

Remote peer challenge – SEND services

North Somerset area

December 2020

Feedback Report

1. Executive Summary

Services across the SEND¹ system in the North Somerset area are regarded by partner organisations and parents alike as having responded actively to the needs of children, young people and families in the face of the challenges presented by the Covid-19 pandemic. Responding to the crisis has strengthened aspects of partnership working and prompted some innovation.

The Council's relatively new political leadership, supported by the Chief Executive, have recognised the importance of Children's Services and are making it a priority and ensuring that it is appropriately resourced. The recent separation of the post of Director of Children's Services from that for Adult Services should ensure that the Director has the capacity to drive the SEND agenda. It is important that this additional capacity is enhanced by an early appointment to the post of Head of Education and Partnerships.

The senior leaders of the NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) are working towards an equitable service model providing quality and consistency across BNSSG CCG. The commissioning of new providers for community and mental health and wellbeing services from April 2020 is also regarded as a positive development. Taken together, these changes in arrangements in the Council and key health partners provide a real opportunity to step up the pace in improving SEND services. Other strengths to build on include an active parent / carer forum that is connected to the key statutory stakeholders; examples of good partnership and multi-disciplinary working at the front line and in new quality assurance procedures and a focus on developing better outcomes for Education, Health and Care Plans (EHCPs).

The SEND system across the area faces some significant challenges. The DfE acknowledged in February 2020 that there had been progress in some areas against the issues identified in the Written Statement of Action following the 2018 SEND inspection. However, in the view of the peer team, progress is not as advanced as it should be and more improvement should have been secured before the Covid-19 pandemic took hold. There is a need to refocus and streamline governance structures across the partnership to drive improvement at pace and provide clear leadership of the SEND agenda, including clarifying the relationship between the newly established Children's Improvement Board and the current SEND Programme Board. This would help leaders across the partnership to take greater ownership of SEND improvement work. There should be a much clearer communication of vision, intention and impact across the partnership at all levels, including a shared ownership of and responsibility for the information that comprises the Local Offer. Partners should ensure that there is sufficient capacity, with the right skills mix and focus, in key roles across the SEND system and that people feel empowered and have the authority to act, or the confidence to approach senior managers to resolve obstacles that may arise.

Further work is required across the partnership to establish a genuinely participative approach with children, young people, parents and carers in both service development and delivery. A culture shift is required to one in which early involvement of these key stakeholders in service design and delivery is the default position as the basis for genuine co-production.

¹ Special Educational Needs and Disability

Relationships with and between schools need to be further strengthened, enabling greater challenge to build confidence and capacity in mainstream provision to meet the needs of children and young people with SEND. The partnership between mainstream and special schools should be further developed to provide a continuum of provision to enable each child's needs to be met in the most appropriate setting and reduce the pressure on special school places. This should be an early priority for the new Head of Education and Partnerships along with the Education Excellence Partnership Board which brings together schools and the Council.

2. Key recommendations

The following are the main recommendations of the peer challenge. There are further suggestions for improvement contained in the body of the report.

Governance and leadership

- a) Refocus and streamline governance structures to drive improvement at pace and provide clear leadership of the SEND agenda by partners across the local area
- b) Review the membership of the SEND Programme Board and refocus as an improvement board, including consideration of a smaller group of decision makers to drive change, and clarify the relationship with the Children's Improvement Board
- c) All partners should make better use of performance information and comparative data to acquire insight and understanding to drive improvement actions. The self-evaluation should be reworked to reflect this insight, progress against objectives and inform a review of the SEND Strategy and action plan

Capacity

- d) The CCG should ensure that the appropriate level of funding for services in North Somerset is provided, reflecting that in other local authority areas covered by the CCG
- e) All partners should ensure they have sufficient capacity in place to drive the SEND agenda, with the appropriate skills, experience, focus and seniority and consider how to address this when reviewing structures and responsibilities
- f) The Council should recruit to the post of Head of Education and Partnerships as a priority
- g) The Council and CCG should consider the potential benefits of a specialist school nursing leadership role with the remit for school age children with complex and additional health needs, regardless of their setting, and identify if this can be resourced

