

Children and Education Select Committee

SEND Task and Finish Group

26 February 2018

Record of Proceedings

Attendees:

SEND Task and Finish Group: Mark Brett-Warburton, Chris Botten, Chris Townsend

Mary Lewis, Cabinet Member for Education, and Mary Burguieres, Strategic Lead, Continuous Improvement and Change

Apologies:

Tina Mountain, Yvonna Lay

Key points raised in discussion:

ITEM ONE:

1. The Cabinet Member for Education noted the briefing that had been provided to members on the current Section 75 and 76 agreements for pooled funding between the Council and CCGs covering a range of therapies and CAMHS. Whilst this demonstrated that there were substantial arrangements in place, there was also more work could be done to improve this.
2. Members questioned whether staff employed by the health sector were line managed with as rigorous performance requirements as staff employed by Surrey County Council. Officers noted that partners managed staff using different measures to Surrey County Council. Members asked whether staff that were employed by Surrey County Council could potentially be seconded to health organisations to ensure that the performance management standards employed by the Council could be used as a model by health colleagues.
3. Officers noted that Speech and Language therapy was delivered in house by Surrey County Council. It was explained that this service was generally received positively by service users,
4. Members questioned how performance was monitored on commissioned contracts and how the contract provider is held to account for non-delivery. Members particularly stressed that performance notices that were issued by the service in response to poor performance may not have been effective enough. Officers stressed that the service measured inputs from performance statistics and identified timeliness and other performance metrics. It was stressed that the service had held challenging conversations with providers that were not delivering as expected to drive improvement.
5. Members suggested that the service could liaise with academics, highlighting work undertaken in this area by the University of Surrey, to determine performance targets and question how the service monitors performance on commissioned services.

Members suggested that the service could take national leadership in working with academics to agree long term performance targets.

6. Members questioned whether services that were not performing as well could be brought in under a similar model to Speech and Language therapy. Officers noted that there was some potential to establish a joint venture or establish in house provision for some of these and that the service could look into the viability of this. Officers also suggested that they would look into benchmarking how other authorities undertook this and determine viability.
7. Officers noted that the complexity of need had increased, highlighting Autism Spectrum Disorder (ASD) as a key area of increase, and noted that the service had taken national leadership on developing and commissioning services to manage this development.
8. The Cabinet Member for Education noted that the service needed to find ways to ensure that health partners find ways to identify those with needs are identified earlier and that this could help to improve the quality of Early Help assessments.

ITEM TWO: EHCPs

1. Officers identified that were concerns regarding the number of EHCP cases open over 25 weeks. It was noted that new EHCP requests were being completed within deadlines, but that some of the lengthy cases were not being completed as a result of the focus on completing new EHCP requests.
2. Officers stressed that there had been significant numbers of EHCP cases that had been resolved and that there was a pattern of improvement recorded across all quadrants.
3. Officers noted that lengthier cases were being extended often due to differing views on what was considered an appropriate setting to best provide the child's needs. This led to delays in decision making. Members questioned whether there was a lack of confidence from users regarding professional opinion. Officers stressed that many of these cases were very complex.
4. Members noted that it was positive that the service had understood why there was an overrun of cases and identified causes, stressing that this was a step forward for the service and that this would help in resolution of these cases.
5. Members questioned data integrity and whether the figures were reliable before September 2017, noting that there were historic issues in other areas of the service regarding data integrity. Officers and the Cabinet Member stressed that they would present information to assure Members regarding data integrity.
6. Members questioned why EHCP requests being completed on time was plateauing at a level of 55% and what the barriers to improvement were. Officers noted that this level was at the national average but that there was skilled resource in the transfer teams that could be used to improve upon this figure in due course.

ITEM THREE: TRANSFER OF STATEMENTS

1. Officers noted that there was a deadline of March 2018 to complete all transfers. There was an expectation that most of these cases would be completed on time but that there were up to 21 cases significantly more complex cases that may not be completed within timescale.
2. Members noted the current rate of completion, and highlighted that the current completion trend was currently 100 completed per month and that there was a need for 400 completed per month to be within timescale. Officers noted that significant improvements in management efficiency would ensure that this improvement took place and that there would be separate transfer teams to ensure alacrity. It was highlighted that there was evidence of improvement that had been acknowledged by the DfE.
3. Members queried what would happen to the dedicated transfer team upon completion of transfers. Officers explained that it would be redeployed based on need. Members suggested that, due to experience, that these officers could be redeployed as family champions and that they could become family champions who were expert in the system.
4. Members observed their disappointment in the low level of parent and carer participation in decision making and questioned how this could be improved. Officers recognised this and noted that there had been low levels of survey responses. Members suggested that surveys could be distributed to SENCOs, and in schools in general, to improve participation.
5. Members noted the positive response from the Secretary of State regarding progress and congratulated officers on work to achieve this.

Recommendations:

1. That the service look into the potential of setting up a similar model to Speech and Language Therapy services for SEND assessments and look into the potential to deliver these services in house or as part of a joint commission.
2. That the service present information to assure Members regarding data integrity regarding the EHCP dashboard from before September 2017.
3. That the service look at the potential of working with academics to potentially provide advice and supervision for performance targets in SEND commissioned services.
4. That a Tableau surgery demonstration would be set up with Members in due course.

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