



Peterborough City Council SEND peer review

1st to 4th October 2018

Feedback Report

Executive Summary

You asked the peer review team to focus on a small number of key areas for you as you review and revise your strategic approach to children and young people with special educational needs and/or disabilities (SEND). These were:

- Acknowledgement that you know your strengths and areas for development

We felt that areas of strength and areas for development were known by individuals, teams and agencies but there did not appear to be a full, collective understanding of these across all levels of the partnership.

- Feedback on how new arrangements and strategies are embedded

The recent past has seen Peterborough City Council 'travel at pace' to implement the SEND reforms. You have clearly had honest conversations to address improvements and there are areas that are being well embedded. However, there is still more work to be done. For example, you have established one of the key components of an effective SEND pathway via the Statutory Assessment and Monitoring Service (SAMs), which has begun to improve the process for Education Health and Care Plans (EHCPs), but not all parties are as yet fully engaged nor is there buy in at all levels.

- Identification of areas where you need to focus more attention

We highlight a number of areas for further attention which include strategic long-term planning, workforce development and fine tuning improvements that have been put in place recently to ensure that they are fully embedded.

- Examples of innovative practice in the light of financial constraints

A number of examples were seen, including your approach to early help/early support, the development of joint commissioning and the establishment of the HUBs.

We saw strong leadership around the SEND agenda, which is clearly a priority for the senior leadership team. It is equally apparent that there is also a commitment from council officers, councillors and school governors to progress the SEND reform agenda. The push from senior leaders has enabled partners to 'come around the table'.

Partners are engaged and committed to making SEND everyone's business. We saw examples of good collaboration and a collective problem solving approach has been employed to resolve challenges and establish specific initiatives.

There has also been an increase in pace over the last two years. There is a rigour and energy to drive progress and a collaborative approach is producing improvements.

We saw passionate and dedicated staff with a strong team ethos, across the whole partnership. Staff work positively together to maximise the local offer. Those we spoke to were of the opinion that once a diagnosis or assessment had been received then a good service was forthcoming. You prioritise the voice of parents, carers, children and young people and we saw how this is being weaved into strategic planning.

You are progressing increasing collaboration and joint working with Cambridgeshire County Council. This is producing synergies and learning for both authorities. As yet the desired end point of this journey is yet to be defined.

Demographic and other data suggests changing patterns of need and increasing demand at a time when financial pressures on all partners are increasing. It will be a challenge to meet these competing trajectories.

There remain areas where you wish to progress further and there is more work to do, not least on fully embedding the progress you have made to date. We found different perceptions of a number of key shared business processes you have put in place. At the most extreme this resulted in some seeing these as filters and others as barriers to entry or restricting/delaying access to services. These differing perceptions should be investigated and resolved as necessary. Not all partners and settings felt equally engaged.

There are a number of key areas to progress further

- Consider the whole system when addressing specific problems
- Moving from a focus on the here and now to a strategic long-term perspective
- Developing your approach to the use of data; you have good sources of data which could be used more effectively by including consideration of 'softer' intelligence.
- Co-production is an evident priority and was consistently referenced by a range of stakeholders but there are inconsistencies in understanding and application of the term.

The draft SEND strategy that is now going out for consultation will help to engage partners in shifting focus and begin to address these issues.

Recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations onsite, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to the council:

1. Continue to refine and strengthen your strategy - backed up by a robust data dashboard.
2. Ensure the partnership provides focused leadership to map out forward demand. Understand in detail the changing local demographics, patterns of demand and throughput within your local offer. Make the best use of what you already know.
3. Rank, action plan and deliver on your 'essential to success' priorities' – determine those priorities that are of critical importance to attend to over and above others, that reflect where you are now and enable you to go on to deliver on your SEND ambition, 'if we don't deliver this, we won't deliver the right services to the right people at the right time.' Ensure your monitoring and evaluation processes are focused on measuring progress against these priorities.
4. Develop a workforce strategy to provide the capacity to respond to future patterns of need.
5. Strengthen ways to evidence impact and outcomes for children and young people. In particular, increase your awareness of destinations/outcomes in the post 16 and post 18 age range.
6. Continue to listen to, learn from and fully engage all stakeholders: open, honest conversations need to be part of continuous improvement. Consider ways to maximise engagement with all parent/carers.

