

SEND and Alternative Provision Strategy & Partnership Board

29 April 2024, 11.00 – 13.00

Meeting Room 13/14, County Hall North, Horsham

Attended

Brian Pope, Independent Chair

WSSC

Steve Nyakatawa, AD Education & Skills
Claire Prince, Head of SEND & Inclusion
Claire Hayes, Head of Early Help
Vince Clarke, Children First Transformation Director
Louise Warren, Senior Improvement Lead
Kathryn Kellagher, SEND Development Officer
Karen Furse, Head of Standards & Effectiveness
Wanda Parker, Service Manager (rep for Louise Fox)
Vicky Richardson, Head of Practice Improvement and Inspection
Amy Leftwich, rep for Fiona Mackison
Marie Foley, Head of Data, Projects and Systems

Education and schools

Mark Wignall, Head, Downlands Secondary
Simon Brown, Head of SEND, Chichester College
Gillian Santi, Governors Association

Parent Carers

Rowan Westwood, West Sussex Parent Carers Forum

Health

Caroline Tozzi, Integrated Care System Health Lead
Kate Courtney, Designated Clinical Officer, maternity cover

Councillor Representative

Jacque Russell, Cabinet member
Jay Mercer, CYPSCC rep

Apologies

WSSC

Lucy Butler, Director of Children's Services
Jenny Boyd, AD Children's Social Care and Early Help
Loretta Rogers, AD Adult Operations
Louise Fox, Head of Service Assessment and Family Safeguarding
Grace Fairbourn, Early Years SEND Lead
Fiona Mackison, Public Health Strategic Commissioning Lead
Sarah Clark, Head of Virtual School

Education and schools

Louise-Isa Gada, Littlegreen Special school
Helen Ball, St Anthony's Special School
Representative of primary schools
Claire Kenyon, Busy Lizzies, Early Years
Doug Thomas, Head APC

Health and Commissioning

Jacqui Parfitt, Service Manager and Development Lead, Joint
Commissioning Unit

1. Welcome and action log

Actions covered in the agenda or at the WSPCF Termly meeting.

2. SEND Action plan

[West Sussex Local Area SEND Partnership Improvement Plan](#)

(SE CP LAIP Benchmarking Tool presentation, West Sussex LAIP Benchmarking Tool, Portsmouth Benchmarking Tool)

A requirement of partnerships that receive the middle judgement in a SEND Area Ofsted Inspection, is to produce a Local Area SEND Partnership Improvement Plan. This is to ensure we address the 5 recommendations from the Ofsted Inspection Report. Our Local Area SEND Partnership Improvement Plan also includes other issues raised in the body of the report. It includes RAG ratings and impact, for us to monitor if our actions are making a difference to children and young people and is published on the SEND Improvement Plan pages of the WSCC website.

The areas outlined in the Local Area SEND Partnership Improvement Plan are also reflected in the wider action plans of the 6 Partner Working Groups, which were set up following the work on the Self Evaluation in preparation for an Ofsted Inspection. The Self Evaluation is updated every quarter and will be used to highlight progress and blockages.

The Local Area SEND Partnership Improvement Plan will be a regular agenda item at this board. It has been formally accepted by the DfE and we are now formulating more detailed KPIs. The next review will be in October with the NHS and the DfE.

Detailed reporting on the work of the 6 Partner Working Groups will go through the monthly Area SEND Partnership Improvement meetings, which are chaired by Claire Hayes. The action plans of the Partner Working Groups have incorporated the issues and recommendations of the Ofsted Inspection report.

Each partner working group also has an agenda slot at this board twice a year to allow the board an opportunity to monitor and challenge.

There isn't a Partner Working Group for sufficiency as one is already set up under another structure, led by Graham Olway. We have agreed that Graham will report into this board on a quarterly basis, as outlined in the attached Forward Plan.

Discussions are ongoing with the DfE around sufficiency, the need for more specialist school places and the formula for deciding how much money is available per child at school.

LAIP Benchmarking Tool

This needs to be completed by the end of May.