Partnership working and engagement

- h) Health partners and the Council should work together to meet their shared responsibility for the Local Offer and ensure that comprehensive and timely information about services is readily available to children, young people and families
- i) Health partners and the Council should further strengthen and extend a participative approach with children, young people, parents and carers in both service development and delivery, whereby their early involvement is the default position as the basis for genuine co-production
- j) Relationships with and between schools need to be further strengthened and they should be challenged to build confidence and capacity in mainstream provision to meet the needs of children and young people with SEND
- k) The council should monitor the implementation and impact of the plans to reduce out of area placements to ensure these realise the projected budget savings

Effectiveness of EHCPs

- l) Establish and meet clear expectations around the nature and timescales for responses to enquiries and the EHCP process and encourage parents to liaise with officers for progress updates
- m) Ensure that councillors have access to further improved advice and support when meeting parents and carers
- n) Embed the recently established quality assurance procedures around EHCPs across the multi-agency partnership and use this to achieve further improvement in the quality and impact of those plans

3. Summary of the remote peer challenge approach

As a result of the Covid-19 pandemic, and the social distancing restrictions this has given rise to, this peer challenge, like other LGA challenges at this time, was undertaken remotely with both interviews and the case records review taking place off-site with meetings conducted virtually via MS Teams.

3.1 The peer team

Peer challenges are delivered by experienced peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge for North Somerset were:

- Jane Humphreys, LGA Children's Improvement Advisor (London), formerly DCS / DASS at Stockton on Tees BC.
- Richard Holland, independent consultant and formerly Head of Disability, Children's Social Care, Cambridgeshire CC
- George Gilmore, independent consultant and former special school Headteacher and Ofsted inspector
- Sara Barr-Frost, independent consultant and former Deputy Clinical Director, Lancashire Care NHS Trust and previous Designated Nurse roles
- David Armin, LGA challenge manager.

In addition to the above, two LGA associate peers – Helen Kendall and Tracey Newcomb – undertook a review of a sample of EHCPs in advance of remote peer challenge, to help explore the key lines of enquiry and inform the work of the peer team.

3.2 Scope and focus

The following key lines of enquiry were agreed with North Somerset Council on behalf of the SEND Programme Board. The key areas of focus for the challenge are as follows:

The impact of Covid-19

- Impact of Covid on 'business as usual' activity
- Impact of Covid on improvement work
- Effectiveness of the SEND Programme Board

Parent / carer perspectives

- Parents' expectations and experiences
- Quality of collaboration
- Evidence of co-production

Relationships with health partners

- Support for Education, Health and Care plans (EHCPs)
- Health provision

- Joint commissioning

Education, Health and Care plans

- The quality and effectiveness of EHCPs
- Partnership roles and responsibilities around EHCPs
- Assessment approach

3.3 The peer challenge process

The fundamental aim of each peer challenge is to help councils and their partners reflect on and improve the impact of services to children and young people. It is important to remember that a peer challenge is not an inspection, rather it provides a critical friend to challenge the council and their partners in assessing their strengths and identifying their own areas for improvement. The main elements of the peer challenge were:

- ***A review of data and key documentation*** – to develop the peer team’s understanding of the local context, the performance and organisation of SEND services and to identify areas to explore further during the peer challenge.
- ***A review of EHCPs*** – two LGA associate peers reviewed 16 EHCPs in detail, these cases were selected by the Lead peer and LGA challenge manager to reflect a range of children and young people with different needs across a number of educational settings. The cases were reviewed remotely during w/c 23rd November, on the basis of a copy of the EHCP and supporting documentation made available on a secure online portal. The reviewers also had access to the council’s social care, Early Help and education systems. As part of the EHCP review, the peers also had virtual interviews with six staff from the SEND team and social care who were working with some of the children and young people whose plans were reviewed. They also met with the Head of Service and Manager for the SEND team and staff leading on the SEND agenda for the CCG. The findings of the EHCP review have been reported separately to North Somerset, given the potentially confidential information this contains, but the main messages from the EHCP review are reflected in this report.
- ***Virtual interviews and focus groups*** during w/c 30th November. During this week, the peer team met with some 60 people including Executive members, senior officers and staff from North Somerset Council, senior officers and managers / clinical leads from the BNSSG CCG, managers and practitioners from health providers and members of the Parent / Carer forum (12 in total).

