

Bath and North East Somerset Local Area SEND Position Statement



December 2018

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1. Local Context

Bath and North East Somerset is a small but diverse local authority, geographically located between two large rural authorities (Wiltshire and Somerset) and a large urban unitary authority (Bristol). The city of Bath is the cultural and historical hub of the area with some semi-rural parts around the towns of Keynsham, Midsomer Norton and Radstock.

Currently, based on **School Census January 2017 data**, there are approximately 31,192 pupils in BANES (approx.16.6% of the total population, not including young people in FE Colleges). In Bath and North East Somerset, and in common with the national picture, there has been a steady and significant increase in pupils with SEN receiving statutory support (statement or EHCP) since 2014/15.

- 2014: 718 pupils
- 2015: 748 pupils
- 2016: 895 pupils
- 2017: 1062 pupils
- 2018: 1,185 pupils (this is a prevalence rate of 27 per 1000 pupils aged 0-19 cohort)

As of January 2017, there are approximately 3,500 further pupils who receive additional, non-statutory SEN support for their needs (10.9% of all pupils).

Other significant facts and trends include (data from BANES Self Evaluation Framework (SEF) 2016 :

- Since 2015 there has been a significant increase in the rate of new EHC plans being issued, particularly among children in Reception, Year 1 National Curriculum Years and post 16/19 age group.
- Due to anticipated rising local population levels, the increase in the number of children and young people with a Statement or EHC plan in B&NES is likely to continue, at least in the short- to medium-term.
- Males are 2.5 times more likely than females to have a Statement or EHC plan.
- In terms of Black and Minority Ethnic (BME), as at January 2016, 13% of the SEND Statement/EHC plan cohort in B&NES were classified as non-White British, while the other 87% were classified White British (3.7% of the cohort had an unknown BME).
- The electoral wards with the highest numbers and rates of resident children and young people with a SEND Statement/EHC plan in

B&NES include Southdown, Westfield, Radstock, Twerton and Keynsham North wards.

Social Care

As of March 2018: BANES had 170 children and young people with Child Protection plans and 174 were in LA Care. (OFSTED Single Inspection of LA's Children's Services and Review of LSCB July 2017)

Figures for Children in Need remain stable at around 600 open cases at any one time (SEF 2016)

Monitoring and SEND Improvement Plan

Following regular scrutiny of data, assessment of need, progress and outcomes, the SEND Board has recently approved a new monitoring framework. Following detailed self-evaluation carried out in September 2016 we will produce yearly SEND position statements. These will reflect the most up to date summary of strengths and areas for improvement against the following headlines:

- strategic leadership and participation
- joint commissioning
- local offer
- educational outcomes (universal and SEN support)
- health and care outcomes
- information, advice and support for children, young people and parents/carers
- children and young people with EHCPs
- Safeguarding

Areas for improvement will be subject to a detailed strategic improvement plan.

SEND Strategy 2018 -2022

Key Strategic Objectives:

1. Increase the participation of children, young people, parents and carers in planning, commissioning and reviewing of SEND services
2. Strengthen commissioning capacity in education and commissioning links between adult and children's services
3. Improve attainment and progress for children with SEND in our early years settings, schools & colleges and supported employment opportunities
4. Strengthen responsibility for early identification and intervention and quality of support at universal and SEN Support for all children with SEND
5. Improve transitions for CYP with SEND between all key stages of their life, especially between children's and adult services & into adult life
6. Create a shared SEND data and performance outcomes framework to ensure the local area knows itself well, improves its capacity to monitor and evaluate progress, and as a result is able to be better informed when planning for the future.
7. Review type and number of local SEND educational places and provision, strengthen inclusion opportunities in mainstream schools and colleges, reduce reliance on out of county placements
8. Improve quality, consistency and timeliness of EHC planning for young people, particularly for vulnerable groups e.g. LAC, young offenders
9. Promote choice control and independence and use of direct payments & personal budgets
10. Promote information, advice and support services – ensure children, young people and their families and schools receive the right information at the right time
11. Ensure local area continues to self-evaluate to understand its strengths and weakness

Progress against the above key objectives will be evaluated by:

- 1. SEND Operational Group – bi-monthly reports**
- 2. Senior Leadership Team/JCC – Quarterly Reports**
- 3. SEND Strategy Group – twice yearly reports and RAG judgements**
- 4. CYP Sub Group of the Health and Wellbeing Board – twice yearly reports**
- 5. Health and Wellbeing Board – Annually**

