

Lancashire SEND Partnership – Self Assessment

Overview

A SEND Inspection took place in Lancashire during November 2017. As a whole system inspection, the Local Authority was the lead agency, with all Clinical Commissioning Groups (CCG's) and providers involved. The report was received in January 2018 setting out twelve significant concerns about the effectiveness of the local area; the Written Statement of Action was approved in May 2018.

The inspection in 2017 presented an accurate assessment of the SEND services in Lancashire and over the period since then the local area has worked together to begin to improve relationships and services. From May 2018 to March 2019 the Written Statement of Action, as agreed by Ofsted, has been implemented by Lancashire partners. There has been a significant focus on developing governance, accountability, strategic direction, establishing key posts and engaging partners, including parents and supporting the new, independent PCF to engage as an equal, strategic partner.

We are clear that many of our services still require improvement; the WSoA has been revised and supported by an Improvement Plan for 2019-2020; of the 47 actions; 33 had been completed and 14 were carried forward into the Improvement Plan with all clearly referenced. The plan, agreed in April 2019, sets out the action partners will continue to take together as part of the improvement journey.

A SEND Partnership Board, reporting to the Lancashire Health and Wellbeing Board, was established in April 2018. Whilst there have been changes in senior leaders, there is commitment from all partners and confidence that progress will be maintained. The SEND Partnership priorities for the next two years have been captured in a new vision and strategy, which build upon the Written Statement of Action, setting out the actions and key performance indicators to 2020. Partnership action is focussed on four key priorities to deliver the partnership vision– planning for and meeting need; working together (particularly with parents); ensuring services are accessible and improving outcomes for children and young people.

Context

The local area covers a large geographical footprint, with clusters of significant deprivation resulting in different patterns of need and ways of delivering services. There are seven CCG's, nine health provider services, coupled with different boundaries across the health and the local authority area; this results in a level of complexity and challenge, as we strive to secure improvement and consistency, whilst maintaining the pace of change.

The accuracy of some of our data has been poor and often not shared more widely. A Joint Strategic Needs Analysis (JSNA) and data dashboard have been developed; this will continue to be improved so that data informs future service provision, priorities and spend.

At the time of our inspection we did not have a Designated Clinical Officer (DCO) provision. We have since commissioned and implemented a DCO function which provides both a County Wide Strategic focus, but also supports young people and parent carers at a local level.

There are approximately 7,300 children and young people with an Education Health and Care Plan (EHCP) in Lancashire; 3.1% of the total population of young people under the age of 25, which is consistent with the national figure. Around 80% of children and young people with an EHCP have one of the following primary needs; Autistic Spectrum Disorder (ASD), Moderate Learning Difficulties (MLD), Social Emotional Mental Health (SEMH), Speech Language Communication Needs (SLCN) and Severe Learning Difficulties (SLD). The percentage of children and young people, with an EHCP, by primary need is detailed in the following table:

2018/19 - EHCP Cohort					
SEND category	ASD	MLD	SEMH	SLCN	SLD
Lancashire	28.8%	12.6%	15.9%	12.3%	9.9%
National	29.0%	11.5%	13.3%	15.0%	11.9%

There are approximately 18, 318 children and young people in Lancashire who have SEN support, 10.0% of the population, compared to 11.9% nationally. The main categories of need for children and young people at SEN support have some differences to those for those with EHC plans. The main categories are shown below:

2018/19 - SEN Support Cohort					
SEND category	ASD	MLD	SEMH	SLCN	SPLD
Lancashire	5.9%	26.5%	17.3%	18.9%	14.6%
National	6.2%	22.9%	18.10%	23.40%	14.9%

When children and young people in Lancashire with SEN support are considered separately, the main differences are:

- a higher proportion being identified with MLD, and
- a lower proportion being identified with SLCN.

Registered patients

In July 2019 1,699, patients in Lancashire aged 25 and under were on the Learning Disabilities (LD) register and 843 patients aged 25 and under were registered on the Mental Health (MH) register. Males were more likely than females to be registered on each of the two registers: 65% for LD and 59% for MH.

There was a total of 7,920 outpatient hospital attendances by patients aged 25 and under who were on the LD register in 2017/19. There was a total of 2,928 outpatient attendances by patients aged 25 and under who were on the MH register in 2017/19.

Community health services

The majority of referrals to, and activity with community health services for patients aged up to 18 across Lancashire were for speech and language therapy services. There was a total of 6,083 new referrals to speech and language therapy services across Lancashire in 2018/19.

Education Outcomes

Early Years Foundation Stage

Outcomes for children and young people in the Early Years Foundation Stage have improved in 2019. The gap between children in Lancashire with SEND and the national figure (in relation to GLD - good level of development) has reduced, and the gap for children with an Education Health and Care Plan has reduced significantly.

EYFSP 2018/19		* England 2018/19 figures provisionally based off data uploaded to NCER							
	School District IMD	SEN_E				SEN_K			
		Number Of Pupils	GLD %	Average Score	Prime 2+%	Number Of Pupils	GLD %	Average Score	Prime 2+%
England			4.50	19.50	5.20		28.50	26.60	34.30
Lancashire		245	3.67	18.60	3.67	864	24.07	25.74	28.82

EYFSP 2017/18									
	School District IMD	SEN_E				SEN_K			
		Number Of Pupils	GLD %	Average Score	Prime 2+%	Number Of Pupils	GLD %	Average Score	Prime 2+%
England			5	19.6	5.6		28	26.6	33.8
Lancashire		239	2.51	18.80	3.77	792	22.10	25.15	25.25

Key Stage 1

In KS1 standards of attainment for all SEND children improved in 2019; 15.85% of children with SEN support reached the expected standard in reading, writing and mathematics compared with 14.74% in 2018. There was a significant improvement for children with an Education Health and Care Plans, with 6% achieving this measure compared with 3% the previous year.

KS1 2018/19		* England 2018/19 figures provisionally based off data uploaded to NCER									
	School District IMD	SEN_E					SEN_K				
		Number Of Pupils	Reading Exp+ %	Writing Exp+ %	Maths Exp+ %	RWM EXP+ %	Number Of Pupils	Reading Exp+ %	Writing Exp+ %	Maths Exp+ %	RWM EXP+ %
England			12.74	8.57	13.99	7.39		32.76	23.98	36.02	20.60
Lancashire		311	10.61	7.72	10.61	6.11	1577	26.06	18.33	29.99	15.85

KS1 2017/18											
	School District IMD	SEN_E					SEN_K				
		Number Of Pupils	Reading Exp+ %	Writing Exp+ %	Maths Exp+ %	RWM EXP+ %	Number Of Pupils	Reading Exp+ %	Writing Exp+ %	Maths Exp+ %	RWM EXP+ %
England			13	9	13	0		33	25	36	0
Lancashire		285	7.02	4.56	8.07	3.16	1506	26.56	17.86	28.55	14.74

Key Stage 2

In KS2 standards of attainment for all SEND children fell by 1% overall and the gap between Lancashire and the national average increased. The biggest drop was in reading (5%) and although there was a slight increase in mathematics and writing the gap between Lancashire and national widened in reading and mathematics. Standards for children with an Education Health and Care Plan also fell by 1% overall with drops of 3% in reading and writing.

KS2 2018/19		* England 2018/19 figures provisionally based off data uploaded to NCER										
		SEN_E					SEN_K					
	School District IMD	Number Of Pupils	Reading AS+ %	Maths AS+ %	Writing Exp+ %	RWM EXP+ %	Number Of Pupils	Reading AS+ %	Maths AS+ %	Writing Exp+ %	RWM EXP+ %	
England			16.30	16.90	13.70	9.20		40.40	45.80	38.30	24.90	
Lancashire		356	14.65	15.21	11.65	8.81	1887	34.17	40.81	32.73	19.51	

KS2 2017/18											
		SEN_E					SEN_K				
	School District IMD	Number Of Pupils	Reading AS+ %	Maths AS+ %	Writing Exp+ %	RWM EXP+ %	Number Of Pupils	Reading AS+ %	Maths AS+ %	Writing Exp+ %	RWM EXP+ %
England			16.41	15.26	13.14	8.60		43.12	41.84	37.58	24.04
Lancashire		368	18.21	14.40	15.26	9.81	1806	39.81	38.59	31.52	20.44

NB 2019 data is not yet available for KS4

The percentage of young people with SEND attaining a Grade 4 in English and maths combined rose from 22.8 to 25.5% in 2018. The rate of improvement was greater than for all young people in Lancashire and achievement overall improved at or above the rate for all young people in Lancashire.

The 2016/17 permanent exclusion rate from school for children and young people with an Education Health and Care Plan was above the national average at 0.25% compared with 0.16%, increasing from 0.20% in 2015/16. Reducing the number of exclusions, particularly permanent exclusions has been and remains a high priority; as a result, exclusion of children and young people with an EHCP was reduced to four in 2018/19.