Peterborough City Council SEND peer review - scope and focus

The fundamental aim of a SEND peer review is to help councils and their partners reflect on the provision in the local area for children and young people with special educational needs and/or disabilities as contained in The Children's and Families Act 2014 and in the SEND Code of Practice 0-25 years, 2015.

A peer review provides an assessment of the local area self-evaluation and overall progress in implementation of the SEND reforms.

The LGA SEND peer review lines of enquiry reflect the principles of the Code of Practice and the key themes of Ofsted inspections.

The lines of enquiry considered by all SEND peer reviews are:

- How effectively does the local area identify children and young people who have special educational needs and/or disabilities?
- How effectively does the local area assess and meet the needs of SEND children and young people?
- How effectively does the local area improve outcomes for SEND children and young people?
- Leadership and governance of the SEND Reforms
- Capacity and resources.

It is important to remember that a review is not an inspection; it provides a critical friend approach to challenge the council and its partners in assessing their strengths and identifying their own areas for improvement.

Peterborough City Council requested an LGA peer review to assess their progress in implementing the SEND reforms and the development of a new SEND Strategy, to ensure sufficient attention on this agenda and to assist in preparations for any future Ofsted inspection.

A team of LGA specialist peers reviewed documentation and data, a small sample (seven) of Education, Health and Care Plans (EHCPs), and interviewed children and young people, parents and carers and staff, across early year's settings, schools, colleges, the council, health commissioners and provider organisations. A number of visits to primary and secondary schools as well as a FE college were carried out alongside a range of focus group sessions.

Although the team employed the overall LGA framework, as set out above, the SEND peer review in Peterborough was developed in a bespoke manner to address a key current need of the council and its partners in relation to SEND.

The Council specifically asked the review team to look at the very recent development of your SEND strategy and to comment upon it in relation to the following five areas:

- Acknowledgement that you know your strengths and areas for development
- Feedback on how well you are embedding new arrangements and strategies
- Identification of areas where you need to focus more attention
- Innovative practice in the light of financial constraints
- An assessment of the quality of Education, Health & Care Plans.

The findings of the review are delivered as an assessment against these primary areas of focus from both a strategic and operational perspective. This assessment is framed as set of strengths and areas for consideration.

Peterborough City Council is encouraged to reflect with its partners on what the review findings mean in relation to the local area as a whole.

The peer team

The make-up of the peer team reflected your requirements and the focus of the review. Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with you.

The peers who delivered the SEND peer review in Peterborough were:

- Lead peer – Tom Murphy, Assistant Director, Early Intervention, Prevention and SEND, Hillingdon Borough Council
- Operational Peer SEND – Chris Jones, SEND Strategic Development Lead, Nottinghamshire County Council
- Operational Peer Education – Jayne Franklin Head Teacher, The Children’s Hospital School at Great Ormond Street and UCH
- Health Peer – Gill Tyler, Designated Clinical Officer NHS Vale Royal CCG
- Review Manager – John Rylance, LGA

Detailed findings

Strategic level - strengths

We saw strong leadership and direction around the SEND agenda and the Council has consistently prioritised the maintenance of the educational resource allocation to support the delivery of the SEND reforms. A key strength lies in the individual relationships and collaborative working that we saw in action. There is considerable goodwill and a willingness to work together. This collaboration has already borne fruit and there are examples of how this has helped you join up and improve services, e.g. in the Speech and Language Therapy (SALT) specification, the new 0-19 Healthy Child approach and in agreeing and implementing a revised single point of assessment business process.