Volunteers from partners are required to join a small group to help complete the benchmarking tool in one virtual meeting (plus pre-meeting preparation work).

Suggestions for membership:

- Health – CT (will collate a health response and identify someone to attend)
- Schools – Lisa Harris, Doug Thomas
- WSPCF – Rowan Westwood

- Social Care – Natalie McNeill
- Kathy Lockyear
- Karen Spencer.

Actions

- 2.1 Establish LAIP working group and report back at next board meeting - **CP/KK**

3. Alternative Provision Task Force (APST presentation)

Alternative Provision Task Force (APST presentation)

As part of the Change Programme, we have been asked to trial the Alternative Provision Task Force. Oversight of this project will sit within Partner Working Group 4 on Alternative Provision.

This 3 tier model involves innovative partnership working and strategic planning with the opportunity to test what works in local contexts. The APST is a co-located multi-disciplinary team, led by a taskforce manager, with an on-site presence so that services and specialists are responsive to young people's needs. Tier 1 involves targeted support in mainstream schools, with tier 2 offering time-limited placements in the AP school before return to the mainstream school. Tier 3 will offer short term placements for pupils who need support to move on and access a new mainstream setting successfully.

- The task force will be made up from at least four professionals taken from the list on slide 8. Within West Sussex, we would also add ASCT and alternative provision outreach.
- We are working closely with Doug and aim to start in September. We have already had an initial scoping meeting and the next steps are to select a pilot area and appoint the Taskforce Manager.

Comments from the board:

- Mainstream school collaboration with APC is crucial. West Sussex already has a lot of things in place, eg ASCT, Alternative Provision Outreach, but is challenged by the increase in numbers of children/young people in alternative provision.
- Behaviour challenges in secondary schools and the demand for AP are much higher than before the pandemic. When AP outreach workers do come in, it makes a difference to the outcomes for the child/young person.
- DfE formula for funding APC is prescribed nationally. We can allocate more money from the high needs block but this is already overspent.
- AP on-line learning: this was a temporary measure put in place to help with the 6 day provision when there are no physical places in AP. At one point there were 13 CYP accessing AP on-line learning; currently there are 4. It was acknowledged that it is not ideal but is a reflection of the challenge we are facing.
- There is also a large number of children/young people with EHCPs for whom we are struggling to find placement.

4. Update from West Sussex Parent Carer Forum

Prior to the meeting John had emailed to say that there would not be an update from the WSPCF this month because of the packed agenda and because a meeting between WSPCF and WSCC was scheduled for later in the week.

5. Update from health partners

This is the first of what will be quarterly health partner updates and we are grateful to colleagues for joining us.

The Pan-Sussex Children's Dashboard will be updated quarterly. The next update is May and will be shared with this board.

Area for Improvement 1: Strategy for Waiting Well

- Signposting to other sources of support
- Service contacts provided so that parents/carers can contact professionals for advice while they are waiting
- Waiting well packages being put together for Early Years
- Information pages on websites are being developed
- Plans to scope an advice line to assist with queries (SALT)
- Digital Solutions – webinars for parents/carers and young people to provide help and support while they are waiting.

Most services report issues of demand outweighing capacity and challenges in staff recruitment, morale and retention.

SALT - see slide 9

There are 9 sub pathways and referrals can come from a range of professionals including pre-school, complex needs, special schools and SSC. The whole-time equivalent for West Sussex is 90 full-time staff. Staff will assess CYP, work up plans, deliver them and aim to discharge or work alongside those cases that are more complex.

The pandemic had a significant impact on SALT as it could not be provided behind a mask and staff could only see those CYP who were allowed to attend school. Also schools weren't open to all CYP, which meant that service not able to do the work. So SALT needs to be considered through the legacy of COVID.

Under 11 ASC – see slide 10

The ASC pathway operates a robust triage system. All CYP get seen by a paediatrician first, within 18 weeks. This is not consistent across West Sussex and the wait in the Worthing area is longer than 18 weeks.

