

Agenda Item 8

UPDATE TO CHILDREN, YOUNG PEOPLE & FAMILY SUPPORT SCRUTINY AND POLICY DEVELOPMENT COMMITTEE - 9TH MARCH 2022

The following provides a summary position against each area of the SEND written statement of action, published following inspection in November 2018. Inspectors re-visited Sheffield in February 2022 to establish if sufficient progress has been made against these areas. The outcome of this re-visit remains confidential until inspectors publish their report.

Area 1: The lack of a co-produced, coherent vision and strategy for SEND in Sheffield

Assessment of progress

We have co-produced a vision and strategy for SEND in Sheffield. This strategy is the basis for our work to drive forward improvement in the system. Children, young people, and families' needs are at the heart of the strategy.

We have communicated our strategy within the city. Our services know that the strategy underpins the work we do. However, Covid and the first national lockdown occurred just after our strategy was published and affected the extent of our communication (post strategy development). We need to do more to raise the profile of the strategy and shared vision, to drive further improvement work.

The Inclusion strategy is owned by the Sheffield Inclusion Improvement board. The board receive information against the strategy commitments and KPIs to monitor progress.

Area 2: Weaknesses in communication, clarity, and consistency in the relationship between the local area leaders, parents, carers, children, and young people

Assessment of progress

The quality of information on our local offer website has improved and information gaps have been filled. But the website remains on a platform that is difficult to navigate, and information is not easy to find. Many parents and carers remain unaware of the website, although our user numbers have increased since the inspection.

Communication has improved since 2018. We have clearer routes for people to talk to one another and evidence of needs being met earlier when they do. We have several routes to communicate important information however, sometimes the sheer pace of change, means that our workforce can feel overwhelmed and miss important communication points. This was particularly the case during Covid.

Co-production with families is an expectation of change processes to support children with SEND in Sheffield. This is, however, not always felt by individual children, young people, and their families.

We have not managed to develop a single citywide process of 'Tell us once'. We have sought other areas that have been successful in developing this across all services and been unsuccessful in finding them. We have instead improved the process within parts of the system and ensured that it is an expectation of practice when we deliver training. The extent to which this takes place is still variable and is often dependent on the practitioner effectively utilising the information they have available.

Area 3: Poor strategic oversight of SEND arrangements by the Clinical Commissioning Group (CCG), which results in unacceptable waiting times for access to specialist equipment and appropriate pre and post diagnosis support and needs not being met.

Assessment of progress

Our understanding of current service provision has improved significantly, and appropriate governance arrangements are in place (although data flows were impacted by COVID requirements). Improved timely understanding and accountability has resulted in greater awareness of how services do/don't meet the needs of children, young people and their families. This awareness has informed the development of

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transformational change programmes and joint commissioning intentions and has resulted in additional CCG investment in services.

The CCG has significantly increased the clinical oversight and quality assurance capacity. This has resulted in improved understanding and engagement from health services regarding their SEND responsibilities. The quality of health reports and plans are starting to improve – this will contribute to improvements in SEND support for CYP

Prior to the pandemic we were making good progress with reducing waiting times across a number of services but the impact of COVID slowed and/or reversed this progress in most services. The focus since the first lockdown has broadened from reducing waiting times to addressing the root causes of service issues to better meet families' needs. The evidence of impact is beginning to emerge, but time is needed to implement change and start to take effect. We know via feedback from schools, including through the Health and Education locality working group, that children and young people's needs are not consistently being met through the health service offer

Area 4: Commissioning: Weaknesses in commissioning arrangements to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged zero to 25 with SEND.

Assessment of progress

Forecasting methods for predicting SEND needs are now in place, these are enabling more informed, long-term strategic decisions to be made. Intelligence is much more regularly used throughout joint commissioning, with monitoring arrangements continuing to improve with existing provision to further strengthen this. Parent/carer engagement in joint commissioning is strong, with a long-standing working relationship with the Sheffield Parent Carer Forum. We need to do more to involve children and young people voice in commissioning.

We have identified key joint commissioning priorities., Activity has focused on joint commissioning areas which impact on areas of highest need in the city, e.g. Neurodisability, speech and language.

We have worked to bring a more robust approach to our commissions through developing memorandums of understanding and service specifications for existing provision and requiring them to be in place for all new commissions. Parent and carer feedback is now sought routinely,

A joint commissioning committee is now in place between the Local Authority and SCCG and continues to develop.

Progress has been made in the development of joint commissioning relationships and capacity. There are now teams in place with a programme of work, with a strong and trusted partnership between LA and SCCG commissioners. It should be noted that the pandemic had an acute impact on the joint commissioning programme with staff members redeployed. Therefore, some areas have taken longer to progress than originally envisaged, for example the SALT review.

Area 5: Weaknesses in the quality and timeliness of Education Health and Care (EHC) Plans

Assessment of progress

Areas of the EHC needs assessment process were identified for improvement and actions were taken to address them. Our compliance improved after the inspection but remained unstable. It dropped to very low levels in May and June 2021 when a high number of staff left the Special Educational Needs Assessment and Review Service (SENDSARS). Compliance Page 2

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recruitment and a new SENDSARS management structure. As of December 2021, 87.5% of EHC needs assessments were compliant with the 20-week statutory timescale.