3A. Strategic leadership and participation (objectives 1,6,11) – lead officer Mary Kearney-Knowles

Strengths	Areas for improvement (progress and actions specified in the Improvement Plan – section A)
<ul style="list-style-type: none"> - Well established governance arrangements - Good engagement from all partners - Active strategic plans to increase numbers of SEND placements within B&NES. - Strategic direction agreed, SEND strategy in place - Good level of understanding of key strategic objectives and actions across all agencies - Recent Ofsted SIF inspection (May 2017) highlighted good quality services to Children with Disability. - Good level of understanding and ability to evaluate strength and areas for improvement - Regular learning events including all partner agencies with a focus around SEND issues 	<ul style="list-style-type: none"> - Reporting mechanisms, in particular availability of performance data benchmarked against national and regional indicators. This performance data needs to be more routinely utilised by front-line managers to inform practice and monitor the progress of plans/interventions. - Parent carer and young people to have the capacity to play a key role in setting the strategic direction of SEND: good progress made in 2018 in both areas and children and young people actively involved in the re-procurement of short-break services. - Quarterly meetings between the Parent Carer Service and the Director of Children and Young People agreed - Participation and engagement from adult services : new integrated Commissioning arrangements across the LA and the CCG will support this further development

- Strategic SEND Board and subgroups are now well established, they meet on regular basis and their work is well coordinated by key strategic senior managers.
- Chief executive of the council and elected members receive regular reports and updates (this is through presentations at Senior Leadership Meetings, Scrutiny Panel, Health and Well-Being Board, and the Local Safeguarding Board.
- Relevant plans underpin work of the groups and enable them to monitor progress.
- There is good attendance and good level of participation of all partners.
- CCG have a good understanding of their strategic duties (evidence e.g. minutes of CCG meetings etc.). DMO and DCO roles are well established and take an active role in working collaboratively with the LA for example in reviewing key documents and processes (review of provision of medical support), regular QA of EHCPs, attendance at SEN Panel.

3B. Joint commissioning (objectives 2,7) – lead officer Alison Woodiwiss

Strengths	Areas for improvement (progress and actions specified in the Improvement Plan- Section B)
<ul style="list-style-type: none"> - B&NES have integrated commissioning arrangements across the LA and CCG. There is a single Director of Integrated Health and Care Commissioning across the council and CCG and a number of senior commissioning managers have dual responsibility across the LA and CCG - B&NES LA/CCG Senior Commissioning Manager for Specialist Services manages an integrated team of children’s health and social care commissioners that are co-located with the Disabled Children’s Team (DCT) and the Special Education Needs Team (SEND). The team also maximize the opportunities to commission at regional/STP level and use DPS Framework agreements. - Scheme of delegation for decision-making consulted and published; this includes new joint arrangement to tackle above average number of placements in the independent sector - The Local Area has a joint agency panel between, health, education and social care for children with complex needs. It commissions bespoke placements, through a pooled budget, which streamlines decision making and aids partnership work between agencies. - Improved level of awareness and engagement amongst EY, Schools and colleges about DSG funding issues including High Needs - A capital programme supported through a SEND Education strategy is underway to address capacity issues in special schools and to promote inclusion in mainstream schools. - The local area has reduced the number of children it places in out of county special schools 	<ul style="list-style-type: none"> - Monitoring arrangements for ensuring best value for money are not always in place. - The high needs budget faces significant pressures and as a result resources for all children and young people with SEND are under pressure. - The area does not have a dedicated SEND commissioner (education), and therefore commissioning decisions may not always be consistent: there is a proposal to appoint a SEND commissioner as part of the new integrated commissioning arrangements across the LA and the CCG

Joint working arrangements between Health and the Local Authority on both a strategic and operational level continue to be very strong. Key relationships between leaders and operational staff across the Health and the Local Authority are well established and characterised by a mutually supportive culture. The DMO/DVO/Commissioner Triumvirate arrangement has been effective in discharging the range of responsibilities needed for the effective implementation and improvement of the health element of SEND Reform. Planning in areas identified for the next stage of progress with a shift in focus onto measuring quality in key operational and strategic areas is underway. These include the following key areas: a focus on improved quality of the health section of EHC Plans; developing a single health advice form with improved co-ordination between services; service redevelopment for children's therapies (SALT and OT); data sharing and monitoring around SEND (clear KPIs written into new community contracts; improved information sharing between the Local Authority and health to inform future provision both in terms of local authority and health services; and the development of an Integrated SEND Quality Assessment framework which will sit over Education, health and Social Care.

