agreed mechanism for delivering the Joint Commissioning Framework and joint commissioning opportunities. The Task and Finish Group is called LLR Joint SEND Strategy Delivery Group is in place to deliver the strategy. The action plan in place and is active. Strategy for SLC is in development. The first phase - SLC for early years - is in place in Leicester. Personalised Joint Commissioning is in place, the health aspect implemented on behalf of the CCG by Midlands and Lancashire Joint Commissioning Unit.</p>	1. Minutes and RAG rating of Action Plan of LLR Joint SEND Strategy Delivery Group available.	Dec 21	1. Case studies and quantitative data to demonstrate Personalised Joint Commissioning for 19-25 yr olds (from Midlands and Lancashire Commissioning Support Unit (MLCSU)). 2. The evaluation of the LLR Joint SEND Strategy Delivery Group Action Plan, using the impact measures outlined in the header, demonstrates impact on professional knowledge, skills and practice. Where possible within the timeframe, it will also demonstrate impact on parent and CYP experience.	Dec 21 Mar 22		
2	Young people experience delays in accessing	1. Implement the transition strategy	Tracie Rees/ Chris West/	<p>The Leicester City Transitions strategy has been implemented:</p> <ul style="list-style-type: none"> Established the complex transition case panel with better joint working of children's and adults' teams to problem solve outcomes for young people with complex issues 	1. City Transition Strategy 2. LPT NHSE benchmarking progress.	Dec 21 Dec 21	1. Using the evaluation tools outlined in the header parent/carers, young people, college staff and Health	Dec 21 Mar 22		

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	services when they become a young adult		Janet Harrison	<ul style="list-style-type: none"> The established joint solutions panel (receives escalated issues from the complex case panel) uses Health and Local Authority partners to co-fund/co-work solutions Development of information sheets/website information for parents and professionals to access appropriate and accurate details about key areas relating to transition and sits as part of an engagement programme with schools <p><u>Ongoing Implementation of the developing ICS Transitions Strategy</u></p> <p>LPT SEND Transition Lead: Information for parents and YP:</p> <ul style="list-style-type: none"> This lead is working with Nathan Samuels from NHSE to look at developing benchmarking standards for transition to health services for YP with SEND. A stakeholder group is being established, including YP and their families. The developing work towards the national benchmark will be coproduced. A map of transfer to adult services is now on LO website which will be further refined through co-production A video is being developed for parents and YP explaining what to expect on transition. To be shared with parents and YP at key points and added to the LO by 1st week in September 2021 In April 2021, a survey of 40 LPT staff (Baseline survey) surveyed their knowledge and confidence in implementing the transition process for YP. Their responses are informing the development towards the national benchmarking standard for transition to adult health services. The updated LPT Transition Policy directs practitioners to signpost to the LO. LPT SEND Transitions Lead will include pathways for each service in the LPT Transition Policy which clarifies exactly what each practitioner needs to do when a young person is transitioning to adult health services. <p>LPT SEND Transitions Practitioner LPT have a Transitions Practitioner for those with City GPs. City schools refer anyone with complex health needs to the LPT SEND Transitions Practitioner. An extension of the LPT SEND Transition lead and the SEND Transition practitioner post may form part of their recommendations</p> <p>ASD and Mental Health There is significant CCG investment in this area in 21/22, including, Transitions MH team. The aim is CAMHS practitioners will have a caseload of young people (16-25) and will continue to work with them until they are ready to be discharged rather than holding them whilst a service can be identified. Using the additional funding, the Youth Advisory Board will work with young people to co-produce a system-wide service</p>			staff tell us that their voice has been heard as part of the benchmarking work, and they have a good experience of pathways for YP moving into adult health services.			