By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing. The peer team would like to thank colleagues in North Somerset for their assistance in planning and delivering the peer challenge, and for their engagement and openness during the process.

4. Feedback

4.1 The impact of Covid-19

The general impression among partner organisations and parents / carers is that services across the SEND system have responded actively to the needs of children and families during the Covid-19 pandemic. Responding to the crisis has strengthened partnerships in some respects, which can provide a platform to both address the longer term challenges presented by the impact of the pandemic and the associated restrictions and in further strengthening the SEND system.

The pandemic has driven some innovative practice, and is seen to have both enabled and permitted change as organisations have recognised that the normal ways of doing things are not applicable at the current time. Examples of such innovation include a helpline for the Educational Psychology service; a rapid response team offered by the Lifetime Service which has been praised by families and blending virtual with face to face delivery across many services. IT solutions have been used as enablers, but have also presented some challenges, such as the implementation of a new Transport IT system during the summer of 2020 when home to school travel arrangements for children and young people with SEND planned for the new school year were being affected by social distancing requirements.

Some families did report a lack of provision during Covid-19, this was most likely to affect those with less severe needs. However, it should be recognised that this mixed experience is no different to the national position. In December 2020 Ofsted published a [briefing](#) of the impact of Covid-19 on SEND provision, which highlights similar issues to those experienced in North Somerset. There have been challenges in getting children with very complex needs back to school, for example those requiring aerosol generating procedures (AGPs) which could put other students and staff at risk. Some 25 students with SEND had not yet returned to school, but partners across North Somerset have plans for this to occur early in the next term, from January 2021. For example, protocols for AGPs in schools have been recently developed by health partners.

During the pandemic, assessments have been undertaken remotely, perhaps not in the child's normal setting or context. Arrangements should be made to assess how accurate these remote assessments have been and to validate these with a further assessment where necessary. Educational psychology assessments were one area where it was felt that such validation may be required. There will be a need by partners to consider the impact on children, young people and families in the long term, such as on emotional wellbeing and for those on the autism spectrum.

North Somerset, like other areas, has had to reprioritise and reallocate resources to meet the pressures and new challenges presented in responding to the pandemic. Some core activities have been compromised. For example, the collation and reporting of performance information has been much reduced to enable resources to be focused on maintaining contact with vulnerable children and families following the

closure of schools in the early stages of the pandemic. Comprehensive and timely performance reporting to the SEND Programme Board should be resumed as soon as possible, so that leaders and managers can better understand the impact that SEND services are having and a clear picture of what is happening on the ground.

4.2 Leadership, capacity and improvement plans

The Chief Executive and new political partnership which has formed North Somerset Council's administration since the May 2019 elections have recognised the importance of Children's Services and it being appropriately resourced. The Council's elected members will need support to understand the agenda fully so that they can give effect to their commitment to it. The Council is already accessing a range of support from the LGA to support the Executive member, the Chair and members of the Children and Young People's Policy and Scrutiny Panel and the Corporate Parenting Committee. In this respect, and others, it is clear to the peer team that the council is open to external support and training.

The BNSSG CCG recognise that there had been underinvestment in North Somerset in the past and the CCG is working towards an equitable service model providing quality and consistency across the CCG. The transfer of delivery of health services to new providers (Sirona Heath and Care for the majority of community services and Avon and Wiltshire NHS Trust for mental health) is welcomed across the system. This transfer occurred in April 2020 at a time of significant challenge arising from Covid-19 and there should be opportunity to further strengthen these partnerships and enhance services when it becomes possible to reduce the focus on the response to Covid-19.

The recent separation of the Director of Children's (DCS) and Director of Adult Services (DASS) roles should ensure the Council, as one of the key partners, has the capacity to drive the SEND agenda, along with a new post of Head of Education and Partnerships. The council should make an appointment to this key role as a matter of priority. The ongoing realignment of the whole of Children Services should improve the connectivity across different service areas, including those for children and young people with SEND.

An increase in local school places for students with SEND is underway, which it is hoped will help increase the proportion educated in mainstream settings, and a new special school for those with social, emotional and mental health needs is due to open by 2023. These developments should enable the local authority to realise its plans to support more children in local schools, rather than in out of area placements.

