



Thursday, 20 July 2023

EDUCATION, HEALTH AND CARE PLAN TIMELINESS

Purpose of report:

The purpose of this report is to provide an update to the Children, Families, Lifelong Learning and Culture (CFLLC) Select Committee to show the position at, and progress made by, the end of June with regards to Education, Health and Care Plan (EHCP) timeliness.

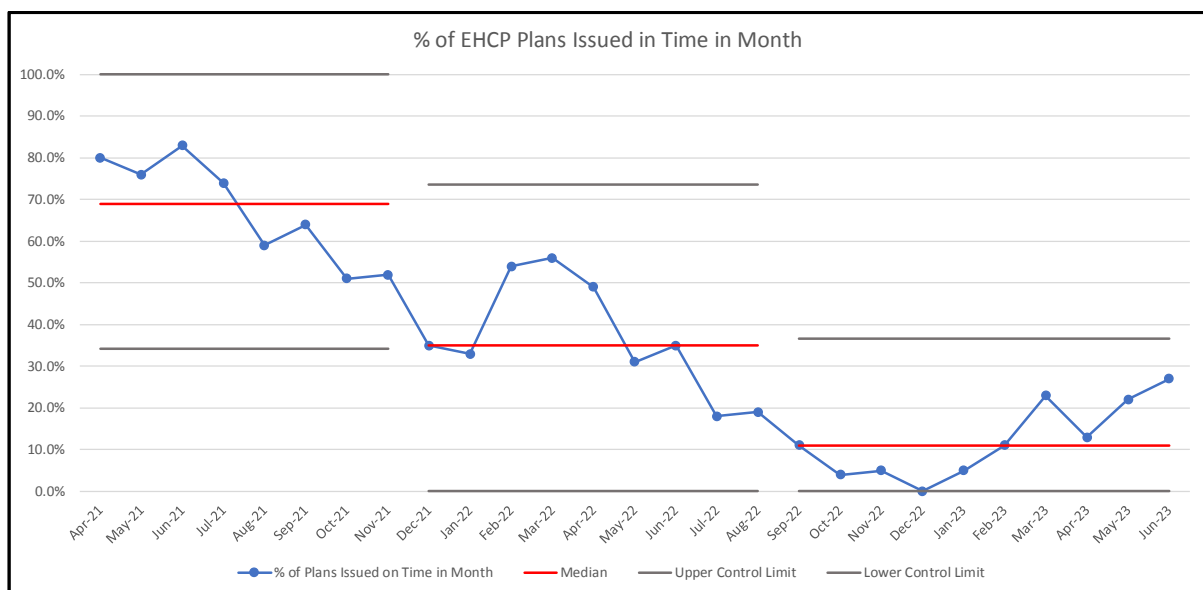
This builds upon the Special Educational Needs and Disabilities Strategy paper considered by the CFLLC Select Committee on 4 October 2022 where this was identified as an area for improvement. This report will not focus on managing needs or demand. It will focus primarily on the data and the capacity and resources to undertake timely statutory assessments and the process improvements that will facilitate this.

Introduction:

1. Children with Additional Needs and Disabilities receive support across Education, Health, and Social Care and for many children Ordinarily Available Provision meets their needs. The term 'ordinarily available provision' comes from the SEND Code of Practice (2014) and refers to the support that mainstream schools or settings and health and care providers are expected to provide for a child or young person through their agreed funding and resource arrangements. However, for others an Education, Health and Care Plan (EHCP) is required which sets out children's needs, the provision necessary to meet those needs and the anticipated outcomes arising from the provision stipulated in the plan.
2. As at the end of June 2023 Surrey County Council held 13,429 Education, Health and Care plans (EHCPs).
3. Data is collected by the Department for Education ("DfE") each calendar year, and this confirmed that between January 2022 and January 2023 there was a 10% increase in EHCPs in Surrey, compared to 9% nationally.

4. While the increase in EHCPs in Surrey is broadly in line with the national increase, the proportion of EHCPs for the January 2023 school population of Surrey is 4.8% which is higher than the national figure of 4.3%. Therefore, this increase builds upon a higher baseline.
5. There is a statutory requirement to complete Education, Health and Care needs assessments and to issue a plan where the need assessment indicates one is required within 20 weeks from the request for an assessment, and this is referred to as timeliness. Current performance against this measure is low for a number of reason and mirrors a trend in a significant number of other local authorities. However, timeliness in Surrey is considerably lower than the national average.
6. Timeliness in completing assessments in 2021 was 65% and was stable until Spring term 2022 with a marginal decline, however, in the summer term 2022 timeliness began to drop more rapidly. This led to overall cumulative timeliness for plans completed during the 2022 calendar year in Surrey falling to 26%. Nationally there has also been a decline in cumulative timeliness with figures dropping from 60% in 2021 to 51% at the end of 2022.
7. The latest Surrey data is that 27% of plans have been issued on time in the month of June 2023. The graph below shows the data to the end of June 2023.

Figure 1: the blue line represents actual timeliness in each month. The red lines reflect the median timeliness over the period and the black lines are the upper and lower control limits for that period.



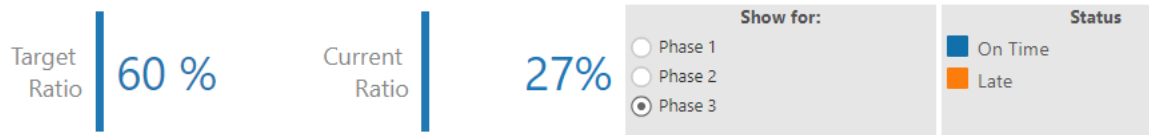
8. Further information of the different EHCP timeliness measures that are reported and why each of these is used is provided at Appendix 1.

9. The drop in timeliness during 2022 was due to a combination of continuing increased requests for assessment, which saw an uplift of 64% since 2020, and a contemporaneous reduction in capacity of critical teams such as SEN case officers and Educational Psychologists (EPs) and therapists who are required to contribute to the assessment process. Educational Psychologists needed to be diverted from early intervention support to statutory support which led to a repeating cycle. Alongside this the SEN team capacity was diluted by the demands of bringing in a new Education Management System (EHM/EYES).
10. Educational Psychologists are the only professional named in law as required to provide advice for all children undergoing an Education, Health and Care needs assessment and the ability to complete assessments on time has been significantly impacted by the national shortage of EPs. The DfE report “Educational psychology services: workforce insights and impact” published 29 June 2023 confirms that 88% of local authorities said that they were experiencing recruitment difficulties and 34% reporting that they were experiencing retention difficulties.
11. A multi-agency recovery plan has been in place since February 2022 when the drop in timeliness was identified as a steady decline and a backlog of overdue needs assessments began to develop. The plan sought to increase staffing capacity and balance the recovery of timeliness with the need to prioritise backlog cases. Monitoring of the impact of the plan has made it clear that the plan needs to be much bolder if it is to succeed in the short term and to lead to sustained effectiveness over the medium and long term.
12. This paper sets out the current position, the comparison with the national picture and the updated strategy to recovery.