Post 16

The Lancashire Statement of Priorities for 16-19 Education and Training (April 2019) sets out the following key priorities relating to the educational outcomes for young people with SEND, including to:

- Increase Level 2 and Level 3 attainment at 19, particularly for young people eligible for FSM and young people with SEND
- Ensure young people with SEND have the information needed to prepare them for adulthood and increase the proportion securing a positive destination

The table below sets out the NEET and not known performance for young people with SEND in 2018/19; this is based on the three month average for December 2018, January 2019 and February 2019 compared with the position for all 16 and 17 year olds living in Lancashire:

	Number of NEET	NEET (%)	Number of Not Known	Not Known (%)	NEET and Not Known Combined (%)
Young people with SEND in Lancashire	39	4.2%	90	9.9%	14.1%
All 16 and 17 year olds in Lancashire	519	2.1%	2017	8.0%	10.0%

Provision

The national Special Educational Needs data for 2019 shows that there are 11.8% fewer children and young people educated in mainstream settings in Lancashire (including units/resourced provision) than is the case nationally which equates to 824 places.

Of those children and young people attending special schools, 42.1% attend state-funded special schools in Lancashire compared with 33.6% in England and 6.3% attend non-maintained and independent non-maintained special schools (INMSS) compared with 5% in England. Overall this is 9.8% higher than nationally, equating to 690 places.

The percentage of young people with an EHCP attending college, sixth form and other FE/HE provision post-16 in Lancashire is 18.2%; almost 4% higher than nationally. The proportion of young people attending specialist post-16 institutions is 1.4% compared with 0.7% nationally. Overall there are more young people in post-16 provision than is reported nationally.

Future Planning

The overall birth rate in Lancashire is declining, although in some areas housing developments and inward migration counter this. Consequently, the primary school population is expected to decline, or at least remain unchanged, except in areas of significant housing development such as Preston. This will be considered in planning future provision and the assessment of need will include the proportion of affordable housing planned within each development.

However, the rise in births between 2007 and 2011 will result in a significant rise in pupil population in secondary schools, with an estimated additional 9,000 pupils over the next five years to 2023/24. This is likely to increase the number of young people with SEND by approximately 270, with an associated demand for at least 108 additional special school places based on the national average.

Parental Voice

Lancashire Parent Carer Forum (PCF) Steering Group reformed in September 2018 with the election of a new Chair and Vice Chair. The Chair is a Partnership Board member and leads the Equal Partners thematic group within the Improvement Plan. The PCF meet monthly and are also part of the SEND Partnership Team meetings. The Partnership Board includes three independent parent, carer representatives.

A co-production strategy - Working Together - has been developed in partnership and agreed by the SEND Partnership Board; this is now being implemented to ensure consistent practice across services. Based upon parent carer feedback, Local Area Partnerships (LAPs) were implemented in January 2019 to provide a way for professionals and practitioners to work with parents locally. Regular LAP meetings are held in each of the three localities and are chaired by the local Designated Clinical Officer (DCO) providing opportunity for local issues to be discussed between and directly with key professionals.

A regular SEND Partnership Newsletter is available online, with 11,500 views to date; it is printed and circulated to 3,500 parents and carers through the FIND newsletter and viewed by 3,000 followers on Facebook. Films have been produced to share parent, carers and young people's experiences; these have been considered by the Partnership Board, used in staff training and in development work.

A programme of ongoing events commenced in summer 2018 for parent, carers to share their views and to access professional advice. Recent events include a neuro-development pathway workshop, 'Coffee, Cake and Conversation' sessions and a free training course on participation.

An on-line evaluation survey called Personal Outcomes Evaluation Tool (POET) ensures feedback on provision and services is captured continuously from parents, carers, young people and practitioners. The survey was extended in January 2019 to include feedback

about children and young people with SEN support, as well as those with an EHCP. By the end of July 2019, the POET survey had received over 2,900 responses, with 1,714 of these from parent carers. Feedback from the survey is generally better than the national picture.

Concern 1	<i>The lack of strategic leadership and vision</i>
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Issues identified

- *Leaders have failed to work together to deliver these reforms*
- *Provision for children and young people with SEN and/or disabilities has not been a priority for elected members or leaders across health, education and social care*
- *Leaders attention has been diverted from ensuring the implementation of the Code of Practice*
- *Leaders are unable to demonstrate effective joint strategic leadership*
- *Poor joint working across education, health and care professionals*
- *Lack of a DCO, DMO or clear SEN strategy*

Leaders from across the partnership are working together strategically to deliver a shared vision.

Key changes achieved

A SEND Partnership has been established involving all key partners, parents, carers and young people. The Partnership governance structure includes a Board, which leads and oversees improvement; the Board meet regularly, with attendance consistently above 90%.

The Board has an agreed vision and strategy, which was developed in partnership. There is also an agreed co-production strategy developed with parents, carers and young people. The Partnership has a shared and recognisable brand which represents our collective commitment and work together. The Board is supported by an Operational Group of senior leaders with responsibility to implement the strategy, coordinate activity and secure improvement.

There are named officers for the local authority and clinical commissioning groups who are accountable to the Health and Wellbeing Board; Council's Cabinet, Scrutiny and Corporate Management Team and the Joint Committee of CCG's. Two new leadership posts have been created and appointed; a Director of Education and a single joint commissioned health post for Lancashire, both have responsibility for SEND.

There is regular discussion, through the governance structure, at the Board and in focused action groups as leaders work together to implement the reforms, address the issues of concern raised during the inspection and to improve performance/practice more broadly. This has resulted in a more realistic and robust understanding about the strengths and weaknesses across the local area.

The Board has recently updated the Written Statement of Action with an Improvement Plan, to ensure that progress made to date continues to take place. There is regular reporting on progress through the governance structure, using a RAG system, with exception reporting on those actions which are delayed or have not yet commenced. The thematic leads provide updates to every Board meeting and are required to account for

lack of progress. Recently, the Council's Scrutiny Committee called thematic leads to discuss those actions which have been delayed or are not yet started.

The Board is proactive in addressing action delay and/or limited progress; agreeing five Accelerated Progress Plans where it is felt insufficient progress has been made to improve outcomes for children, young people and families or where pace has been slow to implement agreed action.

A Designated Clinical Officer function has been commissioned jointly commissioned across all the CCGs. The service has three DCOs working across the local area as part of the Partnership arrangements; one is represented on the Partnership Board. The service has an administrative function which is supporting the EHCP and health advice process, including increased consistency. The DCO's are working with parents, carers, children and young people, education, care and other health professionals. The post holders are managed through a collaborative arrangement with Lancashire Care Foundation Trust and Blackpool Teaching Hospitals. They report to commissioners at the CYP Commissioning Network, health provider line managers and colleagues within the SEND Partnership. Quarterly monitoring reports are produced which identify the provision of health advice and provide insight into work locally with young people, parents and carers.

The CCGs have completed contact variations for each health provider, to identify their responsibilities relating to SEND. Commissioners are asked to ensure that SEND is part of the contract monitoring meetings, and the Access to Services group is now receiving regular data to compare health providers' performance which enables further discussion by commissioners.

A SEND Auditor has been appointed to support the ongoing improvement of Education Health and Care Plans; regular reports are presented to the Board.

Evidence of impact, including on service users

1.1 Vision and Strategy document

1.2 Leadership appointments: DCO, jointly commissioned SEND health lead post across Lancashire, Director of Education; SEND Auditor – job descriptions

1.3 Partnership Board exemplar minutes, TOR, Operational Group Papers

1.4 Joint governance - Health and Wellbeing Board minutes

1.5 Local Authority governance - Scrutiny Committee minutes

1.6 Health governance - JCCG minutes, Collaborative Commissioning Board minutes, ICS Children's Strategic Group minutes

1.7 Improvement Plan 2019-2020 (updated WSoA) and exception reports

1.8 Accelerated Progress Plans

Key next steps

1. Review of SEND Board Membership in April 2020 (as Board Terms of Reference)
2. Implementation of Accelerated Progress Plans in five areas of delay

Concern 2	<i>Leaders' inaccurate understanding of the local area</i>
<p>Issues identified</p> <p>Leaders have an inaccurate view of their strengths and weaknesses</p> <p>There is an increasing understanding amongst leaders about the needs of each local area, which is being used to inform decision making. There is a more realistic and robust understanding about the strengths and weaknesses in performance and service delivery across the local area.</p> <p>Key changes achieved</p> <p>A SEND Joint Strategic Needs Analysis (JSNA) has been developed in partnership; this was published in May 2019 to support a more accurate understanding of the strengths and weaknesses of the local area by partnership leaders. The JSNA will continue to be developed and updated annually through a joint business intelligence working group. The lead member for Children's Services is the sponsor for the JSNA.</p> <p>The JSNA information has highlighted differing need across the county; this will enable future provision to respond to need rather than a 'one size fits all approach' or the continuation of historical commissioning arrangements. For example, the data shows a higher incidence of Mental Health need in the Lancaster district; as a result, funding for 16 and 17 year old commissioned services is higher proportionally than other in other areas. Similarly, the re-commissioning of speech and language therapy takes into account the higher need for these services in the east of the county. Linked to these findings the local authority and health colleagues have worked to develop approaches for intervention that will promote the development of children's language and communication skills in target areas.</p> <p>As part of the SEND JSNA, a data dashboard has been created to visualise SEND school population and educational attainment statistics. Increasingly health and social care information is being added to the dashboard so that a more holistic view can be taken about each locality. This is available online at www.lancashire.gov.uk/lancashire-insight/education/send-dashboard/ There were 1,186 views on the dashboard between the launch in July 2018 and July 2019.</p> <p>A new process to analyse tribunal data is in place. This analysis has identified trends which are being addressed through training and are aimed at reducing the need for families to seek redress via SENDIST. Health colleagues are also sharing trends in tribunal data with commissioners to inform practice and decision making. Similarly, the feedback and information that can be gained from both compliments and complaints has been analysed to identify trends and determine action.</p> <p>Consideration of and discussion about local information by the SEND Partnership Board has included achievement outcomes; the quality of Education Health and Care Plans; the views of parent carers, young people and practitioners and the financial pressure on funding for SEND. Through its tracking process the Board has directly ensured improvements to service delivery; in April 2019 issues were raised by parent, carer</p>	

representatives about the type and quality of social care assessments being undertaken as part of statutory processes to assess eligibility for short breaks. This was followed up by the Acting Director of Social Care to ensure inappropriate social care assessments are not undertaken.