The EHC Plans for our Children and Young People are of better quality and content than they were in 2018, this is evidenced through the feedback we have from the QA and Audit processes that are in place.

A clear quality assurance process is in place, which is made up of Audit and QA processes:

A multi-agency Quality Assurance Group who QA and audit EHC Plans. This evidences that:

- The quality of our EHC Plans has improved, the structure and the inclusion of advice is better.
- The newer word format of EHC Plans is much improved from the plans which were system based.
- The quality of outcomes coming from advice givers have improved, these are less about the needs / issues and much more about outcomes.

Our new SENDSARS QA process shows that:

- New and reviewed EHC plans are compliant with expectations set out in the code of practice.
- EHC Plans are well referenced, and reports are supplied alongside the EHC Plans.
- The EHC Plans reflect the advice that has been provided from OT / PT/ EP and SALT.
- EHC Plan audit shows that:
- Plans are showing improvement since 2019, the format, structure and links to child voice and aspirations are improving.
- A stronger child and parent voice is evident.

Our QA advice givers group audits show:

- Advice is written in clear language, with fewer abbreviations.
- Child voice and outcomes are considered.
- Provision is detailed but is not always specified and quantified.

Area 6: Inconsistencies in identifying, assessing, and meeting the needs of children and young people with SEND in mainstream primary and secondary schools

Assessment of progress

The graduated approach in Sheffield is much more embedded in our schools. The work of the Inclusion Taskforce is driving this forward to ensure consistency. We know the individual schools that are struggling to implement this.

Schools have a clearer understanding of their role, how they should be supported, and who can help them to meet SEND needs.

The quality of support in place for children and young people with SEND in Sheffield has improved since 2018. Improved processes identify settings who would benefit from support and enable resources to be targeted.

The SEND school improvement offer provides support to Sheffield schools and academies, both those who request support and those who receive a targeted offer. We know the schools where there are concerns about the quality of SEND provision. This involves both sector-led analysis and intelligence, and the processes which have been established to enable professionals to express concerns. More recently, a parallel process is being established to enable parents and carers to share concerns and for this to enhance existing intelligence about the quality of SEND provision This is being addressed through our school improvement offer (described below).

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We have improved our systems to better understand why our children and young people are not in school and how schools should support them to improve their access and attendance.

We know more about children and young people's needs and schools are better able to assess them. We are developing our understanding of the resource capacity we need in the city to ensure that these needs are consistently met.

7. Weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND.

Assessment of progress

As a city, and across Education Health and Care, we have a focus on transitions across all ages and stages.

This is reflected in:

- The co-produced Inclusion Strategy - Commitment 3 - Smooth transition across Education, Health and Care at every stage of a young person's life, and particularly to adult life (Transition).
- Our one-year plan - We will build better relationships with parents, deliver Education, Health, and Care Plans (EHCPs) within timescales, increase SEND places across the city and improve the transition to adulthood for more learners.
- Our Early Years Partnership approach, which brings together Education, Health and Care to support children and families at the earliest point in the Early Years.
- The 0-5 SEND team, who's specialist Early Years and SEND knowledge ensures children with complex SEND needs have the support they need from specialist teachers as they enter educational settings.
- Our School Readiness Transition Pathway, who specifically support children where transition may be more challenging.
- The Transition Core Principles that have been co-produced and will shortly be shared across education, health, and care, underpinning all transitions.
- The appointment of a Post 16 Manager to develop and map the post 16 landscape for SEND learners
- Transition information available on the Local Offer has been updated and is of better quality and has accessible content.

Feedback from Sheffield Parent Carer Forum (SPCF) tells us, when there is longer term service involvement, families feel supported through their children's transitional phase and know what to expect. However, this is not consistent, and parents often navigate this for/with their children.

Information is not always readily and easily accessible, and particularly for young people their options are not always known in their entirety.

- Strong Partnership working is part of the co-produced Inclusion Strategy - Commitment 3 - Smooth transition across Education, Health and Care at every stage of a young person's life, and particularly to adult life (Transition).
- The Governance Arrangements for this strategy are with the Inclusion Improvement Board, where success measures have been agreed.

Colleagues across Education, Health and Care demonstrate a strong commitment to facilitating good transitions for children and young people with significant improvement and investment across each of the composite parts.

There is evidence of excellent practice in places, clear intent, and emerging good practice, however this is not consistent.

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Due to our self-assessment in this area, support through the DFE was commissioned, with CDC and NDTi facilitating joint workshops across Education, Health and Care to help Sheffield reach this ambition.

3 workshops have been completed through October – November 2021, which resulted in 7 commitments, a Logic Model, and outcomes framework, these have supported the co-production of a draft action plan which requires children and young people voice and sign off by senior leads across Education Health and Care.

If agreed this will form the basis of the Commitment 3 action plan feeding into the Inclusion Strategy outcomes and reported through the Inclusion Improvement Board.

In our one-year plan, there is a commitment to:

'Work with schools, Further Education and youth services to ensure that young people have post-16 educational, employment and training opportunities'

And to

'Build better relationships with parents, deliver EHCPs within timescales, increase SEND places across the city and improve the transition to adulthood for more learners'

This evidences the Strategic Intent and Oversight within this area.

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