The principle that SEND is everyone's business is universally accepted and you have reached agreement across the partnership on high level principles. Differing roles and responsibilities are acknowledged and joint working occurs at all levels.

You clearly know where you are and have a good awareness of your strengths and areas for development. You acknowledge that you have needed to address some challenges and recognised the need to move at pace in response to the reform agenda, given your starting point. The last two years have seen senior leaders in Children's Services pushing the agenda forward and you have applied a rigorous approach to increasing pace, improving services and establishing fit for purpose joint working arrangements. Senior leaders from different agencies have come together and used a strength-based problem solving methodology to resolve challenges. There have been a number of honest and open discussions that have resulted in improved working arrangements.

Working together processes have been refined and you have put in place a governance structure, which includes a SEND Partnership Board and a Joint Commissioning Unit SEND Group, to provide effective oversight. SEND priorities and outcomes feature in local authority service plans.

There is an improving relationship across the various Peterborough City Council teams that contribute to the delivery of SEND services and an increasing contribution from health. Both of these have been brought about through a more effective, high level steer from senior leaders. Consolidating support within the 0-25 Children with Disability team is an example of how you are working to ensure services flow together more easily and minimise the impact of transitions. The relationship between the Council and Health has improved significantly over the last two years in terms of joint planning, joint funding and ensuring integrated pathways for assessment and diagnosis.

Your draft SEND strategy, once finalised and disseminated, will help to consolidate the progress that has been made.

Strategic level - areas for consideration

You acknowledge that you have had to increase pace on implementing the SEND reform agenda. The vigour and energy that has been applied in the past two years has enabled you to make progress. There is a good understanding of the work there is still to do to fully implement the SEND reforms.

You have faced the need to improve provision and address challenges but acknowledge that this could have been perceived as reactive problem solving. The next stage of development requires problem solving across the whole system rather than against specific challenges. We would recommend moving to a whole system risk appraisal process linked to the roll out of your new strategy, taking account of the system pressures that you already know about e.g. recruitment and workforce issues, pressure on the delivery of Universal Plus interventions

The new SEND Strategy needs to provide a consensus on where you want to be across a three to five-year time frame. You need to put in place clear, consistent and SMART action planning which articulates to the overarching new strategy and plan going forward. It is important that the new strategy being consulted on, has one, consolidated, clearly defined and partnership owned implementation plan as the vehicle for ensuring agreed outcomes are realised. We note that, from April 2019, you do intend there to be only one action plan for the local area strategy including action relating to the implementation of the SEND reforms.

At the time of the review we saw a number of action plans which attended to the implementation of the SEND reforms and associated SEND development activity for the 3 years prior to the production of the current draft strategy. The fact that your current 18-19 action plan and the new draft Strategy do not align effectively was a cause of confusion to those we spoke with. The various action plans that we were presented with did not appear to us to have been fully evaluated nor always used to inform the next action plan.

Clear efforts are being made to involve partners and stakeholders in the development of the new strategy. It is important to make sure that everyone is equally engaged in the process of agreeing and then owning the new strategy. These efforts need to be maintained to ensure that the strategy is shaped and owned by all stakeholders.

Although everyone is signed up to a set of high level principles, there are a number of areas where there are differing opinions, co-production being one of the more contentious. There are differing opinions on the definition, and even more so on the reality, of co-production in Peterborough, particularly how it has been employed in relation to the new draft Strategy. Not all partners felt equally engaged in the development of the strategy and questioned whether the process was in fact consultation rather than co-production. We ask you to consider with your partners whether you are all clear about when you are co-producing and when you are consulting.

There is good engagement with schools around delivery of SEND but a sense that they had not been as fully engaged as they would have liked in the Sufficiency Audit

and development of the new strategy. There is no doubting schools' commitment to the SEND reform agenda and to delivering a high quality SEND offer but it is worth considering how to build a shared acknowledgement of schools as equal partners. This would entail further discussion to clarify expectations and responsibilities around involvement and engagement - areas where there is, at the moment, some confusion.

