

Monday, 2 October 2023

EDUCATION, HEALTH AND CARE PLAN TIMELINESS RECOVERY PLAN

Purpose of report:

The purpose of this report is to provide details of the second phase of the Education, Health and Care Plan (EHCP) Timeliness Recovery Plan in relation to the following points:

- a. Set out the plan's objectives, targets, timeliness and constraints, how the objectives and targets will be met on a month-by-month basis, and the assumptions and modelling that underpin these targets and timescales.
- b. Include detail of the part played in timeliness by the NHS.
- c. Break down timeliness performance data supplied to the July meeting into each of the three phases of the process, specifically including phase two involving assessment by external partners, and extend all data to include July and August 2023.
- d. Include the findings of the external consultancy commissioned by the Transformation Team to provide an independent overview of the EHCP strategy, delivery plan and management/governance arrangements.

This builds upon the EHCP Timeliness paper considered by the Children Families Lifelong Learning and Culture (CFLLC) Select Committee on 20th July when the background to the recovery plan was provided and the June position was reported.

Introduction:

1. There is a statutory requirement to complete Education, Health, and Care needs assessments (EHCNAs) 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.
2. Timeliness for completing assessments in 2021 was 65%, however, in the Summer Term 2022 timeliness began to drop. 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.

3. A multi-agency EHCP Recovery Plan has been in place since February 2022 which has been regularly reviewed. This paper provides the detail regarding the strategy to recovery and sets out the current position.

EHCP Recovery plan

Objectives and Targets

4. The objectives and approach to the recovery plan is as follows:

EHCP Recovery Objectives	EHCP Recovery Approach	2023/24 Academic Year Targets
<p>1. Reducing long waiting times To complete the EHC needs assessments for all children, young people, families, and schools who have been waiting longer than the statutory timescales as soon as practically possible.</p>	<p>We will do this by scaling up our capacity rapidly through several contracts with EP and SEN providers, as fast as the available capacity in the market will allow, and working with partners to ensure that they have sufficient capacity and assessments are well co-ordinated.</p>	<ul style="list-style-type: none"> EP assessments are returned to timeliness by March 2024 EP assessment capacity increases by 1275 advices to produce assessments per month in line with Figure 1 below
<p>2. Better support whilst waiting To support children, young people, families, and schools as effectively as possible whilst they are having to wait longer than they should.</p>	<p>We will do this by further improving communications to families and schools and providing more targeted support from our Specialist Teaching service to children and young people whose assessments are overdue.</p>	<ul style="list-style-type: none"> All families with delayed EHCNA are contacted every three weeks Specialist Teaching for Inclusive Practice (STIP) service visit all schools with children with delayed EHC needs assessment to ensure all children receive the help and support they need whilst waiting over the 23/24 academic year
<p>3. Securing a sustainable service model To return to a sustainable service as quickly as possible so that the majority of EHC needs assessments are completed within the statutory timescales, starting by reaching 60%+ and ultimately aiming for 100%.</p>	<p>We will do this by:</p> <ul style="list-style-type: none"> Undertaking an end-to-end review of our EHCP functions and implementing reforms of our processes and practices to ensure that they are as effective and efficient as possible. Ensuring that key teams are “right sized” to deliver the expected service levels, including contracted capacity if necessary. Working alongside schools and settings to strengthen early help and support so that children and young people only go through 	<ul style="list-style-type: none"> Phase 2 strengthened decision making in line with ordinarily available provision guidance and a strengthened SEN support offer leads to a 20% reduction of EHCNA requests when compared with 2022/23. Phase 1 of decision making completed on time on more than 95% of occasions per month EHCPs issued within 20 weeks* – over 60% by 31 May 2024* SEND case officer cohort increased from 81 fte posts to 111 fte filled by October 2023 (figure to be reviewed after the end-to-end review is completed) and EP capacity reflects EHCNA demand

EHCP processes if necessary.

and provides early intervention offer.

** Modelling based on current estimation of impact of health and social care timeliness*

Target 1: Reducing long waiting times

5. The most immediate target is to finalise overdue Educational Psychology (EP) assessments so that overdue EHCPs, where appropriate, can be issued. The target is to reduce the length of waiting times and complete all overdue EP assessments by the end of March 2024.
6. The EP capacity will be increased by 1275 advice through external agency contracts. EPs will complete EHC needs assessments in chronological order (oldest first), except for cases that are assessed as having high vulnerabilities or a safeguarding concern or are due to transfer to the next phase of their education, which are being prioritised for completion on time (in addition to other support and safeguards being put in place as appropriate). Figure 1 provides the EP overdue assessment month by month predictions for completion and for timeliness and further detail can be found in Appendix 6.

Figure 1

Month in which EP advice completed	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Overdue advice issued	148	283	315	330	275	100	9	9	11	10	3
On time advice issued	97	115	91	76	92	185	169	172	207	181	54
EP advice timeliness	39%	29%	22%	19%	25%	65%	95%	95%	95%	95%	95%

Target 2: Better support whilst waiting

7. The second target is to improve access to early intervention and support while children are waiting for an EHCNA. The work of our Specialist Teaching for Inclusive Practice (STIP) service will be re prioritised to support schools ensure all children receive the help and support they need whilst waiting. This will be in addition to what is ordinarily available through the graduated offer, supporting a whole school approach to inclusion.

Target 3: Securing a sustainable service model

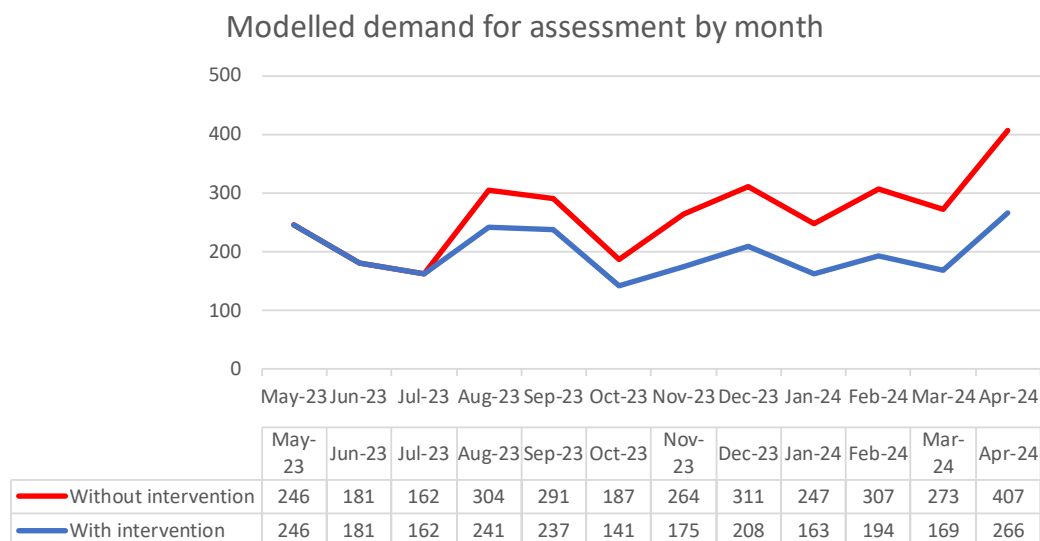
8. The target of the current recovery plan is to reach and sustain a level of timeliness of over 60% (above the current national average and at least back on par with our previous performance) as soon as possible.
9. Figure 2 shows the month-by-month projections for EHCP timeliness based on modelling of the recovery plan which indicates that this can be achieved by 31st May 2024.