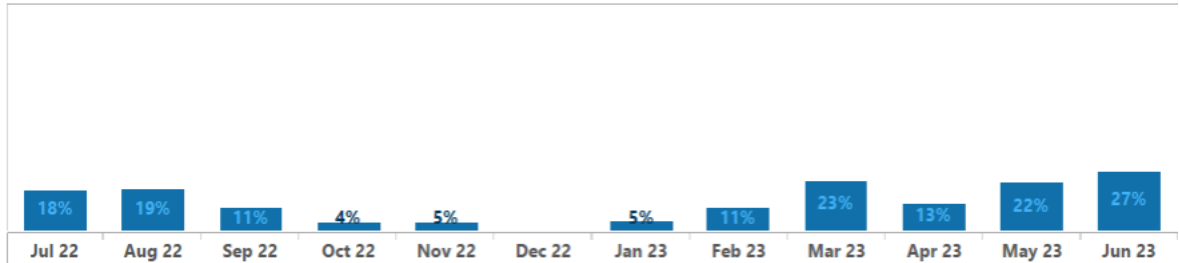
<p>Timeliness of EHCPs and the backlog of needs assessments</p>
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13. On 10 May 2023 the CFLLC Select Committee Practice Improvement and Performance sub-group was provided with data that confirmed the April 2023 timeliness of EHCPs at a county and quadrant level, the average days it took to complete an EHCP, the size of the backlog of assessments and modelling to show the impact of the growth in needs assessment requests upon the backlog.
14. Since April 2023 timeliness of plans issued in-month has increased from 13% of EHCPs issued on time to 27% issued on time in June as shown in the graph below. Data recording has a lag and so productivity in June will be subject to change.

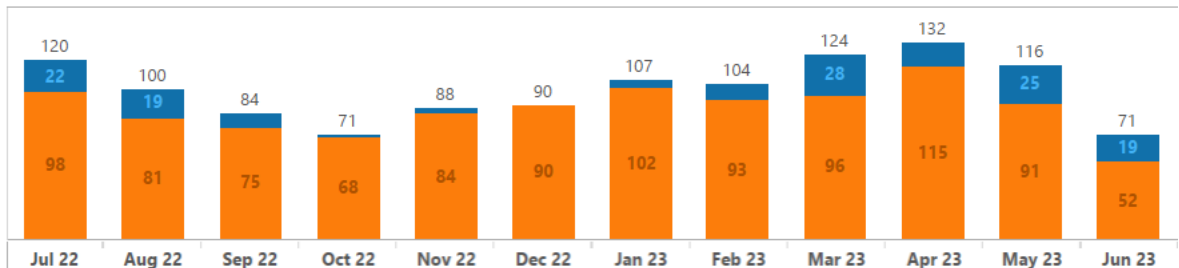
Figure 2



EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date



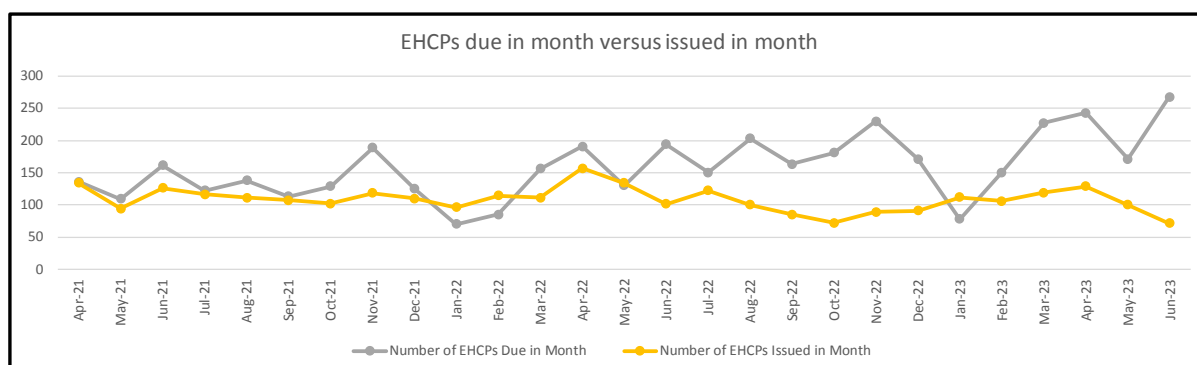
15. The graph above suggests that timeliness is improving but the SEN teams are typically completing more overdue EHC needs assessments than EHC needs assessments within timescale.
16. There is considerable variation in timeliness across quadrants as shown in the graphs at Appendix 2, from 56% plans issued in June being on time in the SW to 13% in the SE. The variations in performance relate to variations in EP advice being submitted to the teams for children within and outside timescales and the extent to which SEND teams are able to make up time for overdue reports at phase 3 of the needs assessments.

Backlog Latest Data

17. The term “backlog” is currently being used to refer to overdue activity at several stages of the process. For this report, it is being defined as all EHCP requests which were due for completion in June 2023 or earlier and which have not yet been recorded as finalised.
18. The graph below shows the number of plans due for issue each month (grey line) against the number of plans that were issued (yellow line). This illustrates that prior to May 2022, these two lines were generally very close together, although there is always a seasonal ebb and flow in number of requests and in number of plans issued. The impact of staffing shortages after this point resulted in the backlog of EHCPs building up in both the EP service and

across the SEND teams, which then caused the reduction in timeliness overall.

Figure 3



19. The backlog of EHCPs due to be issued in June 2023 or earlier which were not yet recorded as complete at the end of June 2023 was 1191, up from 1036 last month. This breaks down as follows:

- 240 (20%) were less than one month overdue (i.e., due for completion in May)
- 508 (43%) were 1-3 months overdue (i.e., due for completion in Mar-May)
- 273 (23%) were 3-6 months overdue (i.e., due in Dec 22 – Feb 23)
- 170 (14%) were 6+ months overdue, of which the majority (99.8%) were due for completion in November 2022.

20. As noted earlier, the key professional required for all needs assessments is an educational psychologist. However, health and social care advice also need to be submitted within statutory timescales. The previous level of timeliness achieved (65%) was typically a result of delays from health and care teams relating to the provision of statutory assessments rather than educational psychologist advice delays.

21. Our revised strategy for addressing this backlog as well as ensuring improved timeliness for new requests is outlined below in the Phase 2 Recovery Plan section of the report.

Comparison with the national picture

22. The 2023 SEN2 return to the DfE collected data on EHCP activity during the 2022 calendar year plus detail of our EHCP cohort on the census date in January 2023. The SEN2 does not report on monthly patterns or provide backlog data.

23. The DfE has now published this data and headline figures are as shown in the table below:

Table 1

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
National	301.4	9.2	15.6	50.7
Southeast	330.4	9.5	17.2	45.8
Surrey	356.2	10.0	14.8	26.4
<i>Surrey's national ranking (of 152)</i>	26	69	82	128
Preferable to be ranked in the...	Middle	Middle	Bottom (152 is best)*	Top (1 is best)
*A low refusal rate generally suggests that the EHCP process is efficient and low numbers of inappropriate/ incomplete requests are made				

24. This demonstrates that Surrey is:

- Significantly above national and regional averages for the rate of EHCPs per 10k 0 to 25 population (top quartile for this measure) – this leads to questions about schools' ability to meet the needs of children without an EHCP and partners' ability to meet the needs of children with a health plan or early help/family support.
- Slightly above national and regional averages for the rate of increase in EHCPs
- Below the national and regional average for the rate of refusal to assess/ issue an EHCP – this leads to questions about our decision-making processes and criteria.
- below the national and regional average for the proportion of EHCPs issued on time, having seen a decline from above the national average last year – this is impacted by the overall numbers of EHCPs being maintained and requested and the capacity of our system to support this.