Although a follow-up visit by the DfE in February 2020 did acknowledge progress in some areas identified in the Written Statement of Action following the May 2018 joint local area SEND inspection, the pace of change to date remains a concern to the peer team. Although responding to the Covid-19 pandemic may have slowed down progress, North Somerset and the partnership were not as advanced as they should

have been with fully implementing the reforms following the 2014 Children and Families Act and wider improvements to SEND services at the time Covid-19 first took hold. The local area produced its first SEND strategy and action plan in January 2020 and many of the areas for attention identified by the inspection are now being addressed, but action in some areas has only begun recently – for example in quality assurance arrangements to address the inconsistency in quality and in contributions from different services to Education, Health and Care Plans (EHCPs).

To engage people at all levels across the partnership, the strategic intent and the impact this is having on the ground needs to be better communicated at all levels, so people including schools and SENCOs are clear what needs to be changed and why. Leaders across the partnership need to be clear about the vision for children and young people with SEND and share it effectively. Delivery of this vision needs to be underpinned by an implementation plan with clear timescales and success measures. In turn, this needs to be monitored and progress reported so that the current position is understood by all partners. A culture shift is needed to bring about improvement at pace.

The governance of improvement work across Children's Services and SEND needs greater clarity and is unlikely to provide the necessary accountability for delivering improvement without this. The position has become more complex recently following the establishment of the Children's Improvement Board in response to the Department for Education's (DfE) concerns that insufficient progress has been made in improving children's social care services. This increased focus on children's services may give greater leverage to the SEND agenda, where the partnership also needs to demonstrate clear progress.

Currently, the governance arrangements for Children's Services include a plethora of Boards such as Health and Wellbeing Board (HWB); the Children's Improvement Board; the SEND Programme Board; the Council's scrutiny arrangements and the CCG Children and Families Board and SEND Excellence Board. There is a need to simplify and streamline these arrangements for clearer accountability and leadership to drive forward the SEND agenda. In particular, the relationship between the Improvement and SEND Boards needs to be clarified, this could include an explicit reporting relationship from the SEND Programme Board to the Children's Improvement Board which includes key decision makers from across the Partnership. If the SEND Programme Board is to be retained it could be restyled as an Improvement Board with a smaller membership, empowered by their organisations to act and direct relevant resources to make things happen. The current SEND Programme Board has an extensive membership – attendance at virtual meetings can number up to 35 people. Most members are said to contribute to discussion, but the peer team are sceptical that such a large group can effectively drive change. A much smaller Board is likely to be more effective in this regard, perhaps supplemented by periodic workshops to explore a topic in depth and suggest a way forward as a mechanism for maintaining wider engagement.

Partners need to ensure that they have sufficient capacity in place to deliver on the SEND agenda. This was an area of concern identified in the 2018 SEND inspection.

They should satisfy themselves that they have got the right people at the right level driving SEND improvements, with the necessary seniority, capacity and skill mix. This peer challenge did not consider the overall resourcing of children's services, but the Council and partners should continue to satisfy themselves that they are making the best use of available resources, aligned to priorities such as SEND. As part of the peer challenge, we spoke with a number of middle managers who appeared to be carrying significant responsibility for several aspects of both delivering and improving SEND services. These people are being stretched too far across different roles to be effective or lack the authority to unblock obstacles which may be impeding progress. They may need more support and guidance in doing so and prioritising their activity. Leaders and managers also need to change the culture and cut through organisational silos so it becomes the norm to raise issues for support and guidance, demonstrating a constructive response in such circumstances. Leaders need to be confident that they have the 'line of sight' to potential issues at the front line and to demonstrate consistent grip in addressing these.

The Council and CCG should ensure that they have appropriate financial forecasts that reflect the increasing complexity and life course of this cohort of children and young people into adulthood. With the benefits of increasing life expectancy, the costs of support over a longer period will put additional pressure on budgets if appropriate allowance is not made for this. Clearly this is a challenging time for all aspects of council's budgets. In this context, the council should satisfy itself that its plans to make savings within SEND services are achievable. In particular, that the planned increases in school places are sufficient to reduce demand for costly out of area specialist placements; cater for children returning back to the area and respond to general population growth through new housing developments.