CAMHS – see slide 12

Referral calls are taken by qualified staff who provide advice and guidance and, if required, an initial safety plan. There are Keep in Touch letters sent every 6 months to children and young people on waiting lists. Webinars and podcasts are targeted at different points of the year, to help with eg exam stress or Christmas.

Area for Improvement 2: video fluoroscopy

The broken machine at Brighton hospital, which was accessed by children/young people from all over Sussex, was fixed in January, and can now deal with urgent and emergency cases. Children and young people with more routine needs can also attend other hospitals. There remain recruitment issues and this item will stay on our improvement plan for monitoring.

Area for Improvement 3 – health involvement in EHCP process

Since the inspection, we have had four stakeholder meetings to look at barriers around quality and timeliness. There is an action plan and audits are in place to monitor quality and adherence to statutory timelines.

There is a focus on the processes around children/young people not known to services, looking at standardising triage processes across Sussex. More data is being collected around requests coming through to health and the timeliness of health returns to EHCNAs.

- Not Knowns – if they are on a waiting list, there will be an option for a phone triage which will provide some evidence, if required, for an EHCNA contribution.
- If they are known, they will acknowledge and inform SENAT.

Issues discussed:

- Feedback from East Sussex Parent Carer Forum is that parents don't like Waiting Well and prefer Support for Families While on a Waiting List.
- Kathy Lockyear, lead of PWG1 around universal and mainstream provision, would like to use the health presentation on 27 July. Will email Caroline.
- The webinars and other digital tools have had positive feedback and more are in development.
- The targets in relation to EHCPs are not ones we recognise and CT will discuss these with Marie Foley.
- There have been examples where parents receive SALT reports before the school. This is not normal practice and Emma S will discuss with Lisa Harris outside the meeting.
- We need to be mindful of tipping points and staff morale: there is a limited pool of professionals who provide services. An example of this is within CAMHS, where they have had to put more staff on the Duty Team to support the increased numbers of CYP in crisis, which has taken them away from other teams.

Actions:

- Caroline to share the health presentation with Kathy Lockyear for PWG1 meeting CT / KL
- Caroline to check data around EHCPs with Marie Foley. CT / MF
- Emma S to follow up with Lisa Harris over delivery of SALT reports to parents and schools. ES / LH

6. Improvement Plan: Partner Working Groups

EHCP Response Plan

- Encouraging to see that increases in productivity are being maintained.
- Volume: we are still seeing a high proportion of requests coming in. The increase appears to have plateaued but not decreased.
- SENAT had a week to focus solely on writing draft EHCPs, where all information had been received from various advice givers. They issued 129 draft EHCPs. We need to bear in mind that the challenge in finalising EHCPs is the school consultation process, which can be a lengthy exercise.

Questions

Has there been an increase in numbers of children with EHCPs going into mainstream?

No, there's actually been a drop in numbers. The DBV pilots are all about how to support mainstream schools as they support children with EHCPs.

Are there more numbers of EHCNAs being turned down?

MF to provide

What percentage go to tribunal?

MF to provide

PWG 2: EHCNAs/EHCPS – Karen Spencer (lead)

- We are seeing parental requests coming through panel which are missing evidence from schools of the graduated approach.
- We are in the early stages of reconfiguring SENAT teams, which are currently divided by area. We are planning to have teams dedicated to EHCNA requests, EOTAS, Preparation for Adulthood, Monitoring and so on.
- We are trialling the new EHCP template and are feeding back to the SEND & AP Change Programme. There are mixed responses and a key missing element is preparation for adulthood.
- It was noted that this was a really good example of how the PWG level of detail picks up the issues from the Ofsted Inspection but is much wider.
- John Clifton (WSPCF) will give his feedback at the Termly Meeting.

Leading SENAT is a tough job especially at the moment and Karen was thanked for her dedication and commitment to the role.

Actions:

6.1 CT/MF to work on health data **CT / MF**

6.2 MF/Kim Clayton working on response times at 6 weeks and should be able to report on this from August. **MF / KC**

6.3 MF to provide numbers of EHCNAs refused **MF**

6.4 MF to provide percentage of EHCNAs refused that go to tribunal **MF**