The Local Authority Inclusion Service has developed a service score card to identify performance outliers, trends and action. A map of specialist provision has been developed to inform decision making in an open transparent way; solutions to current challenges are being developed in partnership with schools. A paper outlining the current position and potential future demand was considered by Cabinet in August 2019. This includes specific recommendations and a series of principles to develop the operational approach and provision for SEND in Lancashire which be shared with Board members. Work with good and outstanding special schools will support the development of increased inclusion in mainstream schools.

During the 2019 summer term a series of Head, SENCO and Early Years SEND briefings were held across the County, attended by over 420 professionals. These included sharing good practice guidance, an overview of the Lancashire context and challenges and a 'toolkit' to support all those working in an education setting to develop skills, systems and structures to help meet the needs of children and young people with SEND.

Specific training for school Governors is provided to support children and young people with SEN. Inclusion (and exclusion) was discussed at the Chairs' Forum during the Autumn Term 2018, Spring Term 2019 and Summer term 2019, attended by approximately 360 Chairs of Governors. A termly newsletter is targeted at 8,000 Governors, with the Spring 2019 edition featuring an article on Behaviour and the development of a more inclusive system.

Evidence of impact, including on service users

1. JSNA
2. Data dashboard: 1,186 views between the launch in July 2018 and July 2019
3. Inclusion service data scorecard
4. Inclusion Service Provision Map
5. Inclusion service - review of complaints compliments and tribunals
6. Board awareness of key issues – Board planner
7. Local Provider Forum and Health commissioners' meetings – planner
8. Developing SEND Provision (a framework for change)
9. **Your Child Your Voice -feedback leaflet**
10. **Parent, Carer Video testimonials**

Key next steps

1. Continue to develop the breadth of data and information in the JSNA and Data dashboard
2. Implement the SEND Strategic Framework

Concern 3	<i>Weak joint commissioning arrangements that are not well developed or evaluated</i>
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Issues identified

- Leaders have not evaluated the impact of their actions or taken into account the views and lived experiences of children, young people and their families. This has led to weak joint commissioning.
- Specialist nursing services are inequitable, with significant gaps in provision in some areas.

Joint commissioning arrangements have been reviewed and informed by the JSNA priorities agreed. Service redesign and commissioning has commenced.

Key changes achieved

The county had, prior to the inspection, jointly commissioned an area wide (pan-Lancashire) community equipment service; this has now been in place for 4 years, enabling a consistent provision of service across the area. **Data Awaited**

Following the Inspection, a review of arrangements to commission services was undertaken to understand where services are being jointly commissioned and where joint service re-design work is underway. The report to the SEND Partnership Board highlighted:

- The Joint Commissioning Framework for 2017-2020 which was in place and had previously been agreed by Local Authority and Clinical Commissioning Group Partners in October 2017;
- Feedback from young people, parents and carers who wanted high quality support for children not meeting EHCP threshold, to be part of a world where diversity is accepted, to have clarity and transparency and a consistent approach;
- The range of services that are provided to support children and young people with SEND, highlighting areas where we needed to strengthen arrangements.

Following the presentation to the SEND Partnership Board it was agreed that:

- Joint commissioning work be developed for Speech and Language Therapy Services and Occupational Therapy Services
- Work with special schools be progressed to strengthen the support offered to children and young people in these settings
- The development of ASD pathways would continue as a priority
- The delivery of the pan-Lancashire Emotional Wellbeing and Mental Health Transformation Plan would continue to be a priority.

Work has also been informed by a review of JSNA, which shows variability in need across the district council areas and therefore services will and should reflect that difference.

Joint commissioning

The JSNA information has highlighted differing need across the county; this will enable future provision to respond to need rather than a 'one size fits all approach' or the continuation of historical commissioning arrangements. For example, the data shows a higher incidence of Mental Health need in the Lancaster district; as a result, funding for 16 and 17 year old commissioned services is higher proportionally than other in other areas.

Similarly, the re-commissioning of speech and language therapy takes into account the higher need for these services in the east of the county. Linked to these findings the local authority and health colleagues have worked to develop approaches for intervention that will promote the development of children's language and communication skills in target areas.

Based upon the JSNA a joint service specification has been developed for Speech and Language Therapy services. This has been implemented in the north of the county initially, prior to roll out across the county. Monitoring of access times is now undertaken via the Access to Services Group and differences in access times highlighted, shared with commissioners and discussed during contract meetings.

Joint work with special schools has been undertaken to consider the variation of provision across the county to support special schools.

Joint Re-design Commissioning

Work to jointly re-design services is underway in a number of areas:

- CAMHS re-design programme – jointly commissioned work across Lancashire and South Cumbria to re-design the emotional health and well-being service
- Improving the number of children and young people accessing treatment in NHS funded community mental health services – in 2018/19 access times in Lancashire of 46% against the NHS England target of 32% were achieved, placing Lancashire 6th in the country. CAMHS data monitoring is undertaken via the multi-agency CAMHS Transformation Board.
- Eleven Primary Mental Health workers are in place across Lancashire, with positive impact for children, young people and their families as evidenced in feedback from schools e.g. *'Referrals have been made to CAMHS and to the CWP's for our pupils, supported by the PMHW, which has led to improved, joined up working and improved outcomes'* **Primary School Deputy Headteacher**
- Agreement has been reached to address 0-19 funding in this service and a mobilisation plan with health providers commenced for a CAMHS 0-19 service.
- An all age eating disorder service has been developed and implemented across Lancashire.
- A CAMHS service mandate has been jointly agreed between health and LA commissioners; service providers are designing a comprehensive model based on THRIVE. This will be evaluated by commissioners for implementation in line with the phased funding model.
 - A Mental Health Anti-stigma Campaign -'Time to Change' - has been mobilised pan Lancashire
 - Interim community services have been secured to support children with behaviours that challenge ahead of the CAMHS redesign
 - A specialist inpatient Mother and Baby unit opened in October 2018
 - A local offer of service provision for CYP with emotional wellbeing and mental health needs has been defined for 0-25 years and a co-produced online portal known locally as 'Digital THRIVE' is being tested prior to launch
 - A service to support the school workforce with children and young people who experience emotional wellbeing and mental health issues, and in building

resilience, is in place; the offer was expanded in 2018 to include support for primary schools with transition

- Investment in early help services for children and young people experiencing low to moderate mental health issues has been increased, to help prevent escalation of needs.
- Neuro-developmental pathway – this diagnostic pathway for ASD/ADHD and complex needs has been re-designed jointly to increase the number of children and young people who have a plan of care alongside a diagnosis. Implementation is being rolled out across Lancashire.
- **Learning Disability provision – two all age service specifications have been developed. The specialist support service has been implemented across Lancashire post 16 and work is progressing to implement the 0-16 age range supported by Moorhouses team from NHS England.**

Jointly agreed contract variations have been placed in all NHS provider contracts to reflect the importance of SEND provision and the expectations on all providers to address the requirements of the SEND code of conduct. All providers have a SEND Champion to drive forward reforms in their organisation, including awareness raising, improvements in provision of health advice and in the transition processes.

Alongside transformation work, the Integrated Care System (ICS) has been using its commissioning framework to review commissioning at different levels – ICS, ICP, Neighbourhood. This work has been undertaken jointly with the local authorities for children and young people and will lead to greater consistency in outcomes across the ICS area.

Evidence of impact, including on service users

- Partnership Board September 2018- Commissioning Presentation
- Service specifications
- CAMHS Dashboard extract
- CAMHS transformation programme mandate
- All age LD specifications
- Waiting time data
- Primary health workers - school feedback, case workers, presentation

Key next steps

1. Continue to review provision so that it is more consistent (IP 3.5)
2. Recommission speech and language and occupational therapy services (IP 3.6)
3. Consider the role of advocates for children and young people with SEND as they become young adults (IP 3.8)

Concern 4	<i>The failure to engage effectively with parents and carers</i>
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Issues identified

- Children, young people and their families are not at the heart of the delivery of the SEND reforms
- Views and experience of provision among parents is overwhelmingly damning
- Co-production is weak and there is no clear understanding of what true co-production means
- Parents that contributed to the inspection do not have confidence that the local area identifies their children's needs effectively
- Experience of the system among parents whom inspectors heard from is poor

Parents and carers are part of the strategic governance and leadership arrangements. A variety of communication mediums have been established and are being embedded. The Parent Carer Forum members are active members of the partnership.