2C. Local offer (objectives 1,2) – lead officer Rebecca Claridge

Strengths	Areas for improvement (progress and actions specified in the Improvement Plan – Section C)
<ul style="list-style-type: none"> - New redesigned Local Offer website is now live. Feedback received on the new site has been positive – Parent Carers value the clearer website and the use of age categories to find relevant information - People and Communities Communications Team have promoted the new site extensively and continue to do so at various outreach meetings/events - Following the website redesign and launch, there has been an increase in applications for the Rainbow Resource scheme, which provides concessions at a number of attractions and events. The P&C Comms team are currently looking to expand the number of attractions. 	<ul style="list-style-type: none"> - Some feedback received around the need for clearer information on transitions on Local Offer.

The redesigned B&NES SEND Local Offer, Rainbow Resource, went live end of July 2018. Initial response to the website has been positive, feedback received from Parent Carers Voice indicates that parents like the look of the new website and feel the site is much clearer and more accessible, with it being easier to find key information using the age categories. The People and Communities Comms team have undertaken a schedule to promote the new website and there has also been an increase in applications for the Rainbow Resource scheme (102% increase comparing August – Dec 2017 and August –Dec 2018), which gives concessions at a number of events, activities and attractions for CYP with SEND and their families. Areas of weakness in terms of compliance with the

Code of Practice have been addressed; however have received some feedback around the need for clearer information regarding transitions on Local Offer.

2D. Outcomes (universal and SEN support, objectives 2,3,4,5) - lead Chris Wilford

Strengths	Areas for improvement (progress and actions specified in the Improvement Plan – Section D)
<ul style="list-style-type: none"> - Good employment outcomes through Project Search scheme, potential for growth of Supported Internships for young people with High Functioning ASD - Improving levels of attainment in early years and primary - Improving level 2 & 3 performance for 19 years old with SEND - Improving NEET data suggests better than national and regional performance 	<ul style="list-style-type: none"> - Fixed term exclusions for some groups remain too high - Progress at KS4 lags behind others

The LA is committed to addressing the issue of rising exclusions with schools and is meeting with Heads and MAT leads to look at the issue and possible solutions. Additionally the LA is addressing its lack of capacity of SEMH special school places by supporting Aspire Special school to expand. The LA has recently funding for the Learning for Work programme with Bath college aimed at young people with SEND who are likely to be NEET, engagement with this programme so far is good. Alongside this the LA has supported Bath college to develop a SEND centre offering additional places and facilities to support young people with independent living and employability.

2E. Health and care outcomes (objectives 4,5,9)– Ali Woodiwiss

Strengths	Areas for improvement (progress and actions specified in the Improvement Plan- section E)
<ul style="list-style-type: none"> - Director of Nursing co-chairs the SEND strategy group to ensure senior Clinical Commissioning Group (CCG) input into local strategy. Strong input from health services into SEND Strategy group and subgroups - BANES CCG sits on NHSE National Children with Complex 	<ul style="list-style-type: none"> - Quality Assurance processes - How are we measuring the impact of our work (related to the development of the Integrated Quality Assurance toolkit) -Further work is underway on improving the way outcomes are described within reports to ensure specificity.