Ref	Area of remaining weakness	Action	Lead (Governance)	Progress Indicate if Complete & signed off by the SENDIB	Evidence – Output (completion of actions)	Action Milestone	Evidence – Impact (Demonstrated through case studies, qualitative and quantitative feedback). Evaluation of impact tools to be co-produced.	Impact Milestone	SENDIB	
									Status	RAG rating
				DCO: offer to meet College staff to problem-solve if they experience any difficulties in relation to supporting YP's health needs when they transfer to college.						
2	Young people experience delays in accessing services when they become a young adult	2. Identify executive leads in each organisation to champion transition	Chris West/ Martin Samuels	Executive leads at senior levels champion transition: <ul style="list-style-type: none"> • Martin Samuels (Strategic Director) • Tracie Rees and Caroline Tote. • CCG: Chris West/ Sara Bailey • UHL: Dr Anne Wilmott(children) and Dr Laura Clipsham (adult) • LPT: Helen Thompson/Janet Harrison • Elected members: Cllr Russell, Cllr Cutkelvin and Cllr Dempster (as H&WB) 	1. Minutes available	Dec 21	1. Case studies will demonstrate that YP entering supported independent living (Case Study – IDs Story of Hope) have a positive experience 2. Using the evaluation tools outlined in the header parent/carer, young people, college staff and Health staff tell us that their voice has been heard, and they have a good experience of pathways for YP moving into adult health services.	Dec 21 Dec 21 Mar 22		
2	Young people experience delays in accessing services when they become a young adult	3. Streamline the pathway for young people with EHC plans who will require adult health services to reduce the delay in accessing appropriate provision	Jane Young/ Janet Harrison/ Pauline Killoran	<ul style="list-style-type: none"> • See 2.1 <p>UHL and LPT Transitions liaison</p> <ul style="list-style-type: none"> • Pre-empt the transitions of young people and make consultants aware of continuing need re: acute adult services/SEND. • Work with Primary Care Liaison nurses to ensure that YP transferred back to primary care have a transitions plan / summary of care. <p>Liaison with Primary Care:</p> <ul style="list-style-type: none"> • A GP lead for LD is in place in each practice. • Paediatricians provide a summary of YP's needs to the receiving GP. • GP links with the Primary Care Liaison nurse to promote the Annual Health check to young people with defined Learning Disability (Exemplar Project). This may be extended to include ASD in the next year (national government initiative) • LPT SEND Transition Lead and DCO discussions with Primary Care Liaison Nurses, to more fully understand their role and remit, including links with Care Navigator and SEND Transition Practitioner. • Health is promoting take-up and awareness of LD annual review at Year 9 EHCP Annual Review. • DCO is part of NHSE Benchmarking Stakeholder Group and will supporting the representation of YP and parent/carer voices to inform work with GPs. <p>Developing awareness across the local area:</p> <ul style="list-style-type: none"> • Continuing Health Care training available to understand Continuing Care and Personal Health budgets to support referrers (Midlands & Lancs Commissioning Support Unit 	1. Exemplar Project – YP with LD annual health checks – project outputs 2. LPT NHSE benchmarking progress.	Dec 21 Mar 22	1. GP's survey/focus group identifies their understanding of their role in supporting YP with SEND reflecting progress in column 5 (to be developed) 2. Using the evaluation tools outlined in the header Parent/Carer/YP feedback demonstrates understanding of the pathways and good experiences in accessing appropriate health support.	Dec 21 Mar 22 Dec 21 Mar 22		