25. This data focusses our attention on the key areas of improvement needed to come back to timeliness. In order to come into line with national and regional comparators we would need our overall EHCP rate, and our increase in EHCPs, to reduce in 2023 and in the years thereafter. To do this, our refusal

rate is likely to increase initially whilst we work with our partners to ensure that all EHCP requests received are appropriate and suitable for a statutory assessment. Once this is achieved, we would expect to see our refusal rate reduce as requests are in line with need. Our Ordinarily Available Provision Guide will support us to achieve a consistent approach.

Comparison with statistical/ regional neighbours and top performers

26. The table below shows the same set of key indicators for Surrey compared with a core set of our largest statistical neighbours. Please see Appendix 3 for the full set of data for our statistical and regional neighbours, as well as for those authorities who are in the top quartile for timeliness and those with a Safety Valve agreement.

Table 2

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
National	301.4	9.2	15.6	50.7
Southeast	330.4	9.5	17.2	45.8
Surrey	356.2	10.0	14.8	26.4
Key large statistical neighbours				
Buckinghamshire	354.2	8.8	20.7	67.1
Cambridgeshire	343.3	14.3	9.3	41.2
Hampshire	371.9	14.4	13.2	45.7
Hertfordshire	285.3	11.3	17.1	32.6
Oxfordshire	242.8	8.0	16.7	4.0
Range amongst all statistical/ regional neighbours (see Appendix 3 for detail)				
Minimum	242.8	- 2.1	0.0	0.0
Maximum	449.4	14.7	30.9	98.8

27. One key point to note here is that there is a wide degree of variation between authorities across these measures. Even when considering the data for the top 25 largest authorities, the variation is still extremely wide. This indicates

that the variation is influenced by factors other than just the size of the authority or the demographics of the population that it serves.

28. However, it should be noted that, for EHCP timeliness, there is only one large authority in the top quartile (Lancashire, 9803 plans). Only two of the 24 county councils (Lancashire and East Sussex) are represented in this group. The average number of EHCPs held by local authorities in the top quartile for EHCP timeliness is 2412 compared with an average of 3401 when looking at all authorities. For the bottom quartile of authorities in terms of timeliness, the average number of EHCPs is 4015.
29. This suggests that there is some link between the number of plans that an authority maintains and ability to deliver EHCPs in a timely manner, although this is not the only factor driving timeliness as indicated by the wide range of plans per head of population seen in the top quartile.
30. As with all other groups of authorities given in this document, there is a high degree of variability on all the other measures for the top quartile timeliness group. See Appendix 3 for further detail.

Learning from other local authorities

31. In order to understand the story behind the other local authority data in more detail, a review of our “SE19 group” regional local authority data and approaches has been undertaken with responses to date have been received from

- Wokingham Borough Council,
- West Berkshire Council
- East Sussex Council
- Portsmouth Council
- Hampshire Council

See Appendix 4 for details. Further research is underway with top performing large local authorities.

32. The responses indicate that the majority of local authorities are experiencing difficulties with shortages of educational psychologists to provide advice and are experiencing an increase in demand for education health and care needs assessments.
33. Most local authorities are looking to procure additional educational psychology capacity placing pressure on the national market. Some are looking to streamline the educational psychology assessment process so shorter assessments can be produced.

34. Other LAs have looked to manage demand through clarifying expectations regarding what schools should ordinarily provide within their available resources for children at SEND Support and provided additional funding and support to help schools meet needs at SEND Support without recourse to an education, health, and care plan.
35. Appendix 4 demonstrates that Surrey's recovery plan has included these strategies.

Recovery plan impact to date and issues

36. A multi-agency recovery plan has been in place since February 2022 when the drop in timeliness was first predicted and a backlog of overdue needs assessments began to develop.

Process and threshold improvements

37. The EHC needs assessment process takes place across three phases which together are required to take no more than 20 weeks, the first is where the decision to assess is made and this has a 6 week time limit, the second phase is the assessment advice gathering stage which also takes 6 weeks and phase 3 is 8 weeks which includes the decision to issue a plan the drafting of a plan and agreement of content with families, placement identification and issuing the final plan. This process involves a number of teams and the recovery plan established a **swifter assessment process** across the SEND system, using a high quality EHCP template.
38. The impact has been that the time taken for decisions to assess reduced from 38 days in January 2022 to consistently below 33 days from January 2023, therefore **families have been waiting less time** for this first decision in the needs assessment process. There is 100% timeliness in phase 1 of decision making on a consistent basis.
39. Schools and families have welcomed the **new EHCP format** and quality audits confirm that **EHCP quality has generally improved** as a result of the new template.
40. **SEN teams** are also often able to **make up time at the end of the process** and deliver the plan in under 8 weeks where advice from professionals has been overdue. Despite improved processes, the ability to issue EHCPs on time remained dependent upon assessment advices (Phase 2 of the process) being returned on time.
41. The plan also focused on clear and transparent **decision-making** criteria based upon a stronger understanding of what schools should ordinarily

provide children at SEN Support **and a strengthened support offer to schools.**

42. It was anticipated that this would reduce the demand for needs assessments however, the impact has not yet had sufficient time to be realised as this work was completed between September 2022 and January 2023 and is continuing to be embedded and monitored.

Capacity building

43. The plan included a number of strategies to support **capacity building** across all professionals required to provide advice as part of the needs assessment process.

Educational Psychology

44. As noted earlier educational psychologists are the key advice provider and key to the success of authorities providing timely EHCPs. The educational psychology service in Surrey has 38.3FTE posts. The service typically operated at 50% staffing capacity during 2022 which enabled the team to complete 154 advices per month. Current demand for EP advice per month (including completing overdue assessments) is for 350 advices. The recovery plan therefore focused on increasing capacity as it was clear that demand would outstrip capacity particularly as the backlog of overdue advice grew.
45. Enhanced terms and conditions were established in the Spring 2022 to help attract staff to join the service, leading to an increase in staffing by 7.4 new FTE main grade EPs from April 2022. This was an improvement but led to the service still being below the establishment levels. It nevertheless confirmed that our **recruitment approaches are more effective**, and we will continue to adapt and enhance our recruitment strategy to increase capacity.
46. However, there are 8.8 FTE main grade EPs who have left meaning that there has been an overall reduction in staff with the team remaining at approximately 50% capacity. Retention of staff is a key issue, and phase 2 of the recovery plan will **develop retention packages** to stem the flow of leavers. In part this is due to the satisfaction of EP work in a local authority where the main focus is statutory assessments and the competition on price for this work within the private market. Increasing overall capacity in the EP team will rebalance the workload between statutory assessments and early intervention which will increase retention based on feedback from staff.
47. In 2022, additional capacity from locums, agency staff and associates was also secured currently providing 5 FTE capacity securing capacity to produce 40 additional advices per month. This enhanced EP capacity, but demand continued to outstrip capacity and so further market testing enabled two key

contracts to be secured providing 59 advices per month from April 2023. This was a significant enhancement of capacity providing over **500 additional** advices in this calendar year.