<p>Needs Board in an advisory role for support to local areas</p> <ul style="list-style-type: none"> - CCG with the Local Authority in the National SEND Leadership Programme commissioned by the Department for Education (DfE) and delivered by National Development Team for Inclusion (NDTI). As part of this programme the LA and CCG are developing an Integrated Assurance Framework due for launch and roll out in March 2019 - Joint working arrangements and jointly commissioned services are a strength, as are pooled budget arrangements. New service specifications for the recently commissioned Children's Community Health Services include reference to SEND reforms and have as a core performance measure, monitoring of children with SEND. - Systems to enable health services to provide early notification to LA have been agreed and launched. Improvements to system are underway. - New-born and early years screening in place to support early identification of SEND. - The area has good early identification of speech and language needs, parents are able to self-refer and can speak directly to a therapist within a phone clinic for advice. - CAMHS transformation plan updated to promote resilience, prevention, early intervention and to improve access to mental health services. - Specialist CAMHS has been re-procured to introduce a tier-less model of service delivery - 6 weekly health team meetings held within special school to discuss individual child's health needs; attended by school staff, 	<ul style="list-style-type: none"> -We have identified a gap in health advice available to home educated CYP – a system has been developed to improve health information being delivered to this group of children and their families/carers. Further work is planned on understanding the health needs of children not attending schools. <ul style="list-style-type: none"> - A review is underway, informed by the NHSE national review (to be published 20th march at a national DCO/DMO event) of our current DCO/DMO arrangements - Improving how advice is captured and delivered. Plans are underway to develop a Single Health Advice Form - Continued SEND Training and information delivered out to all health services 	
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<p>OT, SALT, Physio, community nurses, DCO. Supports early identification of changing needs and coordinates care.</p> <ul style="list-style-type: none"> - DCO and health commissioner are colocated with statutory SEND team and contribute at all early years and SEND panels. DCO is available to discuss and progress individual children's needs as required. DMO role has been recruited and has quarterly triumvirate meetings with the health Commissioner and the DCO. A fast track system has been introduced if the SEND panel recognise there is a need for a child to be seen by a paediatrician or CAMHS specialist quickly. - Children's continuing care needs are embedded within the SEND process whenever possible and annual reviews are aligned - Personal health budgets have been utilised to provide innovative commissioning arrangements which benefit the young person - There are currently 18 children and YP in receipt of PHBs, 16 of these delivered as direct payments. PHBs are now the default position for CYP Continuing care. There are 4 CYP in receipt of PHBs outside of CCC. - PHBs now effective in all children meeting continuing care criteria. An additional 9 children outside of CCC also hold a PHB to support access to short breaks. <ul style="list-style-type: none"> - The SEND Partnership Service (delivering information, advice and support to CYP and families) receives an element of funding from health. . The Advice and Information Officer acts as a single point of access for independent advice and support and will signposts to services and where necessary the Health Commissioner, DCO and DMO. - Short break services work to set outcomes which are monitored 		
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	<p>quarterly, including health funded short breaks</p> <ul style="list-style-type: none"> - Transition panel includes health and social care providers to ensure children receive the most suitable care and support into adulthood. - Ready Steady Go and Hello program launched across providers to help identify services needed into adulthood. - GP clusters have received specific communications to increase their understanding of the role of the GP in relation to SEND. - A process has been agreed with the Local Authority SEN Team to improve uptake of 14yrs+ annual LD assessments. - Acute trust has LD nurse in post to support admissions and discharge of vulnerable individuals. - Annual SEND workshops for the local area which includes all health providers. <p>Local Offer includes up to date information about all Children's health services and published detail about various CCG/LA SEND roles</p>		
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Joint working arrangements between Health and the Local Authority on both a strategic and operational level continue are very strong and key relationships between both leaders and operational staff between the health and the Local Authority are well established and characterised by a mutually supportive culture. The DMO/DCO/Commissioner Triumvirate arrangement has been effective in discharging the range of responsibilities needed for the effective implementation and improvement of the health element of SEND Reform. Planning in areas identified for the next stage of progress with a shift in focus onto measuring quality in key operational and strategic areas is underway. These include the following key areas: a focus on improved quality of the health section of EHC Plans; developing a single health advice form with improved co-ordination between services; service redevelopment for children's therapies (SALT and OT); data sharing and monitoring around SEND (clear KPIs written into new community contracts; improved information sharing between the Local Authority and health to inform future provision both in terms of local authority and health services; and the development of an Integrated SEND Quality Assessment framework which will sit over Education, health and Social Care.

2F. Children and young people with EHCP (objectives 8,9) – lead Chris Wilford

Strengths	Areas for improvement (progress and actions specified in the Improvement Plan – section F)
<ul style="list-style-type: none"> - High satisfaction level about the new EHC Plans as expressed by parents and young people - Sustained high levels of EHCP completion within 20 weeks - Good progress in local first approach for young people leaving special schools and now able to access local college provision - Comprehensive QA process for EHCP in place - SEND Practitioners based in Special Schools to support transition into adulthood.. - Development and implementation of a universal graduated approach in all schools 	<ul style="list-style-type: none"> - More focus on parental /children and YP satisfaction (You Said, We Did approach) - Take up of personal budgets remains low, but routinely offered as part of the EHC process

On average 90% of EHCPs are now completed within the 20 week timescale. The SEN team has two SEND practitioners based in special schools enhanced the capacity by providing expertise and support with preparing for adulthood. All conversions will be completed by the end of March 2018. Quality assurance of EHCP's is overseen by a multi-agency group, results are discussed at the SEND Operational Group and shared with the Strategic Board

Parents and young people provide positive feedback on the approach taken in planning EHCP's and each plan has a one page profile and a 'My Future My Choice'. Technology is being appraised to see how engagement can be further improved. Additional capacity for children and young people voice is in their plans is delivered locally by Off the Record.