Key changes achieved

A co-production strategy - Working Together - has been developed in partnership and agreed by the SEND Partnership Board; this is now being implemented to ensure consistent practice across services. The Working Together Strategy outlines the SEND Partnership plans for communication and participation with children, young people and their families. It explains how this will be achieved between organisations that provide services, help and support. This strategy recognises that following the SEND inspection in November 2017, the Partnership is on a journey to improve SEND services and build relationships with children and young people and their families.

In the summer of 2018 events were held for parents and carers to meet representatives of the newly formed SEND Partnership; 190 parents and carers shared their concerns and dissatisfaction in particular about access to senior leaders and available advice and support. This was fed back to the Partnership Board and in January 2019 Local Area Partnerships (LAP) were implemented to provide a way for professionals and practitioners to work with parents locally. Bringing cross sector services together, has led to more understanding and knowledge of particular services and how to improve access to services for parents. LAP representatives are able to share information with their teams and parent carers about how to access support in a more efficient and appropriate way.

Local Area Partnership meetings take place in all three areas of the county, North, South and East, chaired by a DCO. The local partnerships include SENCO's, Head teachers, Parent Carer Forum, SEND Inclusion, Social Care and Early Help and Wellbeing Service representatives. Discussion has included access to early help for children and young people with emotional needs and as a result Primary Mental Health Workers will be available at planned parent carer engagement events. Following feedback from parent carers, meetings are being arranged in different areas and in schools to enable easier access.

DCO's regularly meet individual parent, carers to resolve specific concerns or issues, receiving 30 individual referrals between April 2019 and July 2019. DCO's understand

local needs, can pass on concerns and issues directly to staff teams and provide answers to issues raised in a timely manner.

Due to the low numbers of multi-agency auditors the number of audits that have taken place to date are small, however in this context the May audits indicated the need to improve advice from partners. There is some evidence to suggest this aspect of EHC plans improved in the July audit as a result of the work undertaken in the council and through the DCO's. There is of course some caution required, due to latency built into the system because of the timescales around EHC processes. The current focus is on the inclusion of the views of children and young people, their interests and aspirations. Training is planned in collaboration with Parent Carer Forum during the autumn term.

Lancashire Parent Carer Forum (PCF) Steering Group reformed in September 2018 with the election of a new Chair and Vice Chair and an agreed constitution. The Chair is a member of the SEND Partnership Board and leads the Equal Partners thematic group to deliver this aspect of the Improvement Plan. The PCF meet monthly and invite SEND Partnership colleagues to meetings as required. The PCF also has members on the Communications and Engagement action group, Information Advice and Support, POWAR and Project Search. The Chair and Membership Secretary are part of the SEND Partnership Team, attending bi-weekly meetings.

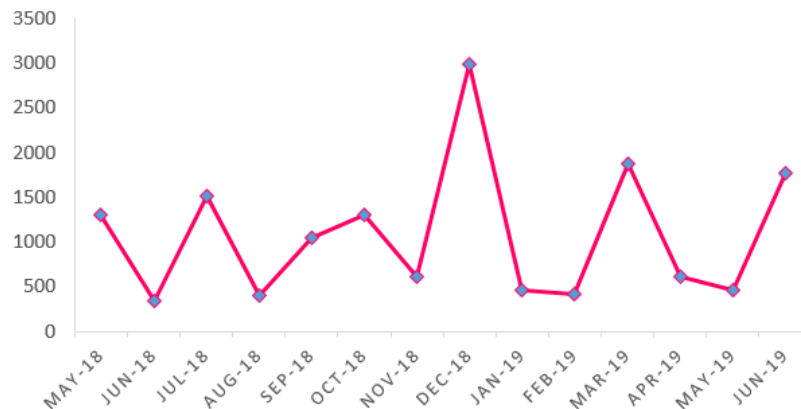
Two Communication and Engagement Officers were appointed to support communication and engagement across the Partnership and more widely; the Chair of the PCF was part of the appointment process. These officers have supported the PCF, through action groups and in developing an independent website launching September 2019 to provide information for parents. Promotion will be supported by the range of communication channels established by the Partnership.

Parents and Carers from across Lancashire have taken part in a free training course to provide them with tools to understand and navigate the SEND system. They were joined by representatives from the SEND Partnership including health, the inclusion service and the IAS team. The five-week course, hosted at County Hall, was arranged and funded by the Lancashire Parent Carer Forum. This was successful in supporting parents who wish to know more about the help available for their families.

In November 2017, an on-line evaluation tool developed with Lancaster University and hosted by the charity In Control was launched; the Personal Outcomes Evaluation Tool (POET) ensures that feedback on provision and services is provided continuously from parents, carers, young people and practitioners. Initially this received 564 responses. Since the initial implementation, in recognition of the issues raised by families, locally and nationally, POET was extended to include those receiving SEN support. A parent carer who is a member of the SEND Partnership Board represented the local area at the development meetings to extend and improve this tool. By the end of July 2019, this innovation had resulted in receipt of over 2,900 responses from 1,714 parent carers, 334 practitioners and 843 children and young people. The information is collated and shared each quarter with the SEND Partnership Board to ensure feedback increases understanding and informs decision making.

Several ways of communicating with parents and carers have been established, including through a SEND Partnership Newsletter which has received 11,500 views between 2018 and 2019 (see graph below). This is circulated to 3,500 parent carers through the FIND newsletter and 3,000 followers through Facebook. Films have been produced to share parent carer and young people's experiences in their own words; these have been considered by the Partnership Board and are used in staff training and development work.

Lancashire SEND Partnership newsletter views



Parent carers have also received information directly from the PCF about training events and news articles and the Lancashire Evening Post published a story about the PCF in early 2019 to support an increase in parental involvement. Since January 2019 regular 'Coffee, Cake and Conversation' events have been taking place; hosted by local professionals they provide an opportunity for parent carers to meet with professionals in an informal setting to discuss support/services and raise any concerns. Over 140 parent carers attended the first phase of events from January to July 2019. During summer engagement events with education colleagues, 45 schools volunteered to host future 'Coffee Cake and Conversation' events as a way of connecting with more parents locally. Planning is underway to deliver these through schools' clusters as hubs for local parents. Future events will be themed to meet parental need.

The PCF is arranging twelve regional events to engage with local communities and raise awareness of the PCFs work. All events will be promoted widely via the Local Offer, schools and social media.

Engagement of parent carers about specific issues has included the neuro-developmental pathway; in 2018 412 parent/carers responded to a survey about ASD diagnosis and 16 parent/carers representatives attended the neuro-development pathway events. A parent carer follow up workshop was delivered on 18th July 2019, 10 participants attended, 8 parent carers and 2 staff members from ADHD Northwest. The workshop provided an opportunity to present the co-produced high-level pathway and the support tools being developed. The themes from the parent carer survey responses were shared; parents agreed that issues raised through the survey would be addressed by the integrated neuro-developmental pathway. Their views will be shared with commissioners, to ensure parent

carers continue to influence the development and design of the pathway at every stage. Parent carer involvement has ensured a focus on families' views, in particular that they can comment on their child's behaviour, the importance of early support and access to support.

Evidence of impact, including on service users

1. Working Together Strategy
2. POET reports to the Board
3. SEND Partnership news page
4. Video testimonials – young people and parents, carers
5. Your Child Your Voice - feedback leaflet
6. Joint participation course - feedback
7. LAP webpage
8. Engagement activity programme and flyers
9. Summary report on ND Pathway Parent Carer Survey
10. PCF engagement and participation March 2018 - current file

Key next steps

1. Work with POWAR, school and college councils to involve more children and young people in the development of services (IP 2.6)
2. Implement Accelerated Plan re Local Offer

Concern 5	<i>The confusing, complicated and arbitrary systems and processes of identification</i>
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Issues identified

- Parents report bewilderment and confusion about how decisions are made by services about their children. They do not believe that systems and processes are transparent and fair.
- There is a lack of transparency for parents and carers about the criteria for the identification of needs. This contributes to a belief that the EHC process is done to them rather than with them.
- There is no clarity, and real confusion, among professionals about who can request an EHC assessment and when.

The systems and processes of identification have been reviewed, to improve clarity and transparency. Service recommissioning of Public Health nursing will improve early identification and school readiness.

Key changes achieved

More than 100 partners including parent carers were involved in developing the graduated response through locally held events. The pathway for 0-25, providing information on the graduated response and EHCP processes, has been reviewed and co-produced. Five fact sheets for parent carers have been produced and these will be available on the Local Offer website. Information from these events has also been included in the SEND Inclusion Toolkit, to support workforce development. This was shared with professionals at education engagement events during summer 2019 and will be implemented in the autumn term 2019. Feedback was overwhelmingly positive with 97% of SENCo's finding the sessions helpful/very helpful and citing the usefulness of the Toolkit.

A person-centered planning meeting is now held at the beginning of the assessment process, this has been jointly developed between the local authority, the PCF, health and social care colleagues. It ensures EHCPs are informed by children and young people's aspirations and interests.

The Lancashire Special School Head Teacher Association has been invited to provide regular representatives at county moderating panels and mainstream school Head Teacher Associations invited to provide representatives on the local moderating panels to ensure transparency and develop a shared understanding.