Figure 2

Month in which EHCP issued	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Overdue EHCPs issued	330	321	260	279	249	270	268	202	86	36	38
On time EHCPs issued	19	22	34	85	95	76	69	98	147	128	138
EHCP timeliness	5%	6%	12%	23%	28%	22%	20%	33%	63%	78%	78%

10. Ultimately, the aim is for as close to 100% EHCP timeliness as possible. This target is limited by factors beyond the control of the local authority such children who move into Surrey part way through the EHC needs assessment process and the modelled performance of health and social care colleagues. The projections will change as our partners develop their projections and updating their recovery plans.
11. Given the significant number of overdue needs assessments, in month timeliness is expected to remain low whilst the recovery plan is being implemented because a significant proportion of plans completed each month will be based on overdue advice. The projected numbers of EHCPs which will be issued from this overdue group each month is shown in Figure 2 above.
12. The approach being taken is to complete EHCPs in chronological order (oldest first), except for cases that are assessed as having high vulnerabilities or a safeguarding concern or due a key stage transfer, which are being prioritised for completion on time (in addition to other support and safeguards being put in place as appropriate).
13. The target of reaching and sustaining a level of timeliness of over 60% can only be achieved if the demand for EHCNAs reduces. The Team Around the School Offer will be extended to ensure that children and young people's individual needs are met at the earliest opportunity, without the need for a diagnosis or provision to be made through an EHCP. Four Area Coordinators will be recruited who will bring schools together with key professionals, including family support workers, community connectors and youth support workers, over a 12-month period from this September. 50 schools have been identified that would benefit from this approach which will be implemented from September 2023 onwards.
14. The Early-Years to Primary Communications speech and language outreach offer will be extended with enhanced Language and Communication support for Reception classes. The new support offer will be launched in the Autumn term 2023, initially to 26 schools who will receive support from a Language Support Assistant for a half day either every week or every fortnight, depending on need.
15. It is also assumed that there will be strengthened decision making in line with ordinarily available provision guidance which combined with the measures above will bring Surrey back in line with the national average rate of Phase 2 assessments required.
16. The month-by-month predicted number of needs assessments are detailed in Figure 3. This shows the modelled demand with and without additional early help measures in place. The first few months are actual figures and so are the same for both. However, these modelled figures are indicative and any child who requires a needs assessment will have one.

Figure 3



17. Finally, the target of the recovery plan to reach a sustainable level of timeliness of over 60% can only be achieved if Phase 1 of decision making is completed on time on more than 95% of occasions per months and the SEN Case Officer and EP capacity is matches demand.
18. An end-to-end review of Surrey’s statutory EHCP functions is underway, and this is an important contributor towards ensuring that we have a sustainable service model for EHCP functions. An iterative approach is being taken to understanding opportunities for improvement and implementing reforms of our processes and practices to ensure that they are as effective and efficient as possible. These iterative reviews called “sprints” are set out in the high level plan at paragraph 29 – we have completed two “sprints” so far and currently expect that there will be four in total – and further detail on the end-to-end review is included at Appendix 7.

Timeliness Modelling:

The modelling has looked at the EHC needs assessment process in 3 phases:

Phase 1: Demand

19. The targets for the EHC needs assessment recovery shown above are based on a series of detailed and complex assumptions. The following list summarises the core assumptions at a high level:
 - Demand will show a **similar monthly pattern** to last calendar year with an **overall 18% increase** in requests (based on the average increase over the last 3 academic years).
 - **Early intervention** from September 2023 onwards will **reduce the number of initial requests**.

- **Clear and transparent decision-making criteria** will be strengthened based upon a stronger understanding of what schools should ordinarily provide children at SEN Support which will reduce the number of Phase 2 advice requests.
20. At present Surrey has a lower refusal to assess rate and a higher refusal to issue rate than is seen nationally. It is anticipated that the second and third measures above will rebalance this over time to bring Surrey back in line with the national average.
 21. Requests for EHCPs are seasonal and fluctuate throughout the academic year. This then creates a pattern of peaks and troughs in demand for all partners in the EHCP process. This has been reflected in the modelling and targets.

Phase 2: advice production

22. EP advice production has been modelled on the additional capacity and contracts let for delivery from September. This will provide 1275 advices to help to clear the overdue cases that are awaiting EP advice, which is projected to be fully achieved in February 2023.
23. The model assumes that EPs will complete EHC needs assessments in chronological order (oldest first), except for cases that are assessed as having high vulnerabilities or a safeguarding concern or due a key stage transfer, which are being prioritised for completion on time. The model is based on historic data which shows that an average of 48% of new requests fulfil this criteria, although in reality the proportion varies from month to month.
24. Health and social care partners are not currently able to provide modelled trajectory data. There is a health Task and Finish Group which is in operation leading to this being achieved and additional management capacity has been established to facilitate the social care data projections. The model will be revised in the 2023 Autumn Term once this data becomes available.

Phase 3: EHCP production

25. Assumptions have been used to model the overall number of EHCP plans issued and their timeliness as shown in Figure 4. This is based upon the projected EP advice completion data, latest trend data from other partner advice givers where available and historic data where this is not available. The modelling also takes into account the increased SEND staffing to manage the increased number of assessments reaching the SEND team month by month.

Timeliness modelling: next steps

26. Further work is needed to incorporate the more detailed health and social care timeliness trajectories once data becomes available.
27. The model will be reviewed every 2 months to monitor the impact of the EHCP recovery plan and adjustments to the projections will be made through:
 - Adding in actual figures to replace modelled data as it becomes available.

- Reviewing the accuracy of the assumptions included in the model and adjusting these where appropriate as intelligence changes.
- And/or adjusting our course of action where we are not seeing the impact required to deliver the recovery plan where appropriate.