The council needs to work with school leaders, parents and carers and other partners to support and challenge schools to become more inclusive. The peer team acknowledge that a large proportion of schools in North Somerset are academies or part of multi-academy trusts (MATs) which can make such relationships more complex. However, schools need to be challenged to make a more graduated response, that may enable more children with SEND to be educated in mainstream settings and, in some cases, to shift their focus from just being on academic attainment. The new role of Head of Education and Partnerships will have a key role to play here. The deletion of the previous Learning and Attainment role due to grant reductions, as the Council's school improvement service was much reduced in response to widespread 'Academisation' in the area, may have led to a perception among schools that the council was less committed to working with them.

The 2020 self-evaluation prepared for the SEND Programme Board is more of a narrative than an evaluation and greater challenge is needed to drive action to address the underlying issues. For example, the 2020 self-evaluation identifies that the proportion of pupils in North Somerset with an EHCP (or a statement of SEN) has historically been lower than the regional or national averages, but does not provide an assessment as to why this may be the case. Performance management and challenge, including the use of comparative data to promote insight, should be better embedded in the business of the SEND Board and all services. The DfE has

worked with the LGA's Inform Team to make available a [database](#) of SEND statistics which local areas can use to make comparisons. The comparative data in this report has been obtained from this source. Partners need to understand and be able to explain significant differences from the national or 'nearest neighbour' performance and consider if these need to be addressed or not. This should be captured in a revised and sharper improvement plan. Continuing self-evaluation and challenge needs to be supported by regular performance reporting, which should be reinstated as soon as the resources can be released from the Covid-19 response or otherwise identified. This performance reporting should be used to better understand and evidence impact as part of the wider approach to quality assurance across the partnership to give a systematic framework to foster its development as a learning organisation.

4.3 Parent / carer perspectives

There is an active parent /carer forum (PCF) – North Somerset Parents Carers Working Together - that is connected to all the key statutory stakeholders and is articulate, willing and engaged with the SEND Information, Advice and Support Services (SENDIASS) and wanting to move forward. The Council and CCG have agreed to fund the PCF, giving an opportunity to use the associated funding agreement to develop mutual understanding on how to work together more effectively. This additional funding (£25,000 per annum from 2021 to 2024, plus a one-off grant of £10,000 in 2020-21 subject to agreement to the accompanying memorandum of understanding) will provide a significant increase in resourcing beyond the core DfE grant of £15,000 per annum.

The parents we spoke to would want mainstream education if they were confident it was an inclusive, welcoming environment that can meet their child's needs. The apparent assumption that parents generally prefer a special school should be questioned and existing systems across the partnership improved to seek the views and experiences of parents / carers, children and young people in a more systematic way. The Council should challenge and be prepared to work with schools and health partners to put the appropriate support in place through a graded response to keep children in mainstream settings, when this is best for them and their needs can be met in this way. Some mainstream schools appear to be using statutory assessment to move pupils out to specialist provision. In 2018-19, 37% of pupils with an EHCP or statement of SEN were placed in maintained special schools in North Somerset, compared to 21% in its statistical neighbours. We heard that special schools are offering an outreach service on an 'ad hoc' basis, but would like support from the Council to develop this into an offer to mainstream schools which can be accessed on a routine basis. The Inclusion Summit held in North Somerset on 30th November is regarded as a good start, but participants acknowledged that there is still much work to do.

Although parents did express some frustration in accessing information and support from the Council, they did report experiencing positive outcomes once they identified

staff who could make a difference enabling them to get the right support. But this must be balanced against the difficulties of the journey to getting that support.