In response to feedback from schools and parent carers, adjustments have been made to the way in which Special Educational Needs and Disability Officers (SENDO's) work with schools to ensure a more consistent approach. Training for SENDO's has taken place and this new way of working will be implemented across the county from September 2019.

Eleven Primary Mental Health Workers (PMHW) have been commissioned across Lancashire to deliver Youth Mental Health First Aid (YMHFA) training. To date this has involved 357 professionals, including 26 schools, with the aim of improving professional knowledge and skills in identifying and providing support for young people with emotional health and wellbeing needs.

Following a procurement process, the public health nursing service contract was awarded to Virgin Care from the 1st April 2019. To support early identification of needs a Health Visitor will offer a universal service to all local families. This includes five core visits - an ante-natal visit, new-birth contact, 6-8 week assessment, 12 month review and 21/2 year assessment, following the national framework. These contacts are holistic and will include assessments to ensure all children are meeting expected developmental milestones. In doing so this will support the earlier identification of children with SEND for whom onward referral or additional contacts will be arranged.

The Ages and Stages (ASQ) questionnaire, including the social-emotional component (ASQ-SE), will be used at the 1-year and 2-21/2-year reviews. These tools help to identify whether children are meeting expected milestones in the domains of communication, fine motor, gross motor, problem solving and personal-social development.

The Health Visitor will follow pathways to ensure and promote a swift response for children with identified need e.g. referring to speech and language, audiology, physiotherapy, a paediatrician or GP when appropriate. They may also initiate a CAF, with parental consent, so that the child's needs are met, and support coordinated. Each nursery and GP practice has a named Health Visitor to facilitate an early response to identified concerns. In October 2019 a group of 20 Health Visitors will receive training in speech and language provided by the institute of Health Visiting. This is part of the programme of work between the Department of Education and Public Health England which will be extended to the wider workforce.

Virgin Care also provide the public health 0-19 school nursing service, commencing on 1st April 2019; the new service aims to improve communication with parent carers and support transition to school for children and young people have identified need. As part of the universal service, school nurses offer a contact for all reception aged children completing a brief health questionnaire. Following recent mobilisation of this large contract screening is being completed in the autumn term, to identify need early and in doing so support school readiness. In addition, each school has a named school nurse.

A DCO function is in place across Lancashire, including Blackburn with Darwen, and Blackpool; there is a single point of access for families and professionals who may have concerns about the health needs of children with SEND.

Evidence of impact, including on service users

1. Graduated Response co-produced
2. Pathway Process including for EHC Plans co-produced
3. Health Visiting Metrics - Virgin Care reporting data quarterly with coverage of the national HV metrics. These are available
<https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>.

Key next steps

1. Review and share policies and procedures (IP 1.4)

Concern 6	<i>The endemic weaknesses in the quality of EHC plans</i>
<ul style="list-style-type: none"> • The quality of education, health and care (EHC) plans was alarmingly poor. Many plans contain gaps, are out of date and/or do not reflect all of the child or young person's needs. • The focus on completing all conversions by March 2018 has resulted in poor-quality EHC plans, with delays of more than 11 months in amendments following annual reviews. • Weaknesses in joint working approaches and process for assessing needs have led to stark weaknesses in the quality of EHC plans. • The contribution of healthcare and social care professionals to EHC plans is deficient. <p>Improvements in the quality of plans are taking place; a quality framework has been agreed and multi-agency audits are taking place. Individual service quality assurance, training, and audit is taking place. A plan to accelerate the pace of change has recently been agreed.</p> <p>Key changes achieved</p> <p>A Quality Framework has been agreed by SEND Partnership Board; quality assurance work is taking place within individual services and multi-agency auditors have been identified and trained. A pilot audit was undertaken and reported to the Partnership Board in April 2019, with a further report in June 2019. A SEND Auditor has been appointed and the Audit Programme is being implemented - 33 EHC Plans were audited through the multi-agency process between March to June 2019 using the Quality Framework, they identified:</p> <ul style="list-style-type: none"> • 45% of EHC Plans the child/ young person's voice and their parents/ carers' voice are not recorded clearly throughout the EHC Plan • 52% of Plans are clear and accessible with SMART outcomes • 49% of Plans have contribution from all agencies involved and are holistic • 61% of Plans are focussed on individual Special Educational Needs, child/ young person's strengths and need for support rather than diagnosis • 44% of Plans specify the provision required and how education, health and care services will work together to meet child/ young person's needs, support the achievement of agreed outcomes including transition planning. <p>In the local authority, training and development is improving the quality of advice and development of EHCPs including with parent carers; workshops for plan writers have taken place and a workforce development programme implemented. Updated training will be provided each term for SENCOs in various locations across Lancashire; this training has been co-developed by the Parent Carer Forum, social care, DCOs and local authority officers within Inclusion and will be co-delivered by the same group of partners.</p> <p>The Inclusion Service has developed systems and monitoring processes to support improvements to EHCPs. Weekly reports are produced on EHCPs which include data on numbers, quality and social care and health advice contributions. Monitoring of these reports is undertaken at weekly feedback meetings in each locality to identify areas for development and to action report findings. This information is reported to the Inclusion Senior Management Team. Inclusion managers meet regularly with health and social</p>	

care colleagues and this has included reviewing quality of advice. EHCPs have been shared with the DfE SEND advisor and feedback received has been acted upon. SEND data is a regular item in fortnightly Education SMT meetings.

Intensive training for SENDOs is being delivered during summer 2019 focusing on the quality of outcomes within EHCPs and supporting children young people and their families to access provision. The new person-centered approach ensures children views aspirations and interests are captured at the start of the process, to enable the plan to be properly informed by these views. The SEND Auditor is also working with young people through POWAR, SENCOs, parents, carers to improve the way their views are captured.

In the summer of 2018 joint SENDO/SENCO events were attended by 241 SENCOs representing 218 schools. Of the 164 (68%) responses, 89% had a better understanding of partnership work and 64% a better understanding of the EHCP Quality Standards.

By July 2019, of the 1,700 parents who responded to the online survey (POET), 89% felt their own views and the views of their family were included in the plan. In addition, 83% of practitioners felt the EHCP had helped them work in partnership with parents. Parents views about the support for their child being good or very good was more positive than in other parts of the country.

The work in the local authority Inclusion Service is alongside the action to improve advice from health and social care. The DCO service is ensuring that health advice contains appropriate information and clear outcomes through a health QA system. The new Early Help Module has been embedded into the Education Health and Care Plan process for health professionals. The DCO service has led a training offer for health professionals on '**what quality advice looks like**'. The first phase in early 2019 was for Paediatricians and Allied Health Professionals. Following feedback, guidance with examples of good practice has been developed and is available for all partners across the area. During July and August 2019, 105 health professionals received training on writing good advice. Social Care developments include a CWD Social Worker attending the EHC Assessment Panel, exemplars of good social care advice created, and training included within social work induction programme.

Evidence of impact, including on service users

1. POET report to the SEND Partnership Board April 2019
2. SEND Service - compliance checklist
3. Auditor training and handbook
4. Audit reports to Board April and June 2019
5. DCO Service Quarterly Report
6. 10 Good plans

Key next steps

1. Expect all partners to contribute to the consideration and analysis of individual children's needs (IP 1.6)
2. Implement Accelerated Plan for improving quality of EHCP's

Concern 7	<i>The absence of effective diagnostic pathways for ASD across the local area and no diagnostic pathway in the north of the area</i>
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- The autism spectrum disorder (ASD) pathways, where they exist, do not comply with the guidelines of the National Institute for Health and Care Excellence (NICE) guidelines. This results in inaccurate identification and the needs of children and young people and their families not being met.
- ASD diagnostic pathways across Lancashire are of very poor quality. For the areas that have a pathway, none is compliant with NICE guidance. Worse still, children and young people in the north of the area are not able to access any diagnostic pathway whatsoever.

The diagnostic pathway for ASD has been re-established in the North of the county. A high level pan-Lancashire Neurodevelopmental Assessment and Diagnostic pathway has been co-produced.

Key changes achieved

- Two organisations commissioned to deliver a diagnostic ASD service in Lancaster whilst the Neuro-developmental pathway is being developed and implemented across the area.
- A total of 438 parent/carers have been involved in the development of the pathway through surveys, workshops and meetings.
- Engagement events held with POWAR in July 2018 involving a total of 12 young people.
- More than 200 partners, including Acute, Community, Mental Health, Third Sector, Primary Care, Education, Schools and Social Care colleagues have been involved in the development of the pathway through workshops and meetings.
- High level pathway developed, which was discussed and agreed at SEND Partnership Board November 2018, SEND provider Forum and CYP Commissioning Network meetings.
- There are 5 integrated care partners (ICPs) across Lancashire and South Cumbria, meetings have been held or are arranged in each ICP to start implementation, develop a gap analysis and action plans for implementation.

At the time of the last SEND inspection there was no ASD diagnostic pathway in the north of the county. The diagnostic pathway has been re-established along with sleep, sensory and behavioural workshops to support parent carers. The waiting list has been addressed by commissioning Healios to provide an online diagnostic service and a local health provider for face to face diagnostic service.