You provide funding to maximise parent and carer input into the development of SEND services and we saw the positive effects of this and attempts to widen recruitment in imaginative ways. Your emphasis on gaining the parent carer voice needs to be maintained and the local area should continue to employ a number of ways to ensure that it hears from the widest spread of parent/carer opinion. We heard of many interesting initiatives to extend parent carer voice such as the coach trips organised by Family Voice. We heard that employing a number of different ways to engage parents was felt to be very helpful and was increasing engagement. However, not all parents are fully engaged and a variety of methods will continue to be needed to ensure your approach is as fully inclusive as possible.

We have concerns at the capacity within SENDIASS, given the demands placed upon it and the emerging new national standards. You may want to consider whether there are sufficient resources in SENDIASS and the ability of this service to deliver the national minimum standards that have recently been consulted on.

Peterborough has dedicated resource to the development of its Local Offer and website. This has led to a well-constructed and continually evolving website. Those leading its development have clear ambitions to continue developing the site, including the creation of a young people specific website. Work in relation to ensuring all stakeholders consistently contribute to its development is ongoing. We found that the full engagement of all relevant agencies in the development of the Local Offer and its website is a challenge in some instances. We advise that Peterborough considers how best to match Local Offer development, ambition and available resources. We also suggest that due attention is paid to ensuring contributions from all relevant parties to Local Offer content and website development.

We thought that better use should be made of the data that you hold to inform planning, performance management and evaluation. We were told that the data dashboard is still being developed and has taken a long time to get established. This is not to say that you need more data - there are already 165 indicators – and there does appear to be a range of good quality data available. Rather, we believe that you should focus on developing a limited series of key indicators that will tell the partnership that it is delivering the right service to the right people - alongside mechanisms to share, and make better use of, the data that you already possess in order to better predict and respond to demand. One example of this would be using your data to facilitate post 16 providers to match resources to likely levels of student demand for courses. This is obviously a specific instance but we were of the opinion that it may reflect a wider systemic need to develop your approach to data gathering and analysis so that the resulting intelligence, including 'softer' more qualitative

intelligence, is used to best effect. There was a general acknowledgement of a lack of data and intelligence on SEND outcomes.

Predictive data indicates increasing complexity and increasing demand. Your data shows particular areas where there is very likely to be higher levels of need in the future. This is against a context of tightening financial constraints. This was very effectively described to us as the debate about 'resourcing the ambition' and being able to provide 'bronze or platinum core statutory services.' There is self-evidently a need for medium to long term financial efficiency planning. Although education resources have been protected to date there is no allowance for growth in demand nor an increasing population. Consultation on the new SEND strategy provides an opportunity to set out the expected future financial and demand contexts and promote the honest and challenging discussions that will need to be had around a sustainable level of service provision in the medium to long term. You have begun this process and have already engaged in a sufficiency exercise to plan for the next 5 to 10 years, however this was described to us as 'still in the early days' and there were mixed messages fed back to us on how far some felt engaged in the process.

You have established two key fora to drive forward the SEND reform agenda, The SEND Partnership Board and the Joint Commissioning Unit SEND Group. The basis for effective governance across SEND is in place. The SEND Panel is seen as having strong representation from all partners and is viewed as 'transparent'.

We were told that the problem focused approach to SEND governance that has been applied to fast track challenges has produced a system that is very reliant upon strong individuals pressing for change. There is a risk that the change and transformation agenda could be viewed as over reliant on 'driven' individuals and we would advocate the continued fostering of collaborative leadership. The emerging challenge is to ensure that robust systems can drive forward as effectively as strong individuals have done to date. It is also about ensuring that the new strategy is brought forward as a collective effort.

A specific issue in relation to governance is the breadth and scope of responsibility of the Designated Clinical Officer (DCO), which at present only extends from 0-18 - although we acknowledge you are currently piloting inclusion in the 18-25 age range. Additionally, the DCO has two other roles which compete with their time. You have resourced and appointed an additional post to act as a central administration point for health requests but again this post only covers the age range 0-18.