Constraints

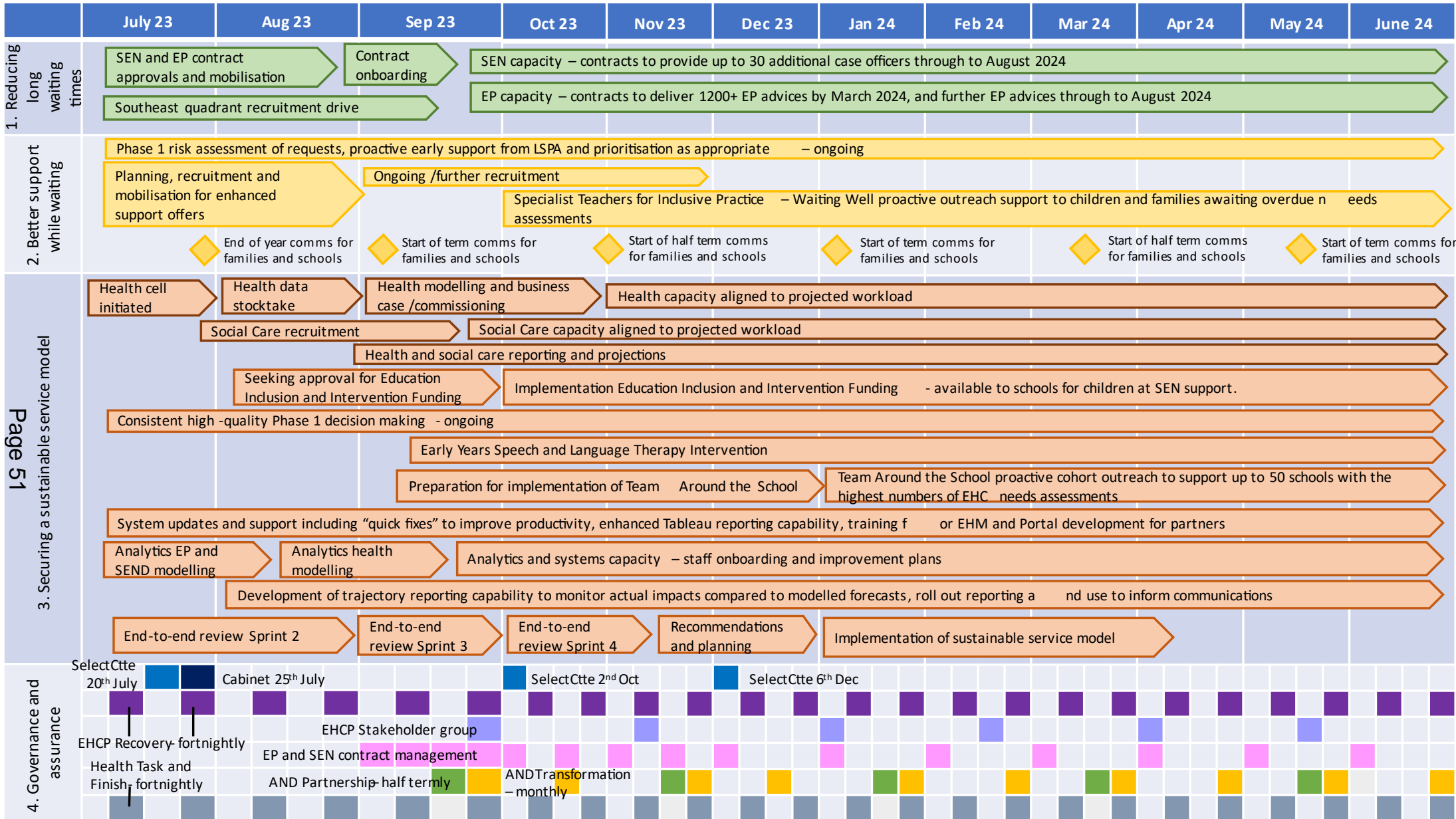
28. There are a number of constraints to the success of the recovery plan. These are also mitigations that can be put into place.

Constraints	Mitigations
There are varying degrees of confidence in the datasets that inform the demand and capacity modelling, and the impacts on overall timeliness are influenced by factors outside the Council's control	Best available data has been used, and a number of scenarios have been developed and tested, so that realistic scenarios can be identified with an understanding of the sensitivities. The live data will be monitored closely so that appropriate management action can be taken if this starts to deviate from the forecast modelling.
There is a national shortage of EPs and the recovery plan requires a significant level of additional EP and SEN resource	Market testing has indicated that whilst the market is challenging, it is realistic that we will be able to secure contracts of the size required. It is important to be quick to secure provision and contracts up to 3 years are proposed.
Health workforce capacity will remain a key risk and there will need to be resourcing to meet the initial increasing EHCP health advice	Occupational therapy has previously been in receipt of additional finance from both the council and ICB to help recruitment sufficient staff to meet demands across the provision. This had a positive impact – including the reduction in number of children waiting and improved timeliness of EHCP assessments. The council have confirmed further additional funding in support of statutory provision and the ICB are currently reviewing their position.
The impact of these proposals on overall EHCP timeliness will be constrained by the least timely service /team that contributes to the process across the system , including health partners.	All relevant teams and services, including health partners, are part of the EHCP timeliness governance. It may be possible to issue EHCPs with statutory advice only.
The retention of existing valued members of staff working in all associated teams and services may be more challenging whilst services are under increased pressure.	Communications with managers and staff is ongoing and has been strengthened by the appointment of a county wide SEN Senior Manager. Communications reminding staff in all relevant services of the support and escalation routes available to them will be promoted. The pressure on staff should be eased by the additional resources being contracted.

There are multiple factors outside of our direct control that will influence the outcomes of the plan, including how families and schools will respond to improved early help and support and the response of other partners in the system.	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. The actual outturn will be closely monitored via the governance model outlined, to quickly identify any situations in which the assumptions about demand or impact prove to be inaccurate. This will allow us to respond appropriately.
The financial recovery plan for MindWorks and Children’s Community Health Services , may limit the availability of staff to support recovery plan	This is included as an overall risk on the ICB risk register and will require ICB action
Lack of overarching digital solution to reporting timeliness for the system poses a risk to ongoing understanding of the issue and impact of the recovery plan.	EHM provider portal to be tested and implemented
Contracted EP and SEN support is not delivered	Use of a centralised contract that draws from several agencies so that alternatives are available

Project delivery: EHCP timeliness

29. The high-level timeline for the EHCP recovery delivery plan covering the period July 2023 to June 2024 is shown on the next page. There are 13 workstreams which sit behind the delivery plan, and each has a detailed action plan, and further information is provided in Appendices 2 and 3.



