SEND JSNA prioritisation workshop: conference report

Tuesday 4 December 2018, 13:30, County Hall

SEND JSNA background and key issues

Scope

- Focus on children and young people aged 0-25
- Lancashire-12 area
- Covers the 12 county districts of Lancashire
- Resident population

Key Issues

Data:

It has been recognised that the availability and quality of data underpins the JSNA process and several issues were identified:

- Unable to fulfil all requests identified at the scoping event
- Need to strengthen systems for capturing the views of children and young people and their families
- Commissioning decisions are problematic
- Can't currently link health data with local authority data
- Some data is not readily attainable
- Limitations in the data that is available
- · Difficulties with triangulating data

Education:

- High rates of permanent exclusions
- Variable patterns of attainment
- Elective home education reflect the national both are increasing
- NEET is broadly in line with national figures

Educational placement:

- In excess of £11m was spent on out of borough placements
- Almost 90% of placements are for ASD and SEMH
- Almost 2,500 passengers use SEN transport
- Range of distance 0.5 57 miles per day

Health:

- SEND children are significantly less likely to be a healthy weight
- Poorer mental health linked to increased deprivation

- Males more likely than females to be identified with mental health problems in primary care
- Community service provision

Social care:

- 1 in 4 are eligible for free school meals
- Twice as likely to be a child in need
- More than twice as likely to be a looked after child
- 8-11 age group is largest cohort
- Youth offending

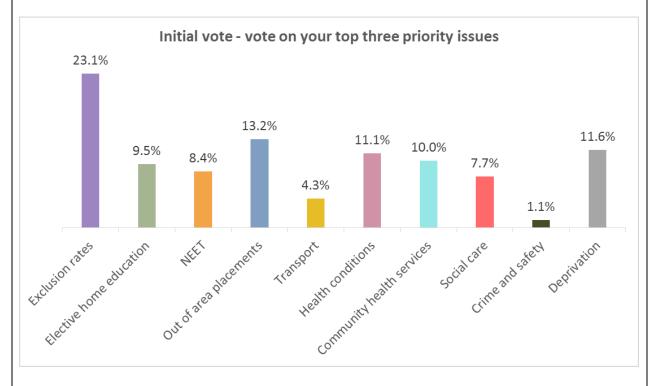
Deprivation:

- Negative relationship between SEND and deprivation
- Evident in all main categories of SEND need
- Further analysis in progress

Workshops

Workshop 1 - Issues

Delegates were asked to vote for their top three priorities out of the issues presented. The vote was completed by using electronic voting pads, which revealed the results to the group. The results of the initial vote are presented below:

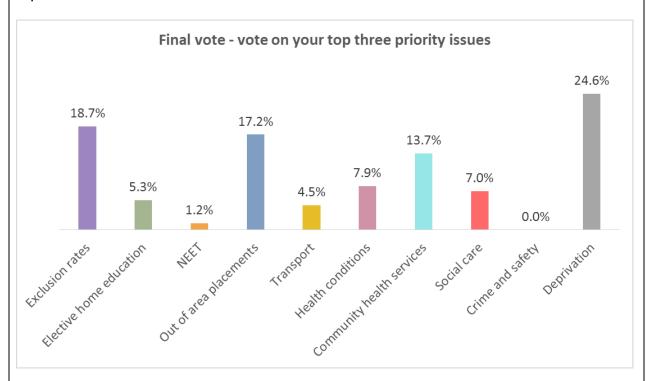


Exclusion rates received a priority rating of 23.1%, out of area placements 13.2%, deprivation 11.6%, health conditions 11.1%, community health services 10.0%, elective

home education 9.5%, NEET 8.4%, social care 7.7%, transport 4.3% and crime and safety 1.1%.

From the initial vote it was clear that exclusion rates was felt to be the highest priority issue. Transport and crime and safety did not score highly as priority issues. All other issues ranked similarly to one another.

The group then split into workshop groups to discuss the issues in more detail. This provided the opportunity to gain a variety of perspectives on what should be prioritised and why. Following this discussion, the groups came back together and were asked again to vote on their top three priority issues. The results of the final vote are represented below:



Deprivation received a priority rating of 24.6%, exclusion rates 18.7%, out of area placements 17.2%, community health services 13.7%, health conditions 7.9%, social care 7.0%, elective home education 5.3%, transport 4.5%, NEET 1.2% and crime and safety did not receive any votes.

It was interesting to see how much the result changed from the initial vote. Deprivation came out as the highest priority issue and exclusion rates received slightly less of the vote and as such was now ranked as the second highest priority issue. In the group discussions, it was suggested that exclusion rates is already being dealt within areas outside of the JSNA as a priority and that deprivation underpins a lot of the other issues that affect the SEND population. Out of area placements and community health services received a slightly higher proportions of the vote, whereas the remaining issues received a similar or a smaller proportion of the vote.