There was a general message that not all stakeholders felt fully informed. There were examples of numerous processes in place to communicate across the system (e.g. the Governor's newsletter). However, improving communication, both internally and with partners, was frequently mentioned as an area for development. Some of the examples that were raised included timing or absence of partner notification of requirements to attend panels, hindering their ability to be present, and schools stating that developments in relation to the early draft of the new strategy were not effectively communicated to them. Many of those we interviewed said that they felt excluded from the development of the Sufficiency Audit. There is a need to hear the messages fed to us on the relationship with schools and to ensure that all schools

feel fully engaged with, and have ownership of, strategic development and operational policy and practice.

It is important to investigate the perception that internal and external communication hasn't met the needs of all parties and resolve any outstanding issues.

We recognise the challenges and complexities of having effective channels of communication across the whole system and you may wish to consider 'communication' as a specific work stream within your SEND strategy, in order to address some of the perceptions shared with the review team.

Operational level - strengths

SEND is clearly a priority at an operational level. We found skilled, passionate and knowledgeable staff across the partnership, good co-working and delivery of good quality services following assessment and/or diagnosis. There is increased clarity in your processes for referral and planning e.g. the Early Help Referral process and EHCPs. The renewal of your Early Support Pathway is having an impact on assessing and meeting need. The focus is clearly on the child and the 'All about me' folder, once accepted by the Early Support Panel, will further enhance the child's voice. The Neuro Developmental Pathway is highly valued and has improved waiting times

We saw increasing effectiveness of systems and information sharing e.g. 10% of health reports are returned within 6 weeks and from September 2018 direct referral to specialist services has been possible.

Schools are committed to support the SEND needs of pupils and families and Governing Bodies and Trust Boards are beginning to identify the need for improvement with relation to SEND policy and the information that they include on their websites. There is a strong operational level relationship with your schools and between schools and the PRU, which is promoting inclusion. This has resulted in limited evidence of off-rolling and a low level of exclusions. We were told of increasing use of preparation for adulthood (PFA) targets from Year 9 onwards and strong relationships with sixth forms (including vocational as well as academic offers, life skills and life beyond school options).

You have negotiated and jointly agreed with schools and FE independent providers a banded funding model for a three-year fixed period that plays out operationally and the High Needs Budget for 2018/19 is balanced.

There are increasingly effective processes in place within post 16 provision. Both FE colleges clearly prioritise SEND and we saw the work of the access champions at the City College. The Youth Service report that 99% of 16 to 18 year old young people with SEND are known to the service and there is a specialised National Citizenship Service and a Gold Duke of Edinburgh for young people with SEND. There was good commitment to providing the best possible post 16 and post 18 provision but as with other sectors still some work to do to ensure seamless transition and effective outcomes. There was a lack of data on post 16 and post 18 outcomes. It's important that outcomes at post 16 and post 18 are tracked and measured to ensure that your provision delivers against your own aspirations for this cohort.

The SENDCo Network and the recent move to the HUBs (now in its second year) are valued and have generally been well received by staff, providing a good opportunity to share information and good practice. This is promoting joint understanding of work needs and issues and said to be generating efficiencies, increased accountability and improved links with specialist services and with area SENDCo.

You are beginning the process of reviewing services to provide sufficiency, improve outcomes and/or reduce costs (e.g. review of Short Breaks, Joint Funding Panel review of out of city placements, funding for a central point for requests within health to free up professional time and capacity). The problem-solving approach you have adopted has helped to mobilise and bring people together to effect change and strengthen the local offer e.g. developing links with leisure facilities, drop in SALT clinics.

You clearly prioritise the voice of families and children and young people. Family Voice are using creative means to increase engagement with seldom heard families and carers. The local SENDIASS is effective and highly regarded by parents and there are a number of other avenues being used by parents and carers who are not engaged with these two fora.