48. We have diversified the workforce in line with other local authorities who have a greater timeliness, and this led to the recruitment of 12 Assistant EPs now in post and being trained. Four more Assistant EPs are being recruited.
49. The policy on some use of independent psychologists commissioned by parents and schools was launched in May 2023 with the impact yet to be determined, however, initial data suggests that the numbers of private advices able to be used in the assessment process is low, due to the professional guidance and standards that must be met as part of a statutory assessment.

SEN Team capacity

50. A centralised recruitment and retention plan was introduced in 2022. Agency staff were brought in to cover vacancies and remained in post while new staff were brought on board to help them to settle in well. The impact of this was that **vacancy levels** within the SEN core establishment **reduced** from 19% to 5%.
51. The plan then led to SEN staffing capacity increases to ensure that demand and capacity align in this key role. The additional staff included 4 Additional Senior Case-managers to join an establishment team of 20FTE, 8 additional SEND caseworkers and 4 new staff to focus on annual reviews to join an establishment team of 81FTE, and 4 additional SEND Officers to join an establishment team of 16FTE who will act as timeliness co-ordinators to focus on operational blockers and to help meet targets in each quadrant; 20 staff in total. These staff are in the process of being recruited and joining the service.
52. A new approach to over-recruit in order to be able to maintain 100% capacity is being implemented to ensure there is no vacancy factor and cases do not need to be covered by duty workers in the future.
53. A further review of caseworker capacity needed is underway in light of the increasing caseloads over time. The additional staffing capacity also had the impact of improving parity of case holding across the teams with new staff being weighted into the **SE Team** bringing projected **case holding down** from an average in the SE of **221 to 177 in line with other teams**.

Prioritisation of requests for statutory assessment

54. The plan specifies how new assessments should be managed alongside the overdue assessments, this has been in place since the Autumn 2022 and is resulting in the **targeted plans being produced on time**. A risk-based

approach has been adopted by all agencies so that children with the greatest risks; for example, children where there are safeguarding risks, children looked after and children missing education or at risk of placement breakdown would be assessed according to statutory timescales. This cohort of children will continue to have plans that are completed on time.

55. Since 2021, there have been regular timeliness reports to the Inclusion and Additional Needs Partnership and Transformation Boards. In 2022, the **Education, Health, and Care Liaison Group** was established and managers from all these areas have been working on the recovery plan. The EHCP focus group was established in March 2023 with colleagues from the voluntary sector; representatives for parents and young people; and education providers, have been involved in shaping the recovery work.
56. Specific outcomes from these forums include a new **Designated Social Care officer role** to manage timeliness in social care advice in May 2022. **Social Care needs assessment timeliness was a maintained average of 63%** between January 2023 and March 2023. There has also been a deep dive on sample of children and tracking through local authority and health recording systems. Both actions have led to the capacity of health and social care teams to be more aligned with priority groups and demand, with improving health and social care timeliness.

Communications and assurance

57. The plan has focused upon stronger **communications** and **support** with a SEND communications protocol launched in August 2021 and revised in December 2022 and school and parent updates placed on the local offer in March 2023 alongside a **three-weekly contact for families** whose children are awaiting an assessment. While **communication is more proactive and** team members strive to adhere to the protocol, there is much more to do to improve communications with families and partners in our system including schools. This is a key feature of our next phase of work and will be supported by improved staffing levels.
58. In addition, any **school** or parent of a child out of school, where the **child was waiting for an assessment had a call** from the specialist teaching team to determine whether the child's circumstances had changed or if additional advice was required. Few schools felt additional help was needed. A small number of children have had additional support put in place as a result.
59. Since February 2022 regular timeliness updates have been provided to the Children Families and Lifelong Learning Directorate, there has been close oversight of the work by the Director for Education and Lifelong Learning through weekly and fortnightly meetings, alongside operational weekly

meetings. This work has been supported by project management colleagues. During this time it was understood that the strategies in the recovery plan would require time to take effect and it was also noted that there were areas of improvement suggesting that the plan was beginning to take effect. In May 2023 it became clear that demand for assessments was placing the plan at risk and that significant additional capacity would be required to address the backlog, so Phase 2 of the recovery plan was devised.

Phase 2 Recovery Plan

60. Phase 2 will take a more targeted approach to the management of the recovery. Assessments for the most vulnerable children will continue to be completed on time and all other EHCPs, starting with the most overdue will be produced, meaning that all children's plans will be more timely and the longest waits will steadily reduce. New preventative approaches and needs being supported earlier without the need for a statutory assessment are being explored, there will be an enhanced educational psychology service and more SEN service capacity (subject to approval and contracts) and communication and systems improvements. Finally, there will be an extended governance model drawing on broader support from across the council and the wider AND system to secure the success of the plan.

Working Smarter – Operating Model Effectiveness

61. An end-to-end review has been launched for a **broader review of the SEN statutory system** which will lead to longer-term efficiencies in the needs assessment and annual review processes.
62. **External agency** support is being scoped to help with more detailed **modelling of the demand and impact** to ensure that there is a continual review of resource requirements and adjustments to the focus of our resources.
63. **Changes are required to the IT system** to ensure that it operates as effectively as possible to support our work with children and families and provides accurate performance information to manage the SEN service and associated teams.
64. Communication and customer service will be strengthened by establishing a **SEN Contact Team** which will ensure full adherence to the SEN communications protocol and identify resource to ensure that regular stakeholder communications are consistently provided in a timely and helpful manner.
65. **Support from the Customer and Communities Team** has been secured to advise and enable systems and approaches to be established in the short term. In addition, targeted work with key families and stakeholders is planned over the next two months.

Extended EP capacity to reduce and eliminate backlog of needs assessments

66. Despite EP capacity having been enhanced since April 2023, the current resource will not keep up with demand (or clear the backlog) and therefore, further **market testing is being undertaken to determine what additional capacity can be procured**. Modelling has identified the shortfall which, if the demand management strategies take effect, requires approximately 1100 additional advices between August 2023 and March 2024.
67. As part of the end-to-end review there will be a **longer-term reflection on the staffing capacity required for the SEN team**, however it is proposed that in order to manage the increased assessment requests being managed as part of the accelerated recovery plan there is, at least, a need for short term SEN staffing. Whilst recruitment and retention is also important for service sustainability, in the **short term interim staffing and/or procurement of a “recovery” team are likely to be the most viable** options to increase short term capacity responsively.
68. **Social Care and health colleagues will also need to adjust** their resources accordingly to the projected numbers of assessments, which could be challenging for those services.