The development of a high-level pan-Lancashire Neurodevelopmental Assessment and Diagnostic pathway for the ICS area has been a priority. The rationale for this development is in response to feedback from families that children and young people often enter an ASD pathway, some will receive a diagnosis whilst others may leave without a diagnosis or support, despite the needs they have remaining. Continued engagement work with parents indicated that an integrated neuro-developmental pathway to address need rather than diagnosis, with a support plan for children and young people, is an appropriate way forward.

The high-level pathway has been developed and agreed through several workshops which included colleagues from health, education, social care, parents and carers, with up to 45 participants at each workshop. A Parent/Carer survey was launched in July 2018; shared

via Local Offer, FIND database, Communications leads and by contacting related support groups. In total 412 parents/carers provided feedback on-line about current pathways and the issues they were experiencing. This information has contributed to shaping the new pathway. A further parent/carer workshop took place on 18th July 2019, 10 participants attended, 8 parent/carers and 2 staff members from ADHD Northwest. The workshop provided an opportunity to present the co-produced high-level pathway and the tools (referral form and assessment tools) against the themes that emerged from the survey responses. Parent carers agreed with the rationale for an integrated neuro-developmental pathway and emphasised the importance of parent carers contribution to the assessment and diagnosis process along with the need for early support. Comments from the workshop have been shared with commissioners to ensure parent/carers continue to influence the development and design of the pathway.

Work with POWAR (Participate, Opportunity, Win, Achieve and Respect) – the young people's participation group took place on 17 July 2018 to obtain their views about 'What good communication looks and feels like' and 'the assessment pathway for ASD, ADHD and other conditions that impact on education'.

Further workshops and meetings have also been undertaken with partners, GPs and the local area partners to progress the work.

Gap Analysis Workshops

Workshops have been taking place at ICP level with commissioners, providers and relevant partner organisations considering gaps in current processes to enable the delivery of the new pathway. Action plans have been developed by each ICP to support the implementation of the new pathway and ensure commissioning arrangements/service provision is in line with the proposed pathway. Colleagues from multi-disciplines have been attending the sessions.

Links with other ICS Work Programmes

Links with other ICS work programmes have continued to be established, as it is recognised that there are interdependencies with both 'Children and Young People's Emotional Wellbeing and Mental Health' and 'Learning Disabilities and Autism' programmes. Whilst the Neurodevelopmental Pathway is out of scope, clinical colleagues across the ICS support children and young people who maybe on multiple pathways, hence, the need to ensure that there are no gaps or duplication of effort and that children, young people and parent carers receive a seamless service.

Evidence of impact, including on service users

1. Neurodevelopmental High-Level Pathway
2. Neurodevelopmental update report
3. Morecambe Bay ASD Pathway; all 135 families on waiting list in North Lancashire have been seen as part of the ASD assessments process.
4. Summary report on ND Pathway Parent/Carer Survey
5. Gap Analysis Workshop attendees
6. ASD Pathway KPI
7. Feedback from GPs
8. Waiting list data

Key next steps

1. Implement the neurodevelopmental diagnostic pathway (IP 3.4)

Concern 8	<i>No effective strategy to improve the outcomes of children and young people who have SEN and/or disabilities</i>
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Issues identified

- Lack of a clear SEN strategy
- Little evidence to show how the outcomes of pupils with SEN and/or disabilities have improved as a result of the reforms
- Local area not doing enough to improve the life chances of young people as they move into adulthood.
- Leaders have not addressed the underachievement of children who have SEN support or an EHC plan
- Children receiving a universal health visitor service are not supported to be school ready.
- A number of parents reported a very poor transition experience for their children as they moved from mainstream primary to secondary.

A Partnership Strategy is in place with one of four priorities being for children and young people to achieve success; a strategic framework to drive the approach to support and development of provision in education is in place. A plan to accelerate the pace of improvement has been agreed.

Key changes achieved

The post of Director of Education has been established and appointed; a key priority for the Director is to ensure improvement in SEND services and outcomes for children and young people. The Board has considered education outcomes in some detail; as a result, outcomes for children and young people with SEND are now analysed and targets discussed through Head Teacher Associations and directly with individual schools. School Advisors routinely discuss outcomes for children and young people with SEND as part of their termly visits.

Children and young people do not achieve as well as in other parts of the country. Full analysis of data for 2019 underway with clear targets for improvement in 2019/20 identified and agreed. Data is used to inform significantly higher levels of challenge by advisers in schools and shared with SENCOs to draw out practical actions required at school level to raise attainment. Autumn Term visits by advisers in all phases will focus on the achievement of pupils with SEN. Governors to be made fully aware of the challenge being set and provided with support in carrying out their role to hold senior leaders to account for pupil progress. Scrutiny and challenge is in place to ensure that targets are suitably challenging and supported by practical actions to affect change in schools

Our target is to narrow the gap between the attainment of Lancashire pupils with SEND compared with national outcomes.

Current gaps (2019 data):

EYFSP (GLD) 4.4%
KS1 (RWM combined EXS+) 4.75%
KS2 (RWM combined EXS+) 5.39%
KS4 data not yet available

There is in-county variation between districts and sub-districts; targeted actions will take place in identified districts (and sub-districts identified in SPA analysis) with schools, school

advisers, inclusion service and child and family wellbeing colleagues to impact on provision and outcomes in areas where these are lower. Share models and practices used in areas such as Skelmersdale, which have similar levels of deprivation but higher outcomes for pupils with SEN.

Our target is to narrow the gap in focus areas:

EYFSP	Pendle (17%), Preston (19%), Rossendale (15%), South Ribble (21%)
KS1	Burnley (11%), South Ribble (13%)
KS2	Burnley (11%), Pendle (15%), South Ribble (15%), Wyre (14%)
KS4	data not yet available

Educational Psychologists undertook work with schools in focus areas during 2018/19 in early years and key stage 2. There has been some improvement in results in Hyndburn and Lancaster in 2019 in comparison with 2018.

The attainment of young people with SEN at 19 at level 2 and level 3 is too low. In 2018 attainment was 50.5%, compared with 54.5% nationally and 82.4% for all young people in Lancashire. Level 3 attainment at 19 for young people with SEN was 26.5%, compared with 26.6% nationally and 59.5% for all young people in Lancashire.

Meetings with colleges in the local area are taking place during the Autumn term 2019 to consider improvements in attainment. The target to close the attainment gap between young people with SEN and those without will be set using published data for 2019, available in Spring 2020.

The percentage of 16 and 17 year olds with SEND participating in education and training is too low. In March 2019, the percentage of 16 and 17 year olds with SEND participating in education and training was 85.4%, compared with 88.6% nationally and 90.0% overall for Lancashire. Linked to this the number of 16 and 17 year olds with SEND who are NEET or their participation status is not known is too high.

Data is being analysed and destinations shared with schools; discussion with providers where there are fewer positive destinations for young people with SEND are taking place. Working closely with schools and colleges, we will determine the current destination for young people who are recorded as not known and provide information, advice and guidance (IAG) to support a positive destination.

The targets are to increase the percentage of 16 and 17 year olds with SEND in education and training to 86.4% by March 2020 and reduce the percentage of 16 and 17 year olds who are NEET or not known to 13.5%, based on the December to February 2020 three month average.

A new way of working with secondary schools was introduced in May 2019; over 60 secondary schools have provided the intended destinations of Year 11 pupils which enables targeted conversations about destinations of young people with SEND. Discussions with the DfE are taking place to determine whether key stage 5 destination measures for young people with SEND are available by provider, to highlight areas of concern and identify good practice.

The Lancashire Statement of Priorities for further education was published in April 2019; the needs and outcomes for young people with SEND is now explicit throughout this strategic document to inform conversations with individual colleges. The number of young people

included in post-16 provision locally is 4% higher than the national average; the priority is to increase level 2 and level 3 attainment at 19 and provide greater choice which will lead to more young people progressing into employment.

A new public health nursing service contract was awarded to Virgin Care from the 1st April 2019 which includes the 0-19 school nursing service; children with identified need will be supported through transition to school and through the screening programme in the first term of school readiness assessed.

Working in partnership with primary heads the concept of 'Inclusion Hubs' has been developed and implemented; bringing groups of local heads together to increase support and develop solutions which meet need in mainstream schools and local areas. These are supported by the School Improvement Service with an agreed SLA for each area; key aims are to reduce exclusion, improve attendance for pupils at risk of exclusion, ensure that pupils' needs are better met by a 'local offer', provide high quality training for staff in schools, share good practice and sign-post schools to expertise locally.

Alongside this a review of SEMH/Alternative provision has been undertaken across the secondary sector by an external organisation. The recommendations make clear the need to re-design the approach to support and provision in partnership with secondary schools across the county. Implementation has begun in the Preston area, but to date pace has been slow. This will be accelerated in September 2019 following the appointment of a senior lead for Alternative Learning Provision and a separation of this role from the role of Head of the Virtual School.

All short stay schools have a named Educational Psychologist to support transition through a more structured model of entry and exit with clear outcomes.

Consultation to close an inadequate primary provision, which has an academy order is underway. Agreement with the Regional Schools Commissioner has been reached about an inadequate SEMH provision in the north of the county; discussion with private specialist providers through a formal process is underway to secure improved teaching and learning experiences for these young people. The remaining provision which requires improvement is being led by the Headteacher of another local provision.