Operational level - areas for consideration

You have moved quickly to address challenges and embed the SEND reform agenda and there is evidence throughout this report on how this is having an impact on a wide range of services and across agencies. You acknowledge that you have had to travel at pace to do this and inevitably this will mean that business processes recently introduced are not yet fully embedded.

Many settings were reported to be severely stretched and we heard many concerned about their ability to continue to manage need within resource constraints. Some schools were worried about their capacity to respond to requests and to act in a lead professional role. We were told of instances of good practice which could not be rolled out further because of capacity issues. For example, the nurture unit at Ken Stimpson School provides support up to Year 8 but would be even more valued if it was extended beyond this age group. Another example was the Clinical Commissioning Group funding that was secured to provide specialist input on Moderate and Severe Learning Difficulties but it was reported that this was only provided via telephone which whilst valued was not felt to be sufficient.

Because you have had to employ a somewhat reactive problem-solving approach (which has clearly proved effective in addressing blockages) we found that operational development, services and processes are not yet fully joined up. For example, there was widespread praise for the Neurodevelopmental Pathway, but in the new Speech and Language Therapy specification input into this pathway was not included. You have Alternative Provision, which is well regarded amongst schools, however, is it sufficient and able to meet demand?

The Early Support Pathway and Education and Health Care Plans (EHCPs) are still being embedded and the Early Support Pathway generated mixed comments during our site visit. It has without doubt enabled support for some but there is at least a perception, which needs to be investigated, that it has also created a wait for other services.

There has clearly been a lot of work on mapping and signposting this process. In the early stages of the on-site period the peer team had to work hard to identify the business process for referral, diagnosis and assessment and were left a little

confused when your new systems were described by those we interviewed. It took sometime before the peer team felt they had established for themselves a good grasp of this process.

We found that those we interviewed held differing perceptions and understanding of your referral and business processes and of transition points (e.g. confusion around whether the Early Support Pathway led to a referral or to a recommendation) and two significant differences of opinion. It is important to fully investigate both of these and clarify the guidance for professionals and families.

The first difference in understanding concerned whether - and why - referrals for community paediatric services had to be processed in the first instance via the Early Support Pathway. There was confusion and disagreement about the need for such referrals to go via the Early Support Pathway route. This should be addressed with the relevant professionals to ensure an effective referral system.

The second issue concerned the need to undertake a parenting group intervention as part of the assessment process. A key issue for some was whether it was necessary, in every case, to refer to a parent group. There was a clear body of opinion that this filter should be employed in a more differentiated manner and a fast track be included for those families where the diagnosis did not warrant a parent group intervention. Analysing your data will provide you with hard evidence on the value of parenting courses as a filter and on whether this is having a positive or a negative impact on the identification of need and on waiting times.

A number of other transition points or processes are still being embedded.

With the development in 2014 of a 0-25 Children with Disability Service, Peterborough has put in place a single route of access to all services across children's and adults including 0-25 specialist service. The referral process for the 0-25 Children with Disability Service is aligned with that for under 18 Children's Services.

We saw clear value in your 2014 establishment of a 0-25 Children with Disability Service. We heard of a number of positive developments from those we interviewed e.g. facilitating continuity of allocated worker, minimising transition points, enabling more coordinated provision of support to families and young people. This service continues to be developed whilst embedding positive practice.

There is a single route of access described for all social care services across children's and adults including the 0-25 service. Nevertheless, the Peer Review Team heard of confusion over the referral criteria for the 0-25 Children with Disability Service e.g. there were mixed views on whether the 0-25 Service was purely for children with an EHCP. There was also a strongly held perception, reported to us, that parallel referral processes into Children's Social Care teams still sit beside the 0-25 Service. We were told that managers were aware of this confusion and were working to resolve any outstanding issues. It would be worth testing out if there is any substance behind the perceptions that were shared with the review team, via an audit of recently referred SEND cases, alongside restating clearly what the expected referral pathway is so that all staff are clear about roles and processes.