Enhanced Governance and Assurance

69. An external consultancy, commissioned by the Transformation Team, has been asked to provide independent assurance of the plan during July 2023. This will provide an independent overview of our strategy, delivery plan and management/ governance arrangements. Surrey County Council’s Director of Design and Transformation will provide further design support and oversight of the delivery of the plan.
70. In order to manage the accelerated recovery plan, it is proposed that there is a revised governance model with accountability to the Executive Director for Children Families and Lifelong Learning, the Cabinet Member for Education and Learning and relevant directors.
71. It is also proposed that there is a delivery oversight group with corporate and partner representatives attending who will drive the accelerated recovery plan forward in addition to the recruitment of an operational lead who will ensure that the work streams are delivered on a day-by-day basis. This governance will be brought within the existing governance arrangements relating to Additional Needs and Disabilities Transformation.

Impact on EHCP timeliness

72. The current projections demonstrate that if the EP procurement and management strategies are successful and that the broader partner and infrastructure changes are made, then this plan will enable us to get back to an acceptable level of timeliness of 60%+ in 2024 (above the current national

average and back on par with our previous performance). In order to reach our ultimate goal of 100% EHCP timeliness, we are reliant on health partners and the wider system continuing to work more closely together, so we will continue to work together to achieve this, in keeping with the Cabinet Member's commitment to children and families.

73. During this period of time, we anticipate that initially there may be a dip in timeliness as we target the backlog. As we manage this work, we will begin to be able to increase our completion of new assessments on time. There will be a corresponding increase in productivity over this period. Further sophisticated modelling and assurance of the modelling is required, and the plan is for this to be undertaken using internal resources and potentially by a consultancy, subject to arrangements.

Risks and Assumptions

74. This plan and the impact of the plan is underpinned by a set of data and trajectory modelling. All modelling work is carried out using estimated figures which are based on a combination of historical data and a series of assumptions about future demand and the impact of our strategies. Appropriate adjustments have been made for any known data quality issues. However, there a degree of uncertainty will remain as to how changes will ultimately manifest in our systems and practice.
75. To mitigate for this, we have carried out our modelling using a number of different scenarios so that our plans are based on a reviewing a range of possible outcomes rather than on a single set of figures.
76. The key constraints that could limit the effectiveness of this plan are several elements outside our direct control. These include how families and schools will respond to those measures which aim to reduce EHCP demand; how feasible it is to contract resources or provision; and the response of other partners in the system. These risks are being mitigated by testing and gaining insight into how partners respond as we proceed, by proactive market testing and by strengthening those aspects of the plan which are within our control.
77. The actual outturn will be closely monitored via the governance model outlined above, to quickly identify any situations in which the assumptions about demand or impact prove to be inaccurate. This will allow us to respond appropriately.

Financial implications

78. The strategies to address the backlog are not all currently funded within the approved 23/24 budget. Formal approval to incur expenditure in these areas is therefore to be sought, in line with the relevant governance requirements, i in this case via a Cabinet decision. Potential costs include entering into contracts to boost EP capacity, enhancing the Team Around the School arrangements and supporting recruitment and retention. In totality these are

projected to cost up to approximately £5m in 2023/24, with future years' funding requirements still to be confirmed. Funding to cover approximately half of these additional costs has already been set aside, with the remaining funds being identified and appropriate approvals being put in place.

79. The impact of accelerating the work, on core High Needs Block (HNB) spend, is that growth built into the Safety Valve program will impact on the budget in a more uneven way, as opposed to materialising at a steady pace /in line with the seasonal patterns observed when timeliness was at more acceptable levels. However, based on current forecast this is not expected to create an additional pressure in the HNB.
80. Last year the Council's actual HNB spending was £2m less than the agreed planned HNB deficit. At the same time, when planning for 2023/24, an additional c£3m was added to the cost containment target to mitigate against the risk of overall growth running higher than planned. Therefore, at the end of 2023/24, if all targets and growth were as planned the deficit could be lower by c£5m.
81. High level modelling indicates that the cost of accelerating the assessments and clearing the backlog could result in c£4.7m associated costs to the High Needs Block over the course of this financial year. If these costs materialise in this way the Council would still remain 'on-track' with the overall Safety Valve trajectory.
82. This does introduce a risk around sufficiency as financial forecasts assume suitable placements are available for all children at the appropriate level. This will be influenced by the results of each assessment and the specific provision capacity needs. The Admissions teams are monitoring the backlog and preparing to manage these needs effectively.
83. Clearing the backlog could create an influx of SEN Children requiring Home to School travel assistance (H2STA) part way through an academic year. Current modelling assumptions are that 33% of children with an EHCP require some level of H2STA. Based on the current backlog this could therefore represent c350 children which would be a 6% increase on the current level of SEN Children receiving support. Whilst the same growth assumptions have also been used in H2STA planning, the phasing of this accelerated approach may mean an increase in plans being finalised after the start of the new academic year which may make efficient route planning more challenging as most routes are optimised in or around September. Additional administrative costs may also be required to process the level of extra applications within timescales. Close monitoring of these applications and early communication with the H2STA teams is anticipated and is key to ensuring that appropriate support is provided and planned.

Conclusions:

84. The latest June 2023 timeliness data suggests that the impact of the recovery plan is on a positive trajectory, however, the backlog of overdue assessments will not be reduced unless the number of needs assessment requests reduces and the capacity of services who are required to provide professional advice as part of the needs assessment, increases.
85. An enhanced recovery plan is proposed and the latest modelling demonstrates that this plan will enable us to get back to an acceptable level of timeliness of 60%+ in 2024 (above the current national average and back on par with our previous performance). In order to reach our ultimate goal of 100% EHCP timeliness, we are reliant on health partners and the wider system continuing to work more closely together, so we will continue to work together to achieve this, in keeping with the Cabinet Member's commitment to children and families.
86. The plan also reduces the length of time that families with an overdue assessment will need to wait incrementally as well as continuing the current 100% timeliness for our most vulnerable children.
87. This enhanced plan requires additional resource and support in order to secure its success and there are factors that are not in the direct control of the local authority. However, a review of the work of other local authorities indicates that the existing and enhanced recovery plan is comprehensive and includes all of the key features of the highest performing local authority strategies and it is proposed that the plan also receives external validation.

Recommendations:

88. That the Select Committee supports the Phase 2 EHCP Timeliness Recovery Plan.

Next steps:

89. To provide an updated report to the next meeting of the Select Committee in October 2023 on progress being made to deliver timely EHCPs for all children and young people who require statutory planning and support and to eliminate the backlog of overdue assessments and plans as soon as possible.
-

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Sources/background papers

[Special Educational Needs and Disabilities Strategy paper considered by the Children Families Lifelong Learning and Culture \(CFLLC\) Select Committee on the 4 October 2022](#)

[“Educational psychology services: workforce insights and impact” DfE published 29 June 2023](#)

[“SEND code of practice: 0 to 25 years” DfE published 11 June 2014](#)

Appendix 1 – explanation of EHCP timeliness measures used

1. There are four key performance indicators which are monitored regularly with regards to the overall timeliness of EHCPs. All of these have an important purpose but can cause confusion if it is not made clear which measure is being referred to. These measures and their purpose are outlined below.