There is a perception among a number of professionals that parents can have unreasonable expectations in North Somerset and indeed that those who are most demanding receive the services they want. The peer team are unable to assess if parents in general have higher expectations than any parent would want for their child. However, those the peer team did meet appeared to have reasonable expectations of the service and support their child should receive. 'Shouting the loudest' by parents may be a function of how the system has worked. With longstanding low rates of EHCPs, in 2019 1.9% of pupils in North Somerset had an EHCP or statement of SEN compared to 3.6% in its statistical near neighbour areas, parents may assume that being heard may 'require noise'. Moreover, 9.7% of assessments did not result in an EHCP compared to 4.8% for North Somerset's near neighbours. The story behind these differences in the rate of issue of EHCPs should be investigated and understood. The area needs to ensure that it has a mechanism for hearing those who do not make noise and to change parental expectations of how the system works, so that it is based on clear understanding of need, the criteria for grading responses and dialogue around this, so that those that whisper can also be heard.

A consistent approach needs to be underpinned by developing a better understanding among parents and carers of the respective roles and responsibilities of officers and members, underpinned by clear service standards and reasonable expectations of timescales for responding to enquiries and requests. For example, [Cambridgeshire's Preparing for Adulthood Protocol](#) (July 2020) is clear about what young people and their families can expect and by when. The LB of Haringey provides another example of a preparing for adulthood [Pathway Guide](#) with a clear indication of different stages and timescales. A further example of such a guide is that produced by the [Parents and Carers Alliance Milton Keynes](#) (MK) in association with MK Council and MKSENDIAS, prepared in a style intended to be accessible to parents and carers.

The PCF and the previous Council administration agreed that councillors, including the lead member for Children's Services, would attend the PCF without officers. Councillors continue to meet with parent/carers by invitation of the independent forum, and value the opportunity to learn more about SEND matters. The commitment of the current lead member and Deputy Leader to be accessible to parents and hear their concerns is clearly positive, but there are some risks to this approach. Whilst councillors feel fully supported by officers, they cannot be expected to know all the details around the criteria for assessing need for SEND and the appropriate support. Parents who are assertive and confidently understand how the system works, and know who to contact, can have an unfair advantage in accessing services. If councillors are supported by officers when attending the PCF, they would have timely access to clear advice and this should enable consistent support to be provided.

The current PCF represents a limited cross section of parents and carers of children with SEND. Nearly 600 people are connected via Facebook but there is only a small core of active forum members. This is in the context of some 1,127 children and young people in North Somerset having an EHCP in the first quarter of 2020. Notwithstanding this relatively small membership, the views of the PCF, as heard by the peer team, should still be seen as authentic. The system should respond positively to the challenge from PCF members and support it to reach out and channel the views of more parents and other representative groups. The increase in local funding and the associated memorandum of understanding provides an opportunity to widen the reach of the PCF. In addition to increased engagement with the PCF, both the Council and CCG should consider how they can more systematically gather and use the views and experience of children and families to gain greater insight and improve services.

The peer team question if there is a genuine and common understanding of 'co-production'. A willingness to consult with parents and carers and act on their views was noted across the partnership. But this was often at a fairly late stage in developing a service or the vision for children's services, rather than engagement in the early stages of developing a new approach. There is no evident alliance with parents, children and young people across the whole system whereby involving them early and on-going joint working is the norm. There does not seem to be a clear process for young people's participation. Evidence of joint work was noted, including references to some engagement with the early 'JOINS' outcome work, but appeared to be piecemeal and with no direct feed into the SEND Board. Partners should continue to build on these initiatives to develop a more systematic approach.

4.4 Relationships with health partners

The re-commissioning of community health services as a single all age service, seeing these move into Sirona Care and Health, has been largely received as a positive development across the area, bringing with it opportunities to level up services and provision. Relationships between the CCG and health provider are reported to be strong. Similarly, the re-provision of mental and emotional wellbeing services from the Avon and Wiltshire NHS Trust is also seen as a positive development. However, considerable work still needs to be done to raise confidence in the mental health services provided to children and young people. The previous provider of both community and mental health services in North Somerset had apparently not seen this as a good strategic fit with their other operations. These new arrangements came into effect from April 2020 and are seen to be bedding in well, notwithstanding the additional challenges of implementation during the Covid-19 pandemic.

North Somerset was previously a separate CCG, it is now part of the larger BNSSG CCG. There are ambitious plans for improvement across the CCG and providers. There are opportunities for North Somerset to benefit as the CCG and provider footprints are better aligned, giving potential economies of scale and to tap into

learning and innovation across a wider area to achieve greater consistency across the three local authority areas within the CCG footprint.