A workforce development programme is being co-produced and rolled out in partnership with schools; 30 SEND reviewers have been trained, with reviews taking place to inform SEND practice. An Inclusion Toolkit has been developed and 'road tested' with Heads, SENCO's and Early Years providers at the summer term SEND Education events; feedback was overwhelmingly positive with 97% of SENCO's finding the sessions helpful/very helpful and citing the usefulness of the Toolkit. The Toolkit will form part of the new local offer to be launched in September 2019.

SENCo cluster meetings take place termly; these provide an opportunity to develop and share practice to improve the inclusion of and outcomes for children and young people with SEND. In the autumn term there will be an increasing focus on achievement as part of the Accelerated Plan.

Governor conferences with a focus on SEND were held throughout November 2018 and SEND articles are now a regular feature in Governors Newsletters; the Spring 2019 edition included an article entitled 'Behaviour (and Exclusions) Update', highlighting the exclusion performance in Lancashire and considering the issues and questions for governors. This included how schools make reasonable adjustments for children and young people and provided information about relevant training courses. In addition to the training available for governors, inclusion/exclusion has been discussed at the Chairs' Forums taking place in the 2018 Autumn term, 2019 Spring term and 2019 Summer term. Total attendance at these Forums was 360; along with the focus in newsletters, there is now greater awareness by governors about their role in meeting need in mainstream schools. There is training available to support governing bodies discharge their duties, including holding executive leaders to account.

Through Project Search three supported internship programmes have been implemented with partners involving 12 young people. A graduation event took place to celebrate the success of young people completing the Project Search programme with parent, carers and senior leaders in the council. The Leader of the Council and Chief Executive have championed this programme and made clear the expectation to increase employability opportunities for young people with SEND.

Evidence of impact, including on service users

1. Board presentations – education outcomes and SEND analysis
2. Strategic Framework for developing SEND – Cabinet Report 8 August
3. Inclusion Toolkit
4. Inclusion Hub overview and exemplar area agreement
5. SEND4Change Review of ALP/SEMH
6. ALP - Cabinet reports for Hendon Brook and Wennington Hall School

Key next steps

Implement Accelerated Plan

Concern 9	<i>Poor transition arrangements in 0-25 healthcare services</i>
<p>Issues identified</p> <ul style="list-style-type: none"> • There are not enough commissioned healthcare services for young people who have SEN and/or disabilities beyond the age of 16 • Weaknesses also exist after the two- to two-and-half-year-old checks • Transition arrangements across the area are splintered. There is no evidence of a strategy to ensure that young people transition effectively into adult services, or that appropriate arrangements are in place for those young people who do not meet adult thresholds...there is no mechanism to share and disseminate learning <p>A number of services have been re-designed/commissioned to improve the arrangements for transition in healthcare services.</p> <p>Key changes achieved</p> <p>Changes include:</p> <ul style="list-style-type: none"> • CAMHS – a transformation programme is in place with the aim of re-designing emotional health and wellbeing services for 0 – 19 years across the Lancashire and South Cumbria Integrated Care System (ICS). In May 2019 the proposals received financial support to increase services to 19 years of age, removing the gap between children and adult services. The project team is agreeing a mobilisation plan with each of the provider services to increase CAMHS services to 19 years. In 2018/19 Lancashire achieved 46% for access time, in comparison with the NHS England target of 32%, placing Lancashire 6th in the country. • A CAMHS hospital passport has been developed with young people and is currently being trialled in the North. • A service to support the school workforce in their work with children and young people who experience emotional wellbeing and mental health needs, and in building resilience, is in place; the offer was expanded in 2018 to include support for primary schools during transition. • An all-age eating disorder service, commissioned across Lancashire and South Cumbria is now operational. The percentage of children and young people seen by the service (non-urgent) within 4 weeks has increased from 68% in 2016/17, to 85% in 2017/18 and 76% in 2018/19. The percentage of children and young people seen by the service (urgent) within 1 week has increased from 45% in 2016/17, to 51% in 2017/18 and 55% in 2018/19. • Two all-age learning disabilities and autism service specifications across Lancashire and South Cumbria have been developed; the all age service for specialist support is operational across the county 16 years + providing enhanced and intensive support for children, young people and adults, and work is continuing on the implementation of a 0-16 service, supported by Moorhouses from NHS England. Further work is progressing an all age community, LD and autism service. A learning disability hospital passport is in place across Lancashire. A project manager has been appointed to connect the 	

improvement work of the SEND Partnership and Transforming Care agenda across the area.

- A new contract for the public health nursing service was awarded to Virgin Care from the 1st April 2019 which includes the 0-19 school nursing service; children with identified need will be assessed via the screening programme for school readiness and supported through transition to school. Following recent mobilisation of this large contract screening is being completed in the autumn term, to identify need early and support school readiness. This is in addition to each school having a named school nurse.
- The following action has been taken to secure the views of parent carers, young people and partners to inform changes required to improve transition:
 - Three workshops in Autumn 2018, attended by 103 partners, including parent/carers, feedback used to inform transition planning.
 - Discussions with children and young people about their experiences of transition, including the development of short films so that this can be shared more widely.
 - Survey monkey questionnaire for parent/ carers about their experiences and views of transition.
 - Integrated Care System (ICS) professionals' event to develop a Transitions Strategy on 6th June 2019, follow up meeting planned for 11th October 2019.
 - Professionals training events to promote safe transition and share good practice on 30th, 31st July and 1st August 2019 attend by therapy staff (30); CAMHS, LD and EHWP staff (30) and nursing, HV, SN, safeguarding and hearing services staff (45).
 - Meeting held with complex care nurses 10th June 2019 across Lancashire and South Cumbria to improve transition processes for medically complex young people.
 - SEND Transition working group formed.
 - Integrated Care Partnership (ICP) meetings arranged across the ICS August/September 2019.

Evidence of impact, including on service users

1. Learning Disabilities all age service specification
2. Neurodevelopmental pathway
3. CAMHS Programme Mandate
4. ICS wide transition strategy (all) with LA workshop 6th June

Key next steps

Improvement Plan

3.9 Develop arrangements to improve transition across our provision and services

Concern 10	<i>The disconcerting proportion of children and young people who have an EHC plan or statement of SEN who are permanently excluded from school</i>
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Issues identified

- The number of exclusions is at an unacceptable level and continues to rise
- The proportion of children and young people who have SN and/or disabilities and are permanently excluded is too high

The number of young people permanently excluded from school has reduced and processes are now in place to monitor the exclusion of children and young people with SEND.

Key changes achieved

Permanent exclusion of children and young people with an EHCP increased from 19 in 2016/17 to 27 17/18; in 2018/19 this was reduced to four exclusions, with a number of exclusions rescinded, and further potential exclusions avoided through discussion and challenge by the local authority.

A system has been implemented to monitor all children with an EHCP at risk of permanent exclusion. Support has been provided for those children previously permanently excluded in KS1 and KS2. Educational Psychologists are now attached to every PRU and models have been developed that are responsive to the local area, including a more structured model for entry and exit with clear outcomes identified to focus intervention.

A pilot transition intervention had been developed in one district for pupils in year 6 who are transitioning into year 7 and are at risk of or have been permanently excluded. Educational Psychologists are also working with feeder primary schools to support secondary school transition

A workforce development programme is being co-produced and rolled out in partnership with schools; 30 SEND reviewers have been trained, with reviews taking place to inform SEND practice. An Inclusion Toolkit has been developed and 'road tested' with Heads, SENCO's and Early Years providers at the summer term SEND Education events. Feedback was overwhelmingly positive with 97% of SENCO's finding the sessions helpful/very helpful and citing the usefulness of the Toolkit. The Toolkit will form part of the new Local Offer to be launched in September 2019.

Working in partnership with primary heads the concept of 'Inclusion Hubs' has been developed and implemented; bringing groups of local heads together to increase support and develop solutions which meet need in mainstream schools and local areas. These are supported by the School Improvement Service – there is an SLA agreed for each area with key aims being to reduce exclusions, improve attendance for pupils at risk of exclusion, ensure that pupils' needs are better met by a 'local offer', provide high quality training for staff in schools, share good practice and sign-post schools to expertise locally.

Alongside this a review of SEMH/Alternative provision has been undertaken in the secondary sector by an external organisation. The recommendations make clear the need to re-design the approach to support and provision in partnership with secondary schools across the county. Implementation has begun in the Preston area, but to date pace has been slow. This will be accelerated in September following the appointment of a senior lead

for Alternative Learning Provision and a separation of this role from the role of Head of the Virtual School.

Governor conferences with a focus on SEND were held throughout November 2018 and SEND articles are now a regular feature in Governors Newsletters; the Spring 2019 edition included an article entitled 'Behaviour (and Exclusions) Update', highlighting the exclusion performance in Lancashire and considering the issues and questions for governors. This included how schools make reasonable adjustments for children and young people and provided information about relevant training courses. In addition to the training available for governors, inclusion/exclusion has been discussed at the Chairs' Forums taking place in the 2018 Autumn term, 2019 Spring term and 2019 Summer term. Total attendance at these Forums was 360; along with the focus in newsletters, there is now greater awareness by governors about their role in meeting need in mainstream schools. There is training available to support governing bodies discharge their duties, including holding executive leaders to account.