The groups also identified additional issues to those presented at the event. These additional issues include early identification/intervention, transitions (between educational stages and from childhood to adulthood) and joint working.

Recommendations related to these issues are included in the next section of this report.

Workshop 2 – Recommendations

In the second workshop, the groups were asked to put together some recommendations that would tackle the key issues. The recommendations relating to each issue are listed below in the priority order identified from the final vote:

1.	Deprivation	Joint multi-agency working (joint KPIs) to prioritise children in deprived areas; 'proportionate universalism'; an awareness of diagnosed (or possible) SEN and the postcode will make it possible to target parents/guardians for extra support (Marmot principle); reinstate local children centres; make it easier to help parents by coordinating appointments/meetings and managing expectations; provide earlier intervention points (particularly for SEMH) to build resilience and avoid some mental health issues.
2.	Exclusion rates	Already a priority; a range of alternative provision is needed or specialist resources e.g. ASC (need proactive multi-agency approach); if there is more than one exclusion in 3-6 months, this should trigger a MDT meeting and an action plan could be developed; build capacity and resilience of mainstream schools to meet needs of children with SEN or mental health issues; training for supporting teaching assistants.
3.	Out of area placements	Change how special schools are funded; commission non-maintained schools for outcomes, e.g. preparation for adulthood; implement a panel that considers funding on educational outcome; electronic/virtual schools (e.g. Interhigh) and blended type learning could be more cost effective than independent school placements; link with families in regards to how savings could be reinvested in services; support at SEN support level to remain in mainstream schools; influence schools to make best use of additional funding for SEND; more cost effective support for children with ASD needs.
4.	Community health services	Have a smooth pathway from childhood to adulthood; does the learning disabilities specification meet the needs of young people with autism; speech and language therapy and support to be available for all children, not just those with an EHC plan; use existing practitioners on the ground to develop services as there is a lot of knowledge and expertise already in Lancashire.

5.	Health conditions	Define organisational responsibility for mental
		health conditions; undertake an evidence review
		on what works and how to implement a mental
		health first aid kit; early identification and
		intervention to improve resilience.

NB: Some issues that scored lower as a priority did not get discussed in the recommendations workshops and as such have not been included in this list.

The recommendations relating to additional issues not presented at the event are including in the table below. Data has also been included in this table as the groups came up with recommendations to tackle data issues. As these issues were not included in the vote, they are not presented in any particular order.

	
Data	Shared records and electronic access across education, health and social care; data sharing between services; demographic data to map where children with different special needs are; detailed data from the ASQ checks is needed to provide an understanding of gaps and where a difference could be made; improve data recording, collecting and sharing for analysis and wider use; data to be used to build relationships with schools and organisations and to improve the wellbeing for all involved in education.
Early identification/intervention	Interventions in neonatal units; training on identification and first line interventions; early intervention for SLCN could prevent the need for a high cost speech and language therapist (SALT); staff in schools and nurseries could be trained to support the work of a SALT; a focus on neurodevelopmental pathways; use the health visitor data to identify need.
Joint working	Coordinate a multi-agency approach to tackle issues; Fylde and Wyre CCG neurological pathway for older people based around 'integrated neighbourhoods' could potentially work for children and young people and would require partnership working; training and development across all sectors; improve signposting for parents to navigate the services available; shared language and shared training.
Transitions	Include module for independent living and preparation for adulthood from early years; plan to meet future demand by using data available.

Next steps

We now welcome any further specific recommendations stakeholders may have on any of the above priorities. Please send any recommendations to businessintelligence.jsna@lancashire.gov.uk

Members of the SEND project group will also collect evidence of what works in tackling these priority issues. The list of recommendations will then be sent round to stakeholders for your approval and final comments before publishing. It is anticipated that the final priorities and recommendations document will be published by the end of March 2019, after sign-off by the Lancashire Health and Wellbeing Board.

General feedback on the event

Before the close of the event, delegates were asked to vote on evaluation questions for the day. Feedback was as follows:

- 65% felt the opening presentation fully gave enough and 22% felt it partly gave enough context for the objectives of the day.
- 83% felt there was a good mix of delegates from different backgrounds/sectors present.
- 91% felt there was enough time in the programme for discussion/participation.
- 35% felt they made a difference on the day and 57% felt they partially made a difference.
- 65% felt the group achieved all/a lot of the things we set out to achieve.

The JSNA team now welcomes any further comments delegates may have regarding the event, as this will help us to design future events. Please email: businessintelligence.jsna@lancashire.gov.uk