Findings of the external consultancy independent overview of the EHCP strategy, delivery plan and management/governance arrangements

- 30. An external consultancy review of the approach to the EHCP Timeliness Recovery commissioned by Corporate Transformation was carried out in July 2023. This concluded that the project is operating well, with some areas for development appropriate to the phase of the project.
- 31. The project is operating well in its current design phase, with great engagement from stakeholders and users informing the design of the work, whilst also incorporating lessons learnt from phase 1 to ensure design and delivery are set up for success as much as possible. The external consultancy assessment has been provided at Appendix 4.

Current timeliness data

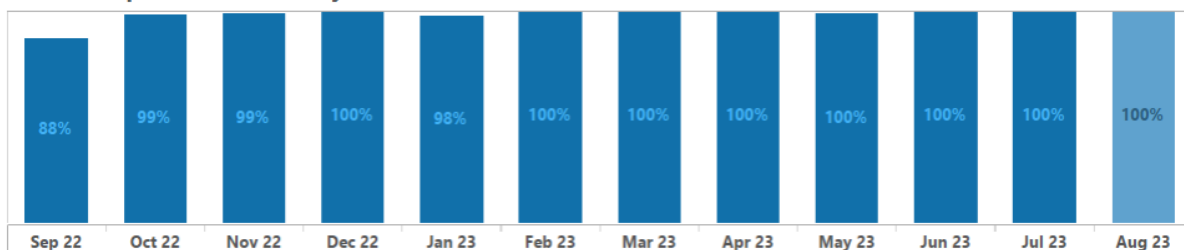
A summary of the three phase EHC needs assessment process is provided at Appendix 1.

Phase 1 – decision whether to assess (weeks 1-6)

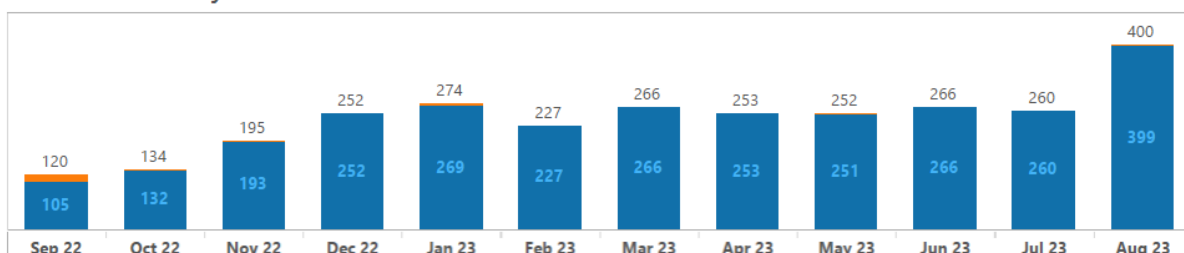
- 32. Phase 1 is the stage in the EHCP process during which a decision is made as to whether or not a child requires an assessment. This process is carried out by a multidisciplinary team in the L-SPA.
- 33. Figure 4 shows the number of decisions made by the L-SPA each month and the proportion of these which were completed within the statutory timeframe of 6 weeks. The number of decisions made in August was considerably higher than previous months, reflecting a large spike in requests for assessment seen in July (341).

Figure 4

EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date



- 34. Our EHCP recovery modelling predicts that Phase 1 timeliness will remain at 100%. It also predicts that numbers of assessment requests will be 18% greater than the previous year, however, early intervention and decision making will then reduce the numbers of advice requests.

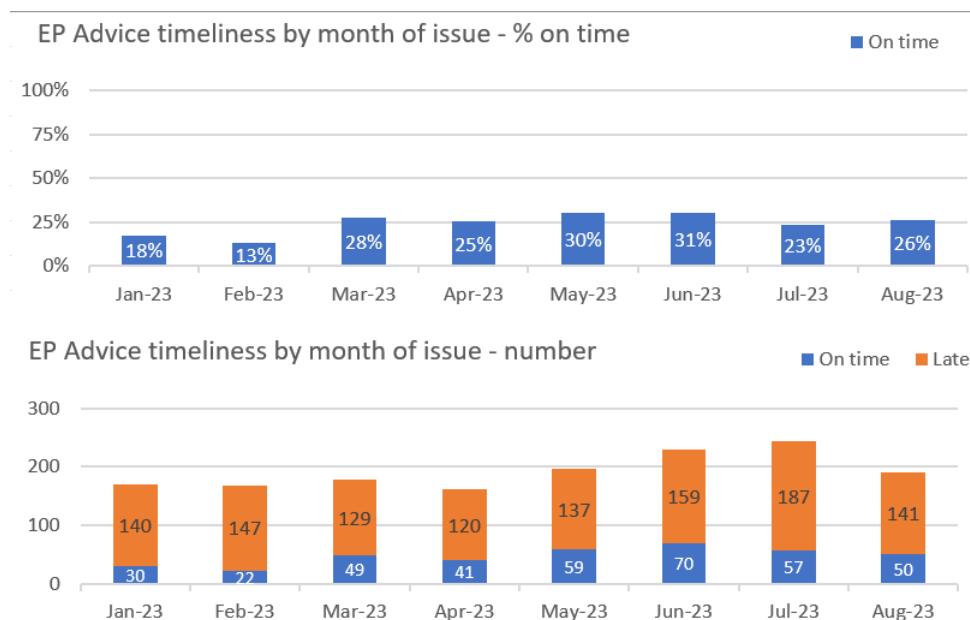
Phase 2 – assessment and decision to issue (weeks 7-12)

- 35. Phase 2 is the stage in the EHCP process whereby advice is collected from all relevant professionals to assess the child’s needs. This is then used to inform the decision on whether to issue a plan.

Education Psychologists

- 36. Figure 5 shows the number of EP advices being issued by month and the proportion of these that were delivered within the statutory 6-week timeframe. The number of advices being issued has been steadily increasing which reflects growing access to agency educational psychologists. The number issued fell in August due to the school summer holidays.
- 37. Timeliness remains variable as the service has adopted a risk-based approach and completed assessments for the most vulnerable children in time. The number of children who are vulnerable has varied and typically the largest proportion of the advice has been issued for children and young people whose assessment was overdue (formerly referred to as the backlog) each month.

Figure 5



- 38. Figure 6 shows a more detailed breakdown of the average time taken to issue EP advice during 2023 so far. The mode (most common number in the dataset) tends to be 42, which reflects the fact that where advice is on time, it is often submitted on the final day of the 6 week period.