There is some evidence of heightened awareness amongst governors; impact will be analysed to assess impact. To build on this progress we are analysing more detailed information on children and young people with a draft EHCPs who do not have a school place. In addition those who are CME, EHE, off rolled, ALP numbers for SEND and SEN support are being considered.

Evidence of impact, including on service users

1. Exclusion data

Key next steps

Improvement Plan

4.2 Implement a partnership model with schools for Alternative Provision

4.3 Consider a coherent model to deliver support

Concern 11	<i>The inequalities of provision based on location</i>
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Issues identified

- Children and young people are at risk of delays in the provision of specialist healthcare services due to obstructive referral procedures. Access to services is challenging and inconsistent across different providers.
- Inconsistency and variability in terms of children's and young people's needs being met are constant themes across the local area. Too much depends on where a child lives, and which professional is involved in their situation. This results in an inequality of experience for children and young people and their families.
- Where there are strengths in terms of provision, this good practice is not shared across the area.
- Families with children who need specialist input by SALT for eating, drinking and swallowing are often unable to access support and care locally.
- Families do not benefit from a unified healthcare service, particularly in relation to specialist equipment and consumables, such as continence products. There are particular barriers when children live in one area but are registered with a GP or consultant in another area.

The use of data and information including the JSNA is increasingly ensuring that the development of provision, services and new commissioning arrangements are based on local need.

Key changes achieved

There is a jointly commissioned area wide community equipment service operating consistently across the area. **Data Awaited**

The Designated Clinical Officer function has been commissioned and is providing a supporting structure to increase consistency in provision across the county and where required across council boundaries. DCO's are able to signpost parent carers to local provision and when parents have concerns facilitate discussion locally through the Local Area Partnerships structure.

Health Visiting and School Nursing Services have been re-commissioned across the county and are now delivered by a single provider; Virgin Healthcare. This aims to ensure services are more consistent.

A Joint Strategic Needs Assessment (JSNA) has been produced and used to identify local needs. The JSNA information highlighted differing need across the county; this will enable future provision to respond to need rather than a 'one size fits all approach' or the continuation of historical commissioning arrangements. For example, the data shows a higher incidence of Mental Health need in the Lancaster district; as a result, funding for 16/17 year old commissioned services is higher proportionally than other in other areas. Similarly, the re-commissioning of speech and language therapy takes into account the higher need for these services in the east of the county. Linked to these findings the local authority and health colleagues have worked to develop approaches for intervention that will promote the development of children's language and communication skills in target areas.

As part of the initial review of joint commissioning by the SEND Partnership, the following priorities for joint commissioning were agreed in the context of inequity in provision:

- Child and Adolescent Mental Health Services (see section on joint commissioning for detail)
- Primary Mental Health Workers
- Neurodevelopment Pathway
- Speech and Language Therapy
- Occupational Therapy

SEND Champions have been identified in each provider organisation to undertake a range of functions; one of these has enabled the providers to share good practice and work together to improve services. The Champions and Provider Forum meet monthly.

Work is underway, following the Special School Nursing Review, to address the issues identified in the inequity of nursing provision for special schools. A map of provision has been developed and discussions are taking place with providers and schools to agree the offer across the county.

Work has been completed to understand the differences in process for Children Looked After across the county and agreement reached to address these jointly, enabling a single process to be put in place.

A joint service specification has been developed for Speech and Language Therapy 0-19 services, this takes into account the higher need for these services in the east of the county and has been implemented in the north of the county initially, prior to roll out across the county. The first round of contract monitoring meetings will commence in September 2019 for these services; service delivery in the east is designed to meet the higher percentage of complex and very complex cases.

Monitoring of access times is now undertaken via the Access to Services Group and differences in access times highlighted, shared with commissioners and discussed during contract meetings.

The re-designed occupational therapy service specification is at different stages of implementation across Lancashire, covering ages from 0 – 19 years. Work with health providers is taking place to align services with new contract as far as possible. Contract monitoring meetings will monitor implementation and performance.

An education provision map has been developed and shared with special schools, as part of a developing strategy to ensure provision is both sufficient and located in areas of need.

A process map of the health care offer for children looked after has been completed and recommendations identified.

Evidence of impact, including on service users

1. DCO Report, quarter 1: 2019
2. JSNA and SEND data dashboard
3. Eating disorder service % seen with 1 or 4 weeks
4. CAMHS % accessing service
5. Service Specifications- SALT and OT
6. Education Provision Map

Key next steps

Improvement Plan

- 3.1 Target support available from specialist services more effectively
- 3.5 Continue to review service provision so that it is more consistent
- 3.6 Re-commission Speech and Language and Occupational Therapy Services
- 3.7 Develop a commissioning plan which is informed by the JSNA

Concern 12	<i>The lack of accessibility and quality of information on the local offer</i>
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Issues identified

- The local offer is not used effectively. This is because of little awareness of its existence and the inaccessible manner in which information is provided to users.
- Parents' awareness of the local offer is poor. Information on the local offer does not always give parents and users the information that they need to access the right service in the easiest way possible.

The website which provides information about the Local Offer has been reviewed and redesigned. The revised information will be launched through a new site in the Autumn 2019. A plan to accelerate implementation is in place.

Key changes achieved

The Local Offer website and information was reviewed with parents, young people and partners; this informed the specification for a re-build, which includes a facility for users to provide feedback and a directory to search for information. The aim is to ensure the information is accessible and the site provides the information parents need about the Local Offer.

The 'Your Child Your Voice' workshops during summer 2018 provided additional feedback which supported the findings shared during the inspection. This informed a series of surveys which asked parent carers and young people to provide more detailed information about the style, name and content for the new local offer. Over 250 parent carers responded to the surveys, with thirty attending workshops in Lancaster and Preston.

The feedback from users make it clear that the content is free from jargon, easily understood and provides information relevant to each need and location. Workshops were held with parent carers and young people to inform the structure of the site and identify common searches to find information. This has informed the new site and second phase development. Research was undertaken to consider best practice in relation to the information about the local offer and the website format tested using the Mott Macdonald checklist. This checklist assessed the Local Offer information from twenty-three local areas, with specific focus on guidance relating to SEND support in the early years, schools, and further education settings. The information to describe the Local Offer in Lancashire scored well, with high compliance in seven of the twelve areas. Feedback on the remaining areas has been used to further develop the information about the Local Offer.

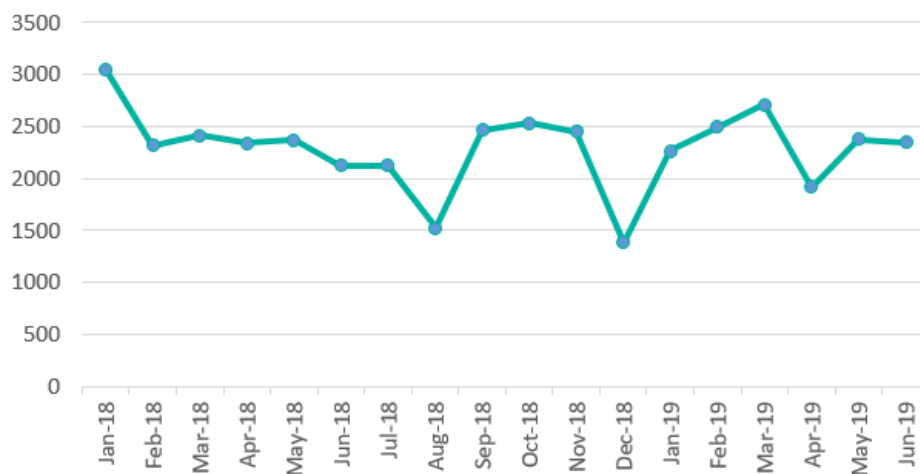
Design workshops with forty-five young people in three schools informed the use of colour and imagery; this will be bright and welcoming to all users. The design will be in keeping with the SEND Partnership brand and include a narrative about our work together as partners.

Implementation of the newly designed information and site has been significantly delayed following the termination of a contract in March 2019 with an externally commissioned provider due to lack of progress. The site content and build are now being led by a council project team with Open Objects appointed to develop the directory facility.

The SEND partnership site is scheduled for user testing in September 2019, with a first phase launch in October 2019. This is supported by a plan for promotion to raise awareness of the new site with all potential users. A feedback survey facility is part of the site to ensure feedback from the users continues to improve the site.

The Local Offer website was recording a declining number of visits until September 2018 when work to increase access took place. This increased visits slightly above the previous average, which has been maintained or in some months, exceeded through the ongoing engagement with parents and educators.

Lancashire Local Offer Website views



The newly formed Lancashire Parent Carer Forum website was co-produced to share key information and provide helpful signposting for parent carers. Links to the new Local Offer site and Local Offer Facebook page is part of the website build – these have a combined reach of over 4,000 parent carers. Key information from the Local Offer site will also be held on the PCF website to share knowledge with parent carers.

Evidence of impact, including on service users

1. Evidence from events/workshops
2. Outcomes from the review
3. Mott Macdonald Review outcomes
4. Build specification
5. Project Implementation Plan and Accelerated Plan

Key next steps

Improvement Plan

2.5 Continue to develop the Local Offer so that it is user friendly and locally specific
Implement the Accelerated Plan to deliver the local offer website