Monthly measures

2. Monthly measures are good for showing the most recent performance but, due to the small numbers that they often reflect, they tend to be more variable. Demand for EHCP requests follows a very stable pattern of peaks and troughs each year based around the school term structure. This means that these measures can be significantly affected by things like school and bank holidays which impact both demand and output in a particular month.
3. Comparison with previous months should therefore be treated with caution, and we should look at the general trend over several months rather than a single upwards/ downward turn.
4. The two monthly measures that we report on are:

a) Timeliness by month in which plan was due

Page 86 of the compendium reports the timeliness based on the month in which plans were due to be issued. This graph therefore also shows the backlog of plans still in progress (the grey section of the bar chart).

This measure is important as it most closely reflects the “lived experience” of the children and young people going through the EHCP process. It is also important both strategically and operationally to ensure that we have oversight of the backlog of work due which has not yet been completed.

b) Timeliness by month in which plan was issued

Page 87 of the compendium shows the timeliness of plans based on the month in which they were issued. As this reflects only completed EHCP requests, it does not include the backlog requests which have not yet been done.

This measure is important operationally as it reflects the output of the SEN teams each month. When the majority of EHCPs are being issued on time, these two figures should be almost identical.

12 month measures

5. Annual/12-month measures are good for showing the longer-term trend in performance. Because they look at a much larger dataset, they are less subject to the variation described above. However, this also means that they are slower to show emerging trends of improving/ declining performance.
6. The two 12-month measures that we report on are:

c) SEN2 calendar year figure

The DfE collects data from us every spring for the timeliness of plans that were issued during the calendar year prior to the census date in January – so the SEN2 2023 collected timeliness data for the calendar year 2022.

This figure is important as it is the only one for which we have the full range of national, regional, and local authority level comparator data to benchmark our performance against.

The key drawback is that this data is 6 months old by the time it is published and is only collected once a year.

d) Rolling 12-month figure

Page 85 of the compendium shows the timeliness of plans issued in the last 12 months. This figure is important because it acts as a moving forecast of what we are building towards for our SEN2 return each year. By using a rolling 12-month period rather than starting with a single month of data and adding to it each time, it avoids the variability described above.

The key drawback is that, where there has been a significant change in performance during the reporting period (as has been seen since the start of 2023), this measure does not fully reflect that.

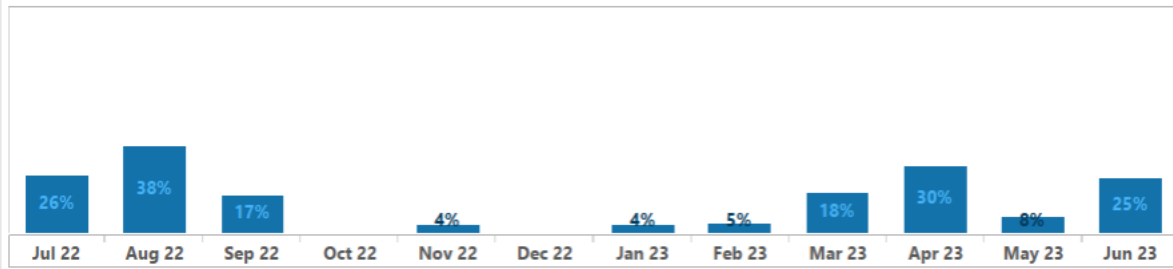
7. We are therefore looking to introduce a fifth, hybrid measure which will track the building SEN2 picture, adding data in month by month over the course of the year. Initially this will have the variability drawbacks of the monthly measures but will mean that the data is not affected by activity in the previous calendar year which will not be included in the next SEN2 return.

Appendix 2 – Current performance data for each quadrant in the county

The graphs below show the timeliness of EHCPs issued in each month from July 2022 to June 2023 by quadrant.

Figure 4 - NE

EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date

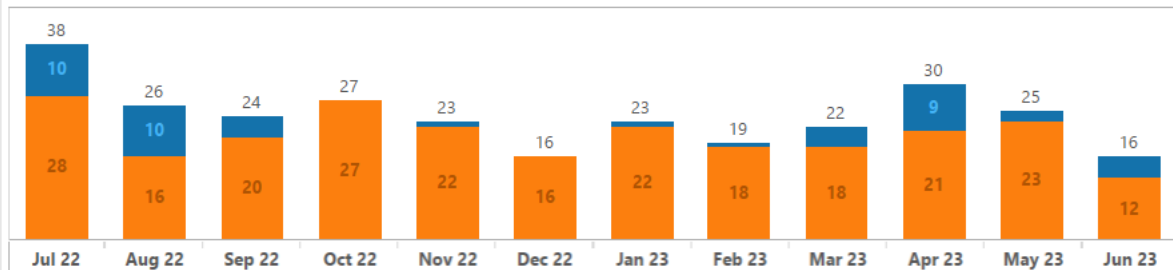
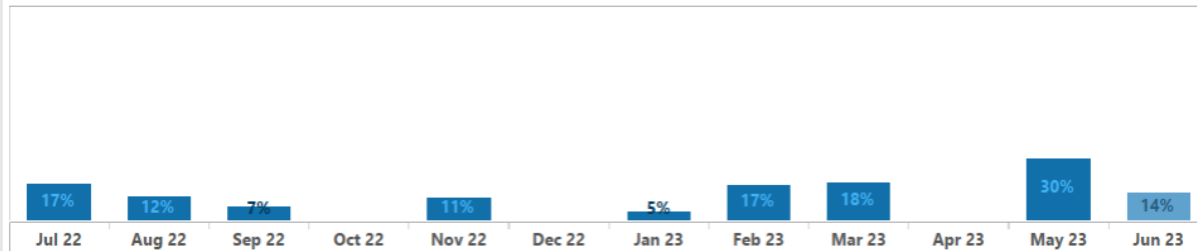


Figure 5 - NW

EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date

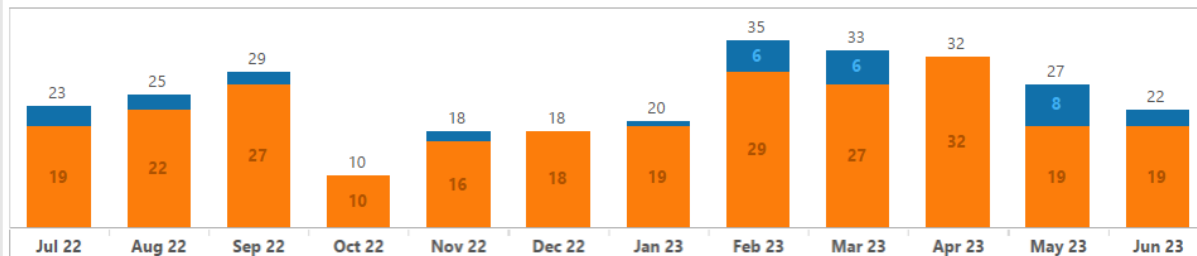
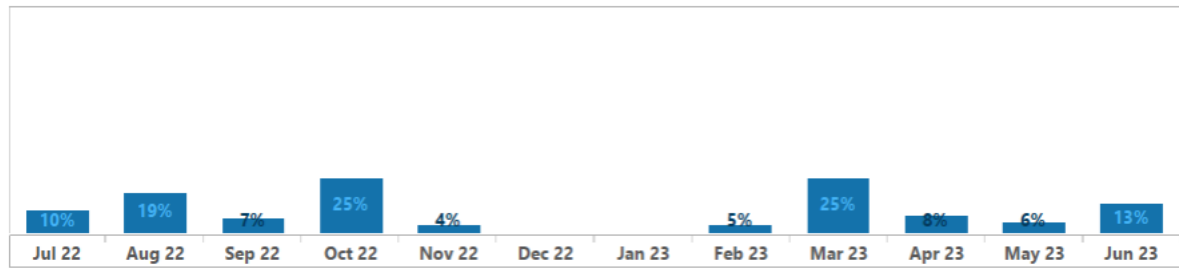