The partnership now needs to consider how it is going to ensure that it has appropriate resource commissioned and in place to address emotional health and wellbeing needs as part of the offer for early help, prevention and step down from crisis. Children and adolescent mental health services (CAMHS) will be part of this provision, but other services will need to be wrapped around this to provide a comprehensive graduated response that connects universal, early help and specialist provision in a continuum of support. The Thrive model, nationally recognised as a framework for systems change as an integrated person centred and needs led approach, was regarded by health staff as a way forward. A co-ordinated drive and investment across the partnership in provision aligned to all elements of the model, with particularly further investment in the 'Getting advice' and 'Getting help' elements, would be of considerable benefit to children and young people with SEND.

There are examples of health partners working together consistently and effectively across organisations such as attendance at Multi-Agency Information and Support in the Early Years (MAISEY) meetings and contributions to The Lifetime Service for those whose conditions are life limiting. But such consistent working across health is not yet universal.

The appointment of three Associate Designated Clinical Officers (A/DCOs), with effect from January 2021, will ensure that children and young people not known to community services or not seen over the preceding 12 months will have health advice provided as part of the needs assessment process. Previously a 'not know to the service' response would have been issued. These improvements will be crucial to delivering the CCG's statutory responsibilities in implementing the SEND reforms and supporting joined up working between health and local authorities. These new roles are intended to realise their impact initially in the co-ordination of health advice, strengthening the quality of EHCPs. Much of the responsibility of the existing DCO role was to both influence strategy as well as delivery of the SEND agenda for the BNSSG CCG across the three council areas covered by it. There was a reported lack of capacity to provide that DCO role consistently across those three areas within the CCG. Following reorganisation, the DCO is the CCG operational SEND lead and the Head of Children's Transformation (SEND) is the CCG strategic SEND lead. The peer team's understanding is that the focus of the new A/DCO roles will be to provide health advice to each local authority within six weeks rather than strategy development. The peer team noted that clinical leadership and development of strategy for children and young people with SEND could be stronger across commissioning and providers of health and the responsibilities for this are wider than just that of the DCO role.

Whilst there are good individual relationships across the partnership at all levels, there is still a considerable amount of work to do in understanding the health offer and when they will and will not be involved and for this offer to be applied consistently. One example of this is that the peer team noted that whereas health partners reported they were strong in terms contribution the EHCPs, the perception

of council staff was that there were considerable gaps in information and services offered and families also reported a lack of support in some areas from health. The CCG should be to address this source of confusion, which is leading to inconsistency in the level and nature of health support offered to children and young people across the area.

In the experience of the peer team, a specialist school nursing leadership role with the remit for school age children with complex and additional health needs, regardless of their setting, could offer some valuable capacity to champion the cohort of children with SEND. The Council should work with the CCG to establishing if such a school age nursing leadership role would be beneficial in North Somerset and identify if this can be resourced.

The voices of children and young people are not part of co-production with health services and the involvement with the PCF needs to be stronger and robust. As noted above, co-production is not well established across the partnership in North Somerset more generally and needs to be addressed.

Health partners fully acknowledge their joint responsibility for the Local Offer, along with the Council. This needs to be demonstrated through the completeness, clarity and timeliness of the service information provided. This should be joined-up with the information provided by the Council. Examples of where health information is well integrated into the Local Offer include [Peterborough](#) and the London Boroughs of [Kingston and Richmond upon Thames](#).

4.5 The effectiveness of Education, Health and Care plans (EHCPs)

A week in advance of the peer challenge, two LGA associate peers reviewed a sample of 16 EHCPs. The key findings of that review were as follows:

- The sample of EHCPs demonstrate a journey of improvement, with more recent plans being of a higher quality than those prepared some time ago. There are examples of good work with individual children, young people and their families.
- While some plans gave a clear impression of the child's needs and aspirations, others did not. More should be done to bring the child 'to life' through the EHCP
- Objectives and timescales need to be more specific to better enable monitoring of impact of the EHCP
- Although a number of plans reflected parents' views, the voice of the child could be stronger
- From this small sample, the engagement of health partners in the EHCP process was evident, but that of social care less so (although with some indication that this was greater in the more recent plans)
- Several of the plans showed how services and families are meeting the challenges arising from Covid-19. Ensuring sufficient engagement with children

and families will be an area for development and attention so long as social distancing and other restrictions remain in place.