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				<p>administer Continuing Care Funding on behalf of the CCG).</p> <ul style="list-style-type: none"> • Earlier identification of potential need, based on information already held. Eg special school curriculum pathways have mapped outcomes. Tools are being developed to further support • A referral pathway with clear actions for young people from age 14 to best support a well-planned transition from children’s services and into adulthood. 						
2	Young people experience delays in accessing services when they become a young adult	4. Each organisation to review and implement internal processes for supporting transition to adult and link to partners	Janet Harrison /Ann Willmott/ /Pauline Killoran/ Sharon Charles-Cockrill	See 2.1 and 2.3 above	See 2.1 and 2.3 above	See above	See 2.1 and 2.3 above	See above	See above	
2	Young people experience delays in accessing services when they become a young adult	5. Establish a clear procedure which enables health professionals to forward plan the provision to respond to and meet the developing and changing needs of young people as they transition into adulthood.	Sara Bailey/ Janet Harrison/ Michelle Larke	<p>See 2.1</p> <p>The Transforming Care Programme for any young people with LD or Autism who may be at risk of admission and a 3-year (2021–2024) Road Map, led by Senior TCP Programme Manager has been based on the LLR vision.</p> <p>The 3-year delivery plan is based on the stages of a patient’s journey with a total of twenty-nine different projects within the plan. The priorities identified for 2021/22 are:</p> <ol style="list-style-type: none"> 1. Increased focus on co-production with people with LD and Autism 2. Admission avoidance for CYP and adults 3. Integrated team working – development of a TCP Hub – joint working across LLR 4. Continue to improve AHC completion rates – and reduce overmedication (STOMP) 5. Provide community and inpatient support for people with Autism without LD 6. Ensure learning from LeDeR – making real service changes 7. Provide better support for our LDA forensic cohort <p>Separate project plans are being developed to take forward initiatives to address these 7 priority areas. Progress updates, issues for escalation and evaluation reports from the LD/ND Design Board throughout the year will be reported to the SENDIB</p> <p>A new Autism service for YP14+ has been established in LPT. The Specialist Autism Team (SAT) will work in partnership with young people and adults (14 yrs+) who are autistic and (where</p>	<ol style="list-style-type: none"> 1. TCP 3 year road map 2. Data dashboard spotlights Post 19 	Sep 21 Dec 21	<ol style="list-style-type: none"> 1. Case studies to evidence jointly funded personal commissioning 2. Evaluation and case studies of Rix Wikki project evidencing the benefits of the tool 3. Using the evaluation tools outlined in the header parent/carer, young people, college staff and Health staff tell us that their voice has been heard, and they have a good experience of pathways for YP moving into adult health services. 	Dec 21 Mar 22 Mar 22 Dec 21 Mar 22		

Ref	Area of remaining weakness	Action	Lead (Governance)	Progress Indicate if Complete & signed off by the SENDIB	Evidence – Output (completion of actions)	Action Milestone	Evidence – Impact (Demonstrated through case studies, qualitative and quantitative feedback). Evaluation of impact tools to be co-produced.	Impact Milestone	SENDIB	
									Status	RAG rating
				<p>appropriate) with their families, partners and/or carers to offer support and care respectfully.</p> <p>CYP Respite and Unplanned Care Learning and development sessions led by Lead Commissioner, Learning Disabilities, Autism and Care Homes for Leicester City Council and the Children’s Personalisation Manager, LLR CCGs on CYP respite and unplanned care in LLR. The Local Area plans to commission two separate services:</p> <ul style="list-style-type: none"> • Develop an (all age) rapid response wrap-around service to maintain C&YP and individuals in the community (24/7) – a highly skilled team to be deployed within 24 hours’ notice to support the individual and their family/carers in their own home or in a community placement • Develop crisis accommodation/emergency respite to prevent admission – to provide urgent access to a non-hospital bed. <p>Individual commissioning – over and above core NHS commissioned services CYP who are eligible for continuing care under the CCC framework are considered at the Children’s Complex Care panel. In addition, children who are not eligible for CCC but who have health needs over and above those that can be met by core commissioned services can be taken to agree on further measures to support these children</p> <p>A one-off personal budget offer, available in 2021, has been reoffered in March 2022 to support mental health and well-being to facilitate hospital discharge and to prevent admission. These are available to adults and children to provide a personalised service to help the individual maintain their mental health and wellbeing in the community with measurable outcomes</p> <p>Leicester’s Rix Wiki pilot project offers CYP with Autism or Learning Disabilities their own simple accessible secure and easy to build website. Wiki’s can be shared with people so they can learn more and better understand how they can support individuals to reach their goals and aspirations.</p>						
2	Young people experience delays in accessing services when they become a young adult	6. Update health transition policies and associated Procedures.	Janet Harrison/ Anne Willmott	See 2.1 and 2.3 above	See 2.1 and 2.3 above		See 2.1 and 2.3 above			
3	There are no clear pathways for young people to	1. NHS commissioners and providers to agree and	Sara Bailey	See 2.1, 2.3 and 2.4 above Transition statement is in service specifications and SEND contract to ensure this is recognised and understood as a	1. Examples of Training/advice packages for schools and FE colleges around CYP	Dec 21	1. Parent/carers, young people, College staff and Health staff feedback demonstrates confidence and effectiveness	Dec 21 March 22		