Figure 6 - SE

EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date

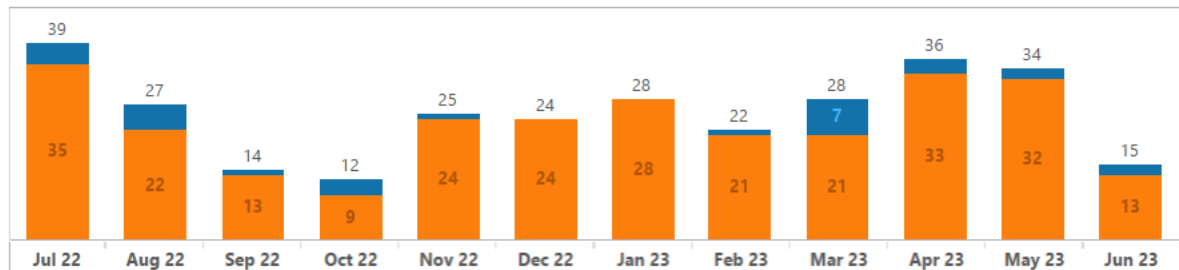
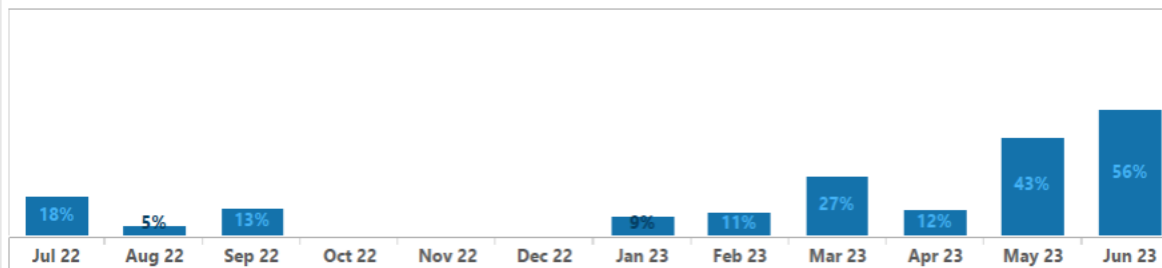
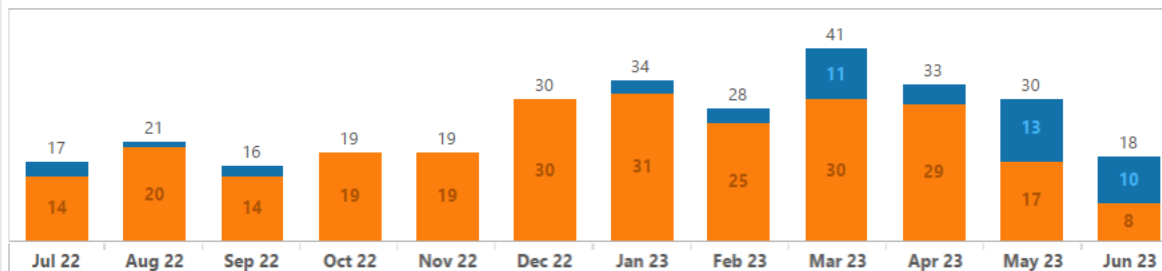


Figure 7 - SW

EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date



Appendix 3 – SEN2 comparative KPIs for other local authorities

Statistical and regional neighbours

8. The table below shows the core set of key indicators for Surrey compared with both our statistical neighbours and our regional neighbours.

Table 3

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
National	301.4	9.2	15.6	50.7
Southeast	330.4	9.5	17.2	45.8
Surrey	356.2	10.0	14.8	26.4
Statistical neighbours				
Bracknell Forest	324.6	10.2	0.0	46.3
Buckinghamshire	354.2	8.8	20.7	67.1
Cambridgeshire	343.3	14.3	9.3	41.2
Central Bedfordshire	336.5	14.7	12.0	12.0
Hampshire	371.9	14.4	13.2	45.7
Hertfordshire	285.3	11.3	17.1	32.6
Oxfordshire	242.8	8.0	16.7	4.0
West Berkshire*	281.6	10.4	1.1	0.0
Windsor and Maidenhead	243.0	5.6	30.9	88.4
Wokingham	306.8	13.2	11.6	59.1
Regional neighbours (where not included above)				
Brighton and Hove	257.6	9.8	19.1	59.3
East Sussex	301.2	8.9	26.3	87.6
Isle of Wight	449.4	12.1	28.8	75.3
Kent	403.2	6.8	21.6	41.1
Medway	320.2	5.8	14.2	67.7

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
Milton Keynes	254.1	- 2.1	7.9	92.1
Portsmouth	269.5	6.3	11.8	90.0
Reading	303.0	14.2	15.5	79.8
Slough	314.0	7.6	12.4	11.6
Southampton	250.4	12.7	10.6	98.8
West Sussex	297.5	13.3	20.3	16.5
Range amongst statistical/ regional neighbours				
Minimum	242.8	- 2.1	0.0	0.0*
Maximum	449.4	14.7	30.9	98.8

* Please note that there are several odd figures for West Berkshire which suggest that this LA may have had issues with their data quality/ submission

Top quartile EHCP timeliness local authorities

9. The table below shows the performance indicators above for those authorities in the top quartile for EHCP timeliness, given in ranking order from highest to lowest.

Table 4

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
National	301.4	9.2	15.6	50.7
Southeast	330.4	9.5	17.2	45.8
Surrey	356.2	10.0	14.8	26.4
Top performing LAs for timeliness				
Tower Hamlets	363.2	18.7%	0.0	100.0

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
Telford and Wrekin	317.4	4.3%	12.9	100.0
Kensington and Chelsea	185.7	1.7%	17.1	100.0
City of London	105.7	10.5%	7.1	100.0
Calderdale	309.1	10.9%	13.5	99.4
Westminster	229.5	2.2%	19.6	99.2
Camden	211.9	0.4%	12.6	99.2
Southampton	250.4	12.7%	10.6	98.8
Lancashire	267.1	12.8%	0.0	98.6
East Riding of Yorkshire	358.6	10.4%	13.2	98.6
Gateshead	274.3	5.1%	16.1	98.5
Barnet	278.3	7.7%	16.0	97.9
Oldham	315.1	0.3%	23.2	96.5
Stockton-on-Tees	322.4	3.8%	14.5	95.2
Havering	269.1	8.2%	16.1	95.1
Blackburn with Darwen	212.4	11.4%	5.3	94.8
Solihull	341.8	8.6%	23.9	92.4
Milton Keynes	254.1	-2.1%	7.9	92.1
Liverpool	298.4	24.0%	18.2	92.0
Rochdale	356.5	12.9%	16.2	91.8
Wakefield	295.2	11.5%	21.4	90.7
Peterborough	324.3	6.8%	27.0	90.7
Barnsley	349.6	5.6%	20.9	90.7
Enfield	405.2	16.2%	18.1	90.7
Darlington	293.9	7.4%	2.4	90.2
Portsmouth	269.5	6.3%	11.8	90.0
Bexley	354.0	8.5%	10.4	89.8