39. The table also shows the number of advices being issued each month, with an increase in productivity from May onwards when additional EP resource began to be brought in.

Figure 6

Average no. of calendar days taken to complete EP advice	Mean	Median	Mode	Total advices issued
	Add then divide	The middle number	The most common number	
Jan-23	122.4	135	42	170
Feb-23	126.2	127	42	169
Mar-23	111.6	78	42	177
Apr-23	123.0	77	42	161
May-23	128.7	84.5	35	196
Jun-23	133.5	74	42	229
Jul-23	159.1	171	42	244
Aug-23 to date	168.1	193	41	174

Health

40. Timeliness of EHCP advice by health providers and across different health services as part of each child's EHCP assessment varies. Typically, these assessments are provided by Developmental Paediatrician's, therapists (occupational, speech and language, and physio) as well as by mental health practitioners. Assessments and advice may also be sought from primary care and acute / hospital clinicians.
41. Health partners have been engaged in system work to improve timeliness through a deep dive analysis of the needs assessment process and the role of health advice providers which led to the generation of solutions to both data capture and delivery of care and support. In the long term it is anticipated that health partners will be able to access the EHM system and automatic recording of the timeliness of EHCP assessments will be possible. In the meantime, health partners have recently been manually collecting data to monitor their delivery in this area. See Appendix 5.
42. Data from Children's and Family Health Surrey (CFHS) setting out the percentage of advices completed on time (as per statutory guidance), is as shown in Figure 7

Figure 7

2023	Occupational therapy	Early Years Speech and Language	Physiotherapy
May	20%	86%	58%
June	38%	79%	50%
July	55%	93%	50%

43. Typically, Occupational Therapy and Early Years Speech and Language Therapy are required to provide around 50 advices each month with Physiotherapy needing to provide 10. Therefore, the impact of these therapies upon overall EHCP timeliness is less than Educational Psychologists.
44. Data from the CFHS Developmental Paediatric Service is not available, however there are actions in place to remedy this and the information should be available from September 2023. In the meantime, the service has carried out several deep dives, the most recent of which indicates that 67% of reports are returned on time.
45. The main gap in current knowledge is the timeliness of reports from MindWorks. Information is collated and the importance of returning the reports within the timeframe is promoted to the consultants, however, currently timeliness data is not returned in a systematic way.
46. For children who are of statutory school age, speech and language therapy and related assessment advice is provided by our in-house team rather than by CFHS. Their timeliness is as shown in Figure 8:

Figure 8

SaLT advice timeliness	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of advice requests completed in month	45	27	27	54	45	64	46	61	47	47
% of advice issued on time	64%	69%	66%	67%	69%	76%	60%	70%	76%	79%

47. Typically, the school age speech and language therapy team assess 50 children per month and have an average timeliness of 70%. Measures to improve the timeliness of this advice are being considered and will be put into place when agreed.

Social care

48. Typically, social care have been producing advice at a 60% timeliness rate. Additional management and staffing capacity is being put in place to improve this performance as soon as possible.
49. All advice givers are working to complete assessments for the most vulnerable children in time and the data identifying these children is shared across all agencies.
50. Assumptions based upon the above Phase 2 data has been used to support timeliness modelling.

Phase 3 – decision to issue and finalising the EHCP document (weeks 12-20)

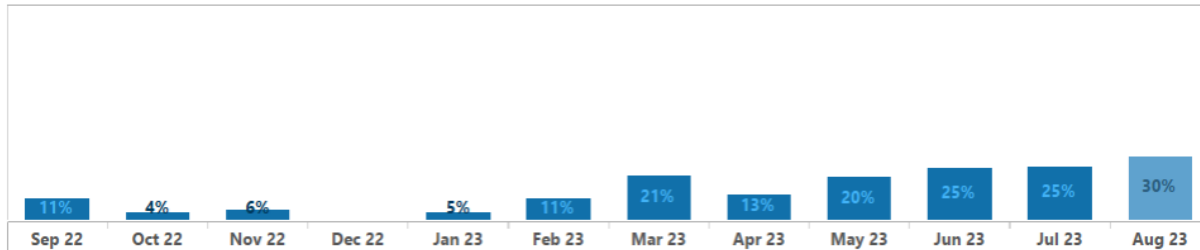
Timeliness

51. This final stage of issuing the EHCP is the stage in the process that is usually reported on to DfE and within our routine performance reporting. Since August 2022 timeliness

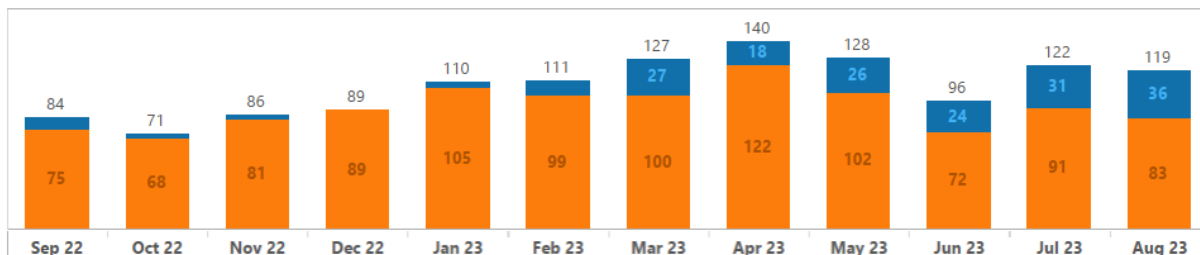
of plans issued in-month has increased from 19% of EHCPs issued on time to 25% issued on time in July 2023 and 30% issued in August as shown in the Figure 9 below:

Figure 9

EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date



52. This reflects the impact of the work at phase 1 and 3 in the assessment process so far.

Phase 3 Overdue cases - Latest Data

53. For the purposes of this report, the term “overdue cases” is defined as all EHCP requests which were due for Phase 3 completion in August 2023 or earlier and which have not yet been recorded as finalised.

54. The number of overdue EHCPs due to be issued in August 2023 or earlier which were not yet recorded as complete at the end of August 2023 was 1212, very similar to 1196 at the end of July and 1191 at the end of June. This breaks down as follows:

- 197 (16%) were less than one month overdue (i.e., due for completion in August)
- 469 (39%) were 1-3 months overdue (i.e., due for completion in May-July)
- 332 (27%) were 3-6 months overdue (i.e., due in Feb – April 23)
- 221 (18%) were 6+ months overdue, of which the majority (157) were due for completion between Nov 22 and Jan 23.

Conclusions:

55. The June to August 2023 timeliness data suggests that the impact of the recovery plan is on a positive trajectory with the number and length of overdue assessments beginning to reduce.