Ref	Area of remaining weakness	Action	Lead (Governance)	Progress Indicate if Complete & signed off by the SENDIB	Evidence – Output (completion of actions)	Action Milestone	Evidence – Impact (Demonstrated through case studies, qualitative and quantitative feedback). Evaluation of impact tools to be co-produced.	Impact Milestone	SENDIB	
									Status	RAG rating
	access support, which delays their treatment during this transition	clarify the transitions processes in treatment services		<p>statutory responsibility for Health providers contracts and places the emphasis on transition planning from aged 14 for CYP with long term conditions and disabilities.</p> <p>A SEND statement is within standard operating contracts around Health statutory responsibilities towards CYP with SEND.</p> <p>LPT contributing Health advice for annual reviews when requested by placement and settings.</p> <p>Care navigators based in localities support settings to identify key health professional who can update health advice.</p> <p>The City Health Transitions Practitioner updates health care summary plans from year 9 onwards for YP with complex medical needs and smooths the transition process for those CYP</p>	<p>transitioning with medical needs</p> <p>2. Audit process developed to track the success of transition for YP.</p>	Mar 22	<p>of transitions into adult services</p> <p>2. Audit outcomes evaluated and demonstrate clear pathways for YP to access support and minimal delays in access on transition.</p>	Jun 22		
3	There are no clear pathways for young people to access support, which delays their treatment during this transition	2. Engage young people and families to understand what support and information they require as they prepare to move from children services to adult services	Janet Harrison /Jane Young / Pauline Killoran/	<p>LPT SEND Transition Lead Consulted with parents/carers at LO live.</p> <p>NHSE Benchmarking will include CYP and their parents/carers in their Stakeholder group and LPT Governance Manager – Patient Involvement and Experience will be working with CYP and their families to support confidence in sharing their voice.</p> <p>Health SEND Planning and Quality Group stablished work will include consideration of complaints and Tribunal information to inform future commissioning.</p> <p>Engagement with parents, carers children and young people in SEND Transformation plan in early 2021 identified some support and information which would be useful as they prepare to move to adult services</p>	<p>1. Regular attendance at LCPCF and SENDIASS by health and LA officers. Minutes available.</p>	Dec 21	Surveys and focus groups with young people and their families demonstrate evidence of the support and information they accessed to enable their transition from children to adult services.	Dec 21 Mar 22		
3	There are no clear pathways for young people to access support, which delays their treatment during this transition	3. Develop and implement a joint plan to improve support and information available to support transition	Janet Harrison/ Pauline Killoran	<p>See 2.1 and 3.2 above</p> <p>Transitions map summary on LO. Video in progress to explain transition to health services. Example video about transition from YP perspective in process of being put on LO LD Annual Health Check information leaflet posted on Local Offer and disseminated to practitioners to support parents/carers. Transition material has been co-produced with families and young people to ensure it meets their needs Continued involvement through NHSE Transitions Benchmarking Stakeholder Engagement</p>	See 2.1 and 3.2 above	See above	See 2.1 above	See above		
4	Colleges do not get appropriate support from health or social care to support	1. Health and social care senior lead officers to engage with colleges and	Pauline Killoran / Jane Young / Janet Harrison	<p>SEND service to provide information to SENDIB about young people requiring and receiving updated EHCP in year prior to college (Head of SEND Integrated Services 0-25).</p> <p>Care navigators signpost schools and colleges to community health to access updated health advice for EHC plans</p>	1.FE College network minutes.	Dec 21	1. Outcomes of regional project funding demonstrate improved support from health or social care during the transition process	Dec 21 Mar 22		

Ref	Area of remaining weakness	Action	Lead (Governance)	Progress Indicate if Complete & signed off by the SENDIB	Evidence – Output (completion of actions)	Action Milestone	Evidence – Impact (Demonstrated through case studies, qualitative and quantitative feedback). Evaluation of impact tools to be co-produced.	Impact Milestone	SENDIB	
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	the transition process	schools via the Tertiary Federation to understand what support and information they require to prepare young people with identified health needs for transition, at the EHC plan review in the year prior to a move to college		<p>LPT Transitions Practitioner smooths transition for children with complex health care needs.</p> <p>DCO offer for colleges to contact if they are experiencing difficulties. DCO will support joint problem solving.</p> <p>A network group across LLR meet 6-weekly (City, county and all colleges plus health) to address any on-going issues</p> <p>Additional Regional SEND funding awarded to colleges to map health transition needs.</p>			2. Using evaluation tools highlighted in the header, college staff and Health staff demonstrate confidence and effectiveness in support they receive from health as YP move into college.			