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
Waltham Forest	329.7	11.6%	7.8	89.7
South Tyneside	379.8	5.8%	17.3	89.2
Merton	383.3	0.9%	15.9	88.7
Windsor and Maidenhead	243.0	5.6%	30.9	88.4
York	184.0	2.4%	26.0	88.2
East Sussex	301.2	8.9%	26.3	87.6
Wigan	274.1	11.6%	15.5	83.9
Blackpool	332.5	5.0%	12.2	83.8
North Lincolnshire	278.9	14.4%	14.8	83.2
Hammersmith and Fulham	271.4	27.5%	19.4	82.1
North Tyneside	369.3	3.2%	24.5	81.3
Range amongst top quartile timeliness LAs				
Minimum	105.7	- 2.1	0.0	81.3
Maximum	405.2	27.5	30.9	100.0

Safety valve local authorities

10. The table below shows the performance indicators for authorities with a DfE Safety valve agreement in place, listed in alphabetical order. Surrey has an agreement in place but is listed at the top for comparison as with other tables.

Table 5

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
National	301.4	9.2	15.6	50.7
South East	330.4	9.5	17.2	45.8

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
Surrey	356.2	10.0	14.8	26.4
Safety Valve local authorities				
Barnsley	349.6	5.6	20.9	90.7
Bath and North East Somerset	307.2	15.2	0.0	23.6
Bexley	354.0	8.5	10.4	89.8
Blackpool	332.5	5.0	12.2	83.8
Bolton	283.1	1.9	6.7	44.1
Bury	377.7	7.4	13.6	51.0
Cambridgeshire	343.3	14.3	9.3	41.2
Croydon	322.2	13.0	12.3	37.7
Darlington	293.9	7.4	2.4	90.2
Dorset	397.1	13.0	14.1	62.3
Hammersmith and Fulham	271.4	27.5	19.4	82.1
Haringey	327.0	2.3	14.5	44.1
Hillingdon	319.9	8.2	19.1	66.0
Hounslow	313.7	4.6	23.5	49.7
Isle of Wight	449.4	12.1	28.8	75.3
Kent	403.2	6.8	21.6	41.1
Kingston upon Thames	307.0	5.2	10.2	72.0
Kirklees	280.4	4.4	0.4	14.4
Medway	320.2	5.8	14.2	67.7
Merton	383.3	0.9	15.9	88.7
Norfolk	352.5	0.7	15.1	75.4
North Somerset	304.4	14.7	16.0	38.8
North Tyneside	369.3	3.2	24.5	81.3
Richmond upon Thames	295.9	2.6	12.1	73.7

Region	EHCP rate per 10k 0-25 pop	% increase in EHCPs	% requests to assess/ issue refused	% EHCP timeliness
Rotherham	365.7	11.0	17.0	51.6
Salford	276.0	-0.8	3.7	48.3
Slough	314.0	7.6	12.4	11.6
South Gloucestershire	310.4	10.7	21.2	16.3
Southwark	307.7	6.2	27.9	43.4
Stoke-on-Trent	329.4	9.1	12.9	62.6
Torbay	453.1	-0.8	23.2	65.4
Wokingham	306.8	13.2	11.6	59.1
York	184.0	2.4	26.0	88.2
Range amongst Safety Valve LAs				
Minimum	105.7	-0.8	0.0	11.6
Maximum	453.1	27.5	28.8	90.7

Appendix 4

Local Authority Feedback Summary

Bold denotes strategies also currently in the SEN recovery plan

Local authority	What strategies are you using to resolve any EP advice backlogs?	What strategies are you using to reduce the demand for needs assessments?
LA 1	<ul style="list-style-type: none"> • Use Consultant /locum EPs • We cannot keep up with the demand even using locum EPs. 	<ul style="list-style-type: none"> • Increased the funding to early years settings through an EY Inclusion fund for SEND support. • Increased the SEND support offer to Early Years. • Developing a SEND Support Service to include seconded SENCos
LA 2	<ul style="list-style-type: none"> • Developing a new template to record key person-centred information • Reducing the level of detail in EP advice • Quality assuring EP advice using peer support and checklists • Experimenting with writing the advice for the CYP themselves • Making effective use of Assistant EP capacity to support observations, pupil views and consultations (drafting notes to include in the advice) 	<ul style="list-style-type: none"> • Personalised decision wording when we decide not to assess or not to issue a plan, offering support from inclusion services • arrange a multiagency Way Forward Meeting • When making decisions we scrutinise the costed provision and decide if it can be met from the school's £6000 notional SEN budget without the need for a plan • Set up a Time-Limited Inclusion Grant which schools can apply for to get funds to overcome barriers which is contingent upon them not requesting an EHCNA. • EPs attend panel • We provide transition support from our Early

		<p>Years' Service for all preschool children with SEND, with funding and access to school support services to facilitate their transition</p> <ul style="list-style-type: none"> • We are starting to focus on how to celebrate the ceasing of a plan where the child or young person has made good progress and achieved outcomes by the end of a key stage • Maintaining a balance of work for the EPs so that they can do the early intervention and prevention work needed, thereby protecting the variety of work that is necessary for retention and recruitment.
LA 3	<ul style="list-style-type: none"> • We have not taken any action yet 	<ul style="list-style-type: none"> • We have talked with HTs and SENCOs about the intention of the SEN&AP improvement plan to reduce reliance on EHCPs to meet needs.
LA 4	<ul style="list-style-type: none"> • We have had clear goals with the EP service on the % of cases we expected each month to come through within time • SEN were encouraged to make decisions to assess around week 3, this gave the EP service additional weeks to comply with advice. • It has taken us 18 months to reduce the backlog and to bring in line the 20-week. We do still have cases that are taking longer, but on the whole the 2 services are working together to ensure that the 20-week indicator increases, we are now on around 70% each month. 	<ul style="list-style-type: none"> • We are strengthening decision making and now have multi-agency panel for decisions that are not clear or likely to be no. • We are looking at what we need to put in around Early Intervention. SENco Toolkit, SENco helpline, Training offer, conferences to increase knowledge, way forward meetings for EY's turn downs.

	<ul style="list-style-type: none"> • To monitor it closely we brought in a Timeliness coordinator who works across both services chasing advice and ensuring 2nd decisions are made and that drafts and finals are sent by timelines. 	
LA 5	<ul style="list-style-type: none"> • We are using EP reports from where the child was seen in the last 6 months and where the report has the relevant needs, outcomes and provision identified. 	

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