56. The latest modelling demonstrates that the plan predicts that we will get to good levels of timeliness by July 2024 (above the current national average and our previous performance).

Recommendations:

57. It is recommended that the Select Committee:
- a) Reviews and notes the Council's progress towards timeliness recovery plan, as well as the risks and constraints associated with the plan.
 - b) Agrees to receive a further update on the performance and progress of the timeliness recovery plan at the Select Committee meeting on the 6th December 2023.

Next steps:

58. To deliver the EHCP Timeliness Recovery Plan jointly with all partners, and to monitor and actively manage progress, performance, risks.
59. To provide an updated report to the next meeting of the Select Committee on 6th December 2023 on progress being made to deliver timely EHCPs for all children and young people who require statutory plans and support, and to reduce the number of and length 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](#)

[EHCP Timeliness Report to Select Committee - 20th July 2023](#)

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

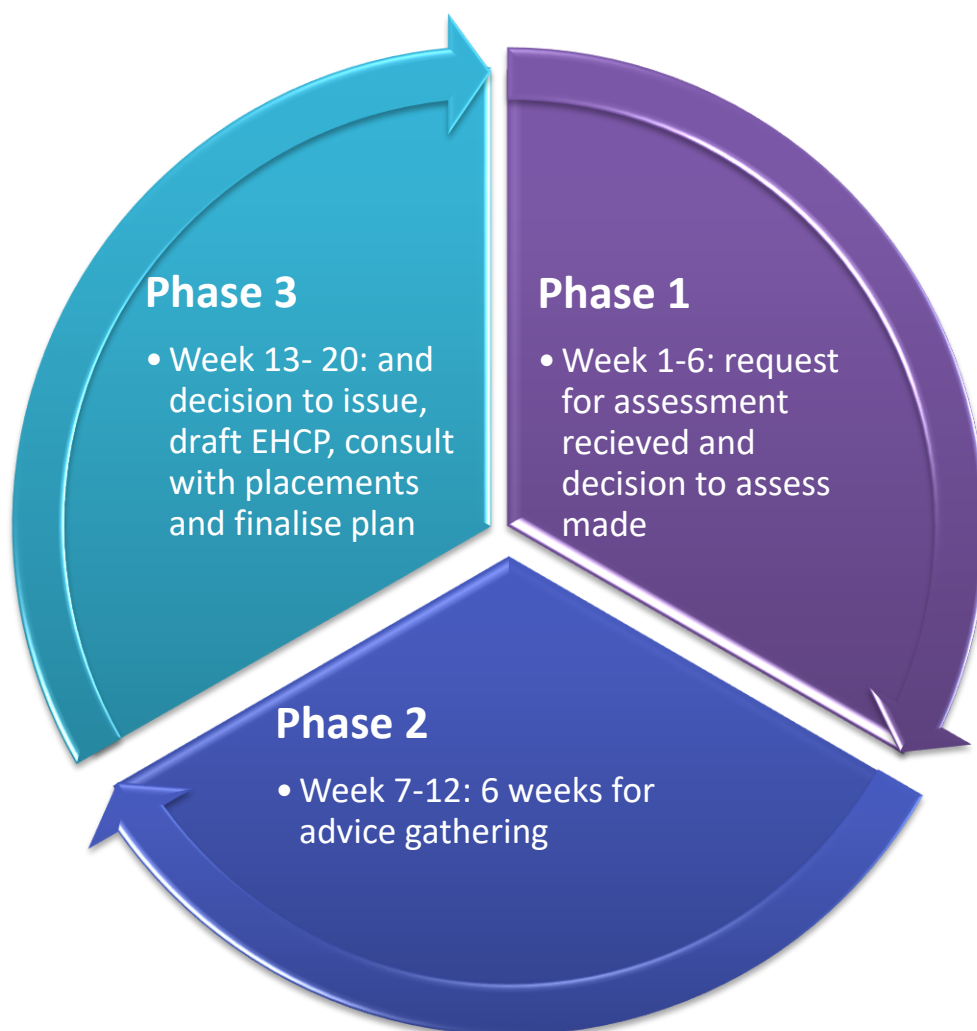
Appendix 1 – EHC needs assessment process

The Education, Health, and Care needs assessment process starts the moment a local authority receives a request for a needs assessment.

It ends when the local authority:

- decides not to do a EHC needs assessment.
- undertakes a needs assessment but decides not to issue an EHC plan.
- issues a finalised EHC plan.

For the purposes of modelling the assessment process has been divided into three phases



Appendix 2 – EHCP timeliness workstreams

There are 13 workstreams covering the EHCP recovery plan.

EHCP Recovery Objective	Workstream
1. Reducing long waiting times	• EP recovery plan
	• SEND recovery plan
	• Southeast SEND team recovery plan
2. Better support whilst waiting	• Communications
	• Waiting well
3. Securing a sustainable service model	• Data
	• Analytics
	• Governance
	• Systems and IT
	• Resourcing
	• Health Recovery plan
	• Social care recovery plan
	• Early intervention and meeting need more effectively

Appendix 3 – Example Workstream Plan

Daily Action Plan: SEND Recovery						
Project starts on: 03/07/23			Go-Live: %			
Tasks and Milestones	Workstream dependencies	Updates	Responsible	End Date	Status	Complete
EHCP Backlog Recovery						
1. Cabinet Approval secured				22/06/2023	DONE	100%
2. Approval to procure completed				25/06/2023	DONE	100%
Resource						
3. Agency contract awarded				20/08/2023	DONE	100%
4. SEN Agency Project Manager appointed		This person manages all the staff brought in under contract and the work output from the agency team.		01/09/2023	DONE	100%
5. 3 agency project senior case managers appt		2 already chosen plus 1 to secure		23/08/2023	IN PROGRESS	75%
6. 30 case officers appointed	EP recovery	Centralised team - need to understand how the allocation will be modelled.		31/08/2023	IN PROGRESS	75%
7. Team onboarding and training	Data and Systems			31/10/2023		
8. IT/laptop provision	IT			31/08/2023	IN PROGRESS	30%
9. Overspill EGB procedure plan		Needs to be designed for increased panel requests. Subject to AD approval.		31/08/2023	IN PROGRESS	50%
10. Monitoring and progress against project aims		Reporting and monitoring process to be set up to record input/output		01/09/2023		
11. Weekly project meetings with Agency project mgr		In house with agency project mgr		01/09/2023		
12. Monthly contract mgt meetings with Agency project team		With contract provider ie whichever agency is selected		01/09/2023		

Appendix 4 – Consultancy Assessment: EHCP Timeliness Phase 2

RAPID ASSESSMENT: EHP (ASSESSMENT WAS FOCUSED ON PHASE 2)

A Rapid Assessment allows us to do a quick check across the key dimensions required for successful change delivery – it is important to note that it is not a full Assurance or Audit of the project or programme.