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			Actions	Action	Evidence	Completed	Impact	Sustained		
AREA 4 – Commissioning health needs post 19	1	Joint Commissioning of health needs post 19	1						1	
			2						2	
	2	Accessing services on becoming a young adult	1							3
			2							4
			3							5
			4							6
			5							7
			6							8
	3	Clear pathways to access support	1							9
			2							10
			3							11
	4	College support by Health and Social Care for transitions	1							12
			2							13
			3							14
				1						15



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Martin Samuels, Director of Children's Services
Chris West, Chief Officer, CCG

30th July 2021

ACCELERATED PROGRESS PLAN FOLLOWING OFSTED AND CQC'S LOCAL AREA SEND REVISIT

Dear Martin & Chris

We would like to thank you and your partners for your Accelerated Progress Plan (APP). We have reviewed the APP with the SEND and NHS England Advisers and have concluded that it sets out how you will tackle the remaining areas of weakness identified during your revisit and has been deemed fit for purpose.

As set out in the revised Ofsted framework, we expect your plan to be published locally so that children, young people and families can understand the actions you are taking.

Your six-month review meeting to assess progress against the action plan will take place in January 2021. Kully Chahal, your DfE Case Lead, will be in touch to finalise arrangements. For the six-month review, we will need to see documentary evidence two weeks in advance of the meeting and will email nearer the time to set out what you should provide.

I am copying this letter to your SEND and NHSE Advisers, and to your DfE Case Lead & Pauline Killoran Head of SEND. I pleased to learn that you have already set-up monthly monitoring review meetings for September, October, November and December 2021.

Yours sincerely

Jason Bennett
Head of SEND Improvement and Operations Unit, Central England
Department for Education (DfE)

CC:

Pauline Killoran, Head of SEND
Jane Young, DCO LLR
Andre Imich, SEN and Disability Professional Adviser
Deborah Ward, NHSE Adviser
Kevin Rowland, DfE SEND Adviser
Kully Chahal, DfE Case Lead

Appendix 5: High Needs Block Expenditure

HIGH NEEDS BLOCK	Forecast 2022/23 £'000	Actuals 2020/21 £'000	Actuals 2019/20 £'000	Actuals 2018/19 £'000	Actuals 2017/18 £'000	Actuals 2016/17 £'000	Actuals 2015/16 £'000
Direct placement costs							
Special School Places & Top Ups	32,717	28,218	26,830	25,738	24,701	22,006	20,054
Mainstream top ups	12,202	11,785	9,870	8,249	6,177	4,965	3,792
DSP Places & Top ups	1,543	802	351	431	536	719	851
Primary PRU	1,157	1,060	1,060	1,045	3,221	3,421	3,433
Secondary PRU	2,343	2,300	2,195	2,199			
Independent / Non-Maintained placements	7,389	7,093	5,991	5,620	4,453	4,782	4,992
FE Colleges	837	846	884	806	575	715	614
Independent specialist provision post 16	1,616	1165	885	728	570	539	436
SEN Transport (allowable charge to DSG only)	360	360	360	360	360	360	360
	60,164	53,629	48,426	45,176	40,593	37,507	34,532
<i>Year on Year increase</i>	12.2%	10.7%	7.2%	11.6%	11.6%	11.6%	11.6%
Indirect costs							
SEND support service	3,690	3,208	3,204	3,411	3,483	3,379	3,224
Virtual School	410	380	408	407	319	320	377
Non statutory Psychology Service	528	528	528	528	528	566	566
Anti-Bullying service	30	26	29	30	29	29	29
Parent partnership advice service	115	115	115	118	105	195	167
Specialist equipment	85	71	84	82	57		
Support for young carers	40	40	40	40	30	40	40
Other	25	53	148	25	25	25	203
Overheads	627	949	965	946	925	925	925
	5,550	5,370	5,521	5,587	5,501	5,479	5,531
Total direct and indirect costs	65,714	58,999	53,947	50,763	46,094	42,986	40,063
Less Allocation	(60,153)	(54,065)	(47,321)	(45,808)	(44,385)	(38,491)	(38,228)
Overspend	5,561	4,934	6,626	4,955	1,709	4,495	1,835