The 0-25 team has undoubtedly helped to ease transition from children's services to adult services in many arenas, however, there remains a need to build a more effective transition from CAMHs to Adult Mental Health Services.

We were told that communication with, and within, health is sometimes impeded because not all health settings can access Google, with the result that they cannot fully participate in the new computer based business processes. Improvements to communication with and within Health may help eliminate this.

The Statutory Assessment and Monitoring Service (SAMs) were working exceptionally well to progress EHCPs and have been able to make real progress. This level of effective performance appeared to have been achieved with relatively limited capacity within this service. There was a recognition that current capacity levels had impacted on e.g. completing annual review work, because other aspects of the EHCP process have had to be prioritised instead. There may be a need to consider resource levels within the SAMs service in order to sustain performance and to address areas for development.

We were told of issues with representation of some colleagues at EHC meetings, although we did not have the time to verify this across multiple sources. Another key issue is the involvement and recording of input of Children's Social Care into Plans and there was a suggestion this might be better facilitated by coordination across the Children in Care review and EHCP pathways.

We saw EHCPs as a marker for whole system coherence, providing a window on the wider collaborative process and revealing issues that need to be thought about and resolved.

We were told that it would be helpful if there were to be increased clarity on two education specific issues.

The first concerns the level of need that can be managed within a mainstream setting and when it is more appropriate to manage those needs within a special school setting.

The second was a perceived need for increased collaboration between head teachers and the SEND team on the challenges of placements.

There is a perception - amongst some - that the professional voice is not being heard. There is a clear desire on the part of Education Service managers and from schools to problem solve these issues.

There is still work to be done to ensure that all schools are equally engaged, including Academy chains. There was also widespread belief that closer integration and input of SENDCo within school strategic leadership teams would be beneficial in maximising the value of their offer.

Recruitment and retention in a number of professions is proving problematic, e.g. Educational Psychology, Health Visitors, School Nurses, Physiotherapy and

Occupational Therapy. Currently some individual schools are minimising the impact by employing freelance or agency professionals to supplement the statutory local offer. You are reviewing Physiotherapy and Occupational Therapy capacity and have developed a joint approach on the recruitment of Speech and Language Therapists; these provide a model for addressing other gaps in expertise/staffing.

There could be an improvement in planning for post 16 provision. There is also a need for better tracking of outcomes at post 16 and post 18 transition points.

Improved sharing of data would enable post 16 providers to predict trends and future demand and allocate resources appropriately. Increasing the links and exchange of information across special and mainstream schools and post 16 settings would help ensure that relevant concerns and information are shared and the transition to post 16 provision is as smooth as possible. We were told by many sources that currently this may not always be the case.

Your current processes ensure that the needs of your SEND population at the transition to post 16 provision are set out in EHCPs. There is less available information to track outcomes at post 18 and beyond. It is important that you know the destinations of young people with SEND as they move into adult services, not least so you can measure the impact of preparation for adulthood programmes and the effectiveness of the local offer for this age range.

There is a general need to increase the use of data on need, outcomes and how services are performing. It would also be useful to collect impact data for the SENDCo network and the HUBs. There was a reported lack of sharing of Early Support Pathway data with the SAMs team and the Education Health and Care needs assessment would be strengthened by routinely including the rich information held within the Early Help database to inform final EHCPs. Learning Disability annual health check for the 14-18 age range compliance is low at 27%.

Next Steps

The Local Government Association would be happy to discuss how we could help you further. This can be done through the LGA's Principal Adviser for the East of England region, Rachel Litherland (07795 076834 rachel.litherland@local.gov.uk) and/or the Children's Improvement Adviser for the East of England, Andrew Bunyan (07941 571047 andrew@abdcs.co.uk).

Thank you to everyone involved for their participation and for engaging in an open and honest way. Please pass on our thanks to the many colleagues who helped and supported the peer team in both preparing for the review and during the on-site phase.