DEPLOYMENT:

The project has two key focus groups :

- EHCP liaison groups focused on operational approaches to coordinate the work across the project and stakeholders
- EHCP user focus group, focusing on users such as schools, family and young people etc to understand the impact on them.

Both groups have directly informed the design of the phase 2 work, and helped understand what continuity and handover from the end of this phase looks like.

Due to the amount of people in these focus groups, the team has also had to create and implement a full comms plan in the design phase.

DELIVERY:

The design phase is on track to its planned timeframes and deliverables. The team are actively managing their risks and issues, and have been feeding into wider programme level governance, ensuring there is full visibility of progress.

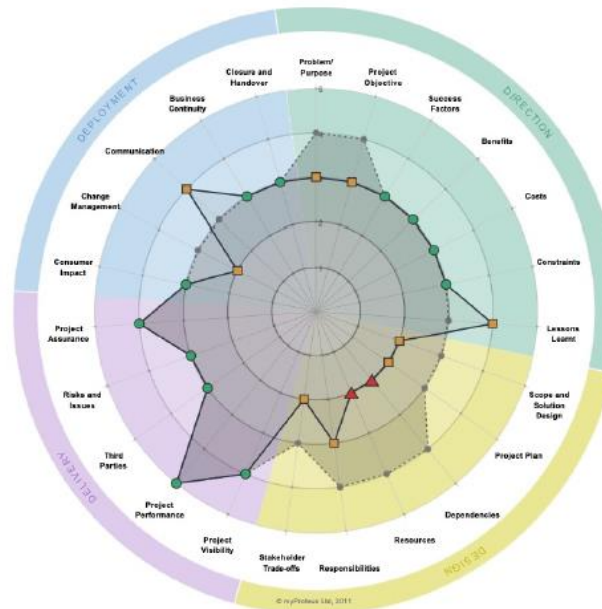
There has also been good support from central council teams, such as the performance and insight team, helping with data visualisation outputs to help with performance management and storytelling to better communicate performance to politicians and other partners.

Overall Observations & 'Watch Out Fors':

Phase 2 of this project is looking to build on the foundational work done in phase 1, and increase the scale of change to: reduce long waits to service (whilst also improving the waiting experience), improve the overall family experience with the service, and move further towards hitting statutory targets.

The project is operating well in its current design phase, with great engagement from stakeholders and users informing the design of the work, whilst also incorporating lessons learnt from phase 1 to ensure design and delivery are set up for success as much as possible.

With the current trade-off and scope decisions (of the less critical aspects of the project) yet to be fully designed and agreed on; one watch out for would be the current alignment on cost and benefits. This may need to be revisited once the scope of delivery is fully locked down to ensure the previous assumptions are still in line with the agreed direction of the project.



DIRECTION:

For Phase 2 of the project there is a good understanding of the problem, objectives and other key directional elements, needed to inform the design stage.

The amber call outs on the diagram are a point in time, as there is still work to align the objectives to the detailed delivery plan currently being completed.

Phase 2 has also been heavily shaped/ directed by the lessons learnt in phase 1 of the project

DESIGN:

There has been conscious decisions to prioritise key areas (such as EP service) of the plan for detailed design work. This was to ensure these areas are fully thought through and scoped out to ensure the critical areas where set up for success.

As a result, there are high-level understandings of scope, plans, dependencies etc across the whole project, however for areas outside of the critical areas, there are still trade off decisions, scope alignment and planning work to be completed in this design phase.

Appendix 5 – Details of Health recovery plan

	Action	Who	By When	Resource requirement
Reporting	<ul style="list-style-type: none"> Require monthly reporting on the 17th of the following month or all CFHS therapy data. Include the One Stop data within the narrative for therapies. EHCP coordinator across CFHS and utilisation of One Stop. Revisit electronic system to understand if this can still provide the information required. 	CFHS	Immediate Immediate 0-3 months	Funding to introduce a Health EHCP co-Ordinator function B4 for 12 months
	<ul style="list-style-type: none"> Currently the data flows through DPS for Mindworks. Need to develop a specific data return for DPS Immediate administrative support required – this will facilitate capturing the receipt and return of EHCP requests. B4/5 12-month post 	CFHS / SABP (DPS) ICB commissioner	0-3 months 0-3 months	Funding has been made available for this role.
	<ul style="list-style-type: none"> Require monthly reporting on the 17th of the following month or all CFHS DPS data. Report Mindworks activity separately to DPS. Define the reporting capabilities within Mindworks. Therefore, a deep dive to provide a current position would be challenging. Immediate administrative support required – this will facilitate capturing the receipt and return of EHCP requests. B4/5 12-month post. 	SABP / Mindworks ICB commissioner	0-3 months 0-3 months	Funding has been made available for this role.
	Confirm reporting arrangement with Epsom DPS	ICB commissioner	1 month	
	Implementation of robust EYES data system that includes link to health.	SCC and providers	Long term	Digital support for Health providers
Timeliness of assessment	CFHS – therapies; demand and capacity modelling to describe total service demands and delivery – including proportion statutory and clinical and in line with approach taken with Educational Psychology Service	CFHS	1 month	BI support with modelling
	CFHS – DPS; demand and capacity modelling to describe total service demands and delivery – including proportion statutory and clinical and in line with approach taken with Educational Psychology Service	CFHS	1 month	BI support with modelling

Mindworks; demand and capacity modelling to describe total service demands and delivery – including proportion statutory and clinical and in line with approach taken with Educational Psychology Service	SABP	1 month	BI support with modelling
Use of latest clinical assessment (within 6 months) instead of a new assessment, has been part of the current recovery plan for therapy and developmental paediatric services, with positive impact.	SCC and health providers to agree		
Use of latest clinical assessment (within 6 months) instead of a new assessment, has been part of the current recovery plan for therapy and developmental paediatric services, with positive impact.	SCC and health providers to agree		
Most children waiting over 6 weeks for OT assessment are in the East of the county. Therapeutic resources shared across quadrant and number of children waiting over 6 weeks for EHCP assessment have decreased.	CFHS		
Detail the wider flow across the EHCP pathway and dovetail the timeliness trajectory with that for over EHCP provision and educational sufficiency. To include numbers coming in for EHCP and those reducing or ceasing.	SCC	0-3 months	
Agree an approach to CYP awaiting ND diagnosis where they do not have any other engagement with Mindworks services - how should these requests be met?			
How are over 18 year olds supported (what proportion of EHCPs assessments are for this cohort of young people?)	SCC		
Note and understand and unintended consequences of the proposed EHCP trajectory on wider services	SCC / health providers / ICB Commissioner		
Children's voice and reflections and any change in tribunals	SCC / health providers / ICB Commissioner		

Appendix 6 – Additional detail of EHCP timeliness modelling

The Education, Health, and Care needs assessment process starts the moment a local authority receives a request for a needs assessment.