The interviews and discussions conducted during the peer challenge confirmed these initial impressions and enabled the team to explore how partners work together to develop EHCPs. Recent changes in, and the strong ambition evident from, the SEND team have resulted in improving quality assurance processes for EHCPs and Annual Review reports. As noted above, our review of a sample of EHCPs shows signs of improving quality, however, processes need to be embedded to see consistent impact. These quality assurance processes have enabled an understanding that the collection of evidence, including importantly capturing the voice of the child or young person; engagement with parents and carers, and the development of outcomes all need to improve. The Council for Disabled Children has produced [guidance and good practice examples](#) in writing effective EHCPs.

There are valued contributions from many partners at the SEN Panel, which considers applications for needs assessment, approves EHCPs and the resources needed to deliver these etc. Among the services highlighted in this respect were Educational Psychology, Early Years and the DCO. However, limited engagement from elements of health and social care was reported with both SEN Panel processes and evidence collection in support of these.

The Council and CCG need to address and improve their current arrangements for commissioning specialist assessments for EHCPs. As a result, on occasions parents commission independent assessments which may recommend support beyond that which a statutory assessment would identify. In these circumstances, health services may find it difficult to provide support at the assessed level resulting in appeals to Tribunals.

Although the additional capacity commissioned to address a backlog of EHCPs over summer 2020 resulted in a high completion rate within statutory timescale, as a result of poor quality controls there were complaints from parents and schools about the quality of EHCPs. The peer team understand that there are no plans to repeat this approach in future. In 2019, 100% of EHCPs within North Somerset were issued within the statutory timescale of 20 weeks, for its statistical neighbours 67% were completed within that timescale. Whilst this is a positive achievement in terms of timeliness, such a large difference should prompt enquiries to satisfy partners across the area that quality and effectiveness are not being compromised to achieve process and timeliness targets.

EHCPs are not always revised following annual reviews. The peer team heard that there is no clear understanding from parents and schools when changes will and will not be made. Some suggested that due to recent resource constraints in the SEND team, plans would only be changed at times of significant transition, e.g. from primary to secondary education. Some parents stated that significant changes in their child's circumstances had not been acted upon.

The new Transitions Team that has been developed over the past year should help children and young people move into adulthood effectively, so long as there are robust procedures in place to identify children in good time for transition arrangements to be put in place. The single all-age approach to community health services should also be helpful to the transition to adulthood

Some plans appear to only see the child through their parent's eyes and aspirations. You cannot consistently see the child and hear their voice through EHCPs. There is no evidence of the systematic practice of a child centred plan co-ordination meeting at the end of the assessment process, which could help bring about both more consistent and outcome led EHCPs. A final copy of each EHCP is sent to all partners, however, some health services reported not receiving them or when one was received it did not fully reflect their report. The intended role of the new A/DCOs to provide health advice to local authorities to strengthen EHCPs may help to address these concerns.

Work is underway by the SEND team to develop a consistent approach to developing EHCP outcomes. However, the peer team heard of similar work by the CCG and as part of the professional development programme from the Education Psychology service. This appears to risk a fractured implementation of the agreed outcomes framework. This work needs to be better integrated to ensure a consistent approach to developing outcomes.

5. Next steps

We appreciate you will want to reflect on these findings and suggestions with your senior managerial and political leadership and across the wider partnership, including the SEND Programme Board in order to determine how the partnership wishes to take things forward.

As part of the peer challenge, there is an offer of further activity to support this. We would be happy to discuss how best to do this. The regional Principal Adviser, Paul Clarke, and Children's Improvement Adviser, Claire Burgess, are the main contacts between your authority and the LGA. Their contact details are: paul.clarke@local.gov.uk or tel. 07899 965730 and claire.burgess23@gmail.com or tel. 07854 407337.

In the meantime, we are keen to continue the relationship we have formed with you and colleagues through the peer challenge. We will endeavour to provide additional information and signposting about the issues we have raised in this report to help inform your ongoing consideration.