The SEND Partnership Service provides free confidential and impartial information, advice and support to children, young people and their families. Advocacy for children and young people is provided by Off the Record.

A joint approach to personal budgets is being developed to ensure better take up and integrated approach from education, health and social care to promoting take up.

2G. Disagreement resolution, complaints, information, advice and support for children young people and parents (objectives 10) – lead Chris Wilford

Strengths	Areas for improvement (progress and actions specified in the Improvement Plan – section G)
<ul style="list-style-type: none"> - SEND Partnership Service has now relocated to re-emphasise impartiality from Local Authority. . SPS has been successful in bidding for more external funding from CDC to cover to 31 March 2019 - Families say they find the support that SPS offers invaluable and is impartial and informed - Launch of Parent Champion Programme to support families. This is in conjunction with the Coram Family and Childcare Project - Complaints and tribunals in the Local Area remain low - The SEND team have a process of meeting and talking with families to resolve issues & commission and independent mediation service to support disagreement 	<ul style="list-style-type: none"> - SPS has bid a pot of external funding from CDC for the April 2019 to March 2020 period. This is to fund development activities strengthening SPS compliance with the Minimum Standards (DfE accredited) - SPS capacity for dealing with increasing caseloads remains an issue .Strategies to develop digital resources and grow the volunteer Parent Champion programme will help to enable self-serve and awareness raising to self-serve - In the most recent Annual Report it is evidenced yet again that SPS is increasingly dealing with a greater number of complex cases as well an increase in demand. These are time consuming and complicated for all parties including families who need considerable support to be able to contribute meaningfully to the process

The Local Area works hard to support parents, children and young people in matters when disagreement occurs. Complaints and tribunals are low and the SEND team has a graduated approach to resolving disagreement.

The SEND Partnership Service supports children, young people and parents/carers and feedback gathered from service users tells us that the Service is well regarded. There has been a recent change which shows an increase in support for children and young people with an EHCP. Traditionally the majority of the Service time was spent supporting those on SEN support.

2H. Safeguarding (objectives 6,7,11) – lead Mary Kearney Knowles

Strengths	Areas for improvement (progress and actions specified in the Improvement Plan – section H)
<p>Recent Ofsted SIF Inspection confirms the Local Authority as being “Good”. The report also confirms that thresholds are well understood by partner agencies.</p> <p>Recent Ofsted inspection of the LSCB also confirms it to be “Good” overall, with strong partnership working.</p> <p>Early Help Hub (October 2017), strengthens systems to assist quick allocation of early help cases and timely interventions at the earliest opportunity.</p> <p>Additional capacity with social care has been introduced to ensure the effective planning of EHCPs and oversight at SEND Panel.</p>	<p>We continue to develop and improve the quality of data available to managers and staff to assist in monitoring performance and recording interventions plans and assessments. The implementation of a new Council data-base Liquid-Logic (EYES) will significantly assist in our ability to improve these aspects of practice.</p> <p>There is a need to further strengthen the links between SEND services and DCT at the point of initial notification. Previously, some EHCP’s have not had the social care advice they needed.</p> <p>Social Care have now prioritized and provide some dedicated Family Support Practitioner and Social Work hours, overseen by a Senior Practitioner, in order to respond to EHCP plans in a timely manner.</p> <p>Social Care are now core members of the SEND panels.</p>

Safeguarding services in B&NES are good and DCT are a strong social care team with positive praise in their recent OFSTED inspection on the practice and procedures. However links between social care and the SEND team during the EHCP process need to improve. In a recent audit of files too many EHCPs lacked social care input, particularly when it was evident when the social care had involvement with families. Social Care’s input the EHC process has strengthened significantly in recent months

Links with early help services during the EHC assessment are also underdeveloped and opportunities to share information and possibly link families with early help services during the assessment are missed.

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