It ends when the local authority:

- decides not to do a EHC needs assessment.
- undertakes a needs assessment but decides not to issue an EHC plan.
- issues a finalised EHC plan.

For the purposes of modelling the assessment process has been divided into three phases

The table below shows additional detail with regards to the modelling of when all overdue EP advice will be completed by:

EP report originally requested in....	EP reports issued between...				Total overdue advices
	2022 requests	Highly vulnerable/ Key Stage transition children	Other CYP	Latest date	
Aug-22	Sep-23			Sep-23	12
Sep-22	Sep-23			Sep-23	25
Oct-22	Sep-23			Sep-23	15
Nov-22	Sep-23			Sep-23	19
Dec-22	Sep-23			Sep-23	64
Jan-23		Sep-23	Nov-23	Nov-23	110
Feb-23		Sep-23 to Oct-23	Nov-23	Nov-23	92
Mar-23		Oct-23 to Nov-23	Nov-23 to Dec-23	Dec-23	145
Apr-23		Nov-23	Dec-23	Dec-23	114
May-23		Nov-23	Dec-23	Dec-23	104
Jun-23		Nov-23	Dec-23	Dec-23	105
Jul-23		Nov-23	Dec-23	Dec-23	132
Aug-23		Nov-23	Dec-23 to Jan-24	Jan-24	130
Sep-23			Jan-24	Jan-24	tbc
Oct-23			Jan-24 to Feb-24	Feb-24	tbc
Nov-23			Feb-24	Feb-24	tbc
Dec-23			Feb-24	Feb-24	tbc
Jan-24			Feb-24	Feb-24	tbc

Further work is underway to profile the anticipated completion dates by due date for the final EHCPs as this work is more complex.

Appendix 7 – Summary of the end-to-end review of EHCP functions

End to End Review of the statutory SEND service in Surrey

Project sponsor: Tracey Sanders, Assistant Director, SEND

Project lead: Liz Bone, SEND County Service Planning and Performance Lead

Project delivery: Digital Discovery team and AND Transformation team

Scope of the Review

The scope of the review covers the statutory duties of the SEND team, and the teams established to undertake the statutory EHCP functions.

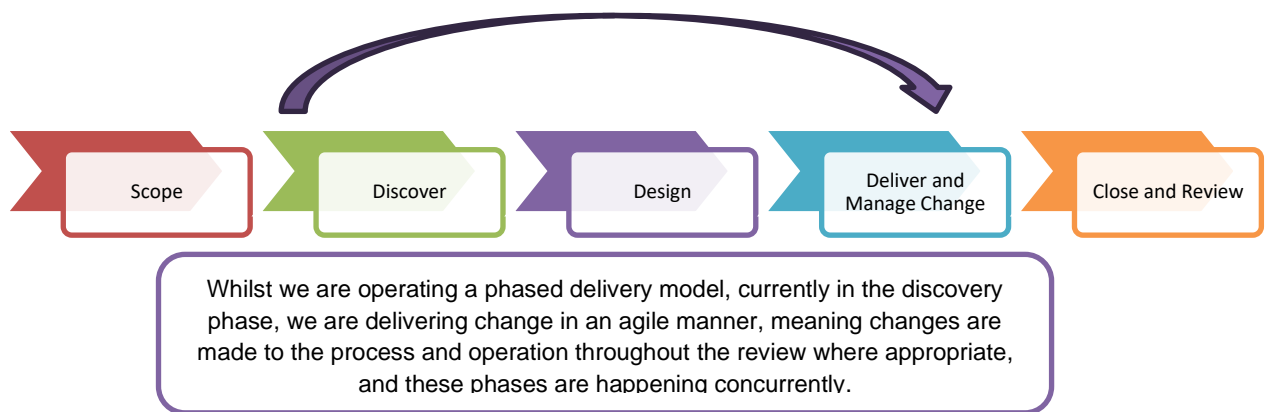
Core areas in scope of the review:	Other areas of work that are connected, but not directly in scope:
SEND teams	Educational Psychology
LSPA	Health
Tribunals team	Social Care
Commissioning (specifically SEND Admissions, In Year SEND admissions and post 16 SEND panels and placements)	MindWorks
Systems (the use and development of system rather than the use of Liquid Logic as the platform)	Home to school travel assistance
Settings	Finance
Co Production Partners	

Aims and Objectives

The aim of the end-to-end review is to ensure the SEND service can operate in balance, with teams right sized and systems rationalised, meaning all children and young people are able to access the right support, in the right place at the right time. Members of the SEND teams, connected teams within Surrey, parents and carers, school and young people are all essential to our understanding of the challenges within the system, and to the co-production of the future shape of the system required to deliver statutory EHCP functions.

The end-to-end review is contributing to the third objective of the EHCP timeliness recovery plan as it will help to ensure that Surrey has a sustainable service model.

Approach of the review



Timeline

We are currently in phase 2 (Discovery) which is due to run until mid-November. We expect the design and deliver and manage change phase to extend beyond the end of discovery, with the final sprint review due to be shared with the SEND teams and management in January 2024. The whole review is due to be complete by the end of the financial year, with work associated with the review completed by the end of June 2024.

Insights and developments so far

As opportunities for improvement are being identified, these are being further explored and possible solutions identified through each sprint. Improvement opportunities include increasing consistency in practice across the Quadrant teams including of annual reviews, reducing manual handling of data, addressing challenges associated with work moving between multiple teams and the need for realistic expectations of case officers.

Example learnings from the initial discovery sprints have included....	So we are responding with further research and improvement actions....
Applications for assessment are often missing key information. This impacts the amount of time that the teams have to process the requests.	We are exploring, with our digital and IT colleagues, as well as co-production partners on a possible online application that would check all of the relevant sections of the form were completed prior to the assessment being active.
SEN case officers report they are spending a significant proportion of their time responding to communications from families and schools, but families and schools report mixed experiences in the effectiveness of SEN communications	We are exploring the feasibility of creating a SEN triage/ helpdesk team, to act as a triage and response team with the aim of most queries being responded to immediately and recorded on EHM. Recruitment to this temporary team is underway.

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