

**CHILDRENS COMMISSIONING COMMITTEE  
PART 1**

**AGENDA ITEM NO:**

**Item for Decision/Assurance/Information** (Please underline and bold)

**13<sup>th</sup> January 2021**

<b>Report of:</b>	Karen Proctor Director of Commissioning
<b>Date of Paper:</b>	4th January 2021
<b>Subject:</b>	Designated Officers for Special Educational Needs and Disabilities Annual Report 2019/20
<b>In case of query Please contact:</b>	Alison Pike <a href="mailto:alisonpike@nhs.net">alisonpike@nhs.net</a> Michelle Morris <a href="mailto:michelle.morris2@nhs.net">michelle.morris2@nhs.net</a>
<b>Strategic Priorities:</b>	Please tick which strategic priorities the paper relates to:
	<input type="checkbox"/> <b>Quality, Safety, Innovation and Research</b>
	<input type="checkbox"/> <b>Integrated Community Care Services (Adult Services)</b>
<input checked="" type="checkbox"/>	<b>Children's and Maternity Services</b>
	<b>Primary Care</b>
	<b>Enabling Transformation</b>
<b>Purpose of Paper:</b>	
<p>This report provides the Commissioning Committee with a summary of the annual report for 2019/20 of the Salford CCG Designated Medical Officer and Designated Clinical Officer for Special Educational Needs and Disability (SEND).</p> <p>The Children's Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> <li>Note the content of this update report including the current risks, priorities and mitigations identified.</li> </ul>	

**Further explanatory information required**

<p><b>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</b></p>	<p>This paper highlights how the CCG is fulfilling its duties under the Children and Families Act (2014).</p>
<p><b>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</b></p>	<p>Any risks are highlighted within the report along with actions to mitigate these.</p>
<p><b>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</b></p>	<p>Any risks are highlighted within the report along with actions to mitigate these.</p>
<p><b>DOES THIS PAPER HELP ADDRESS ANY HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</b></p>	<p>This paper highlights how the CCG is fulfilling its duties under the Children and Families Act (2014), and addressing issues raised in the joint SEND inspection in 2019.</p>
<p><b>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</b></p>	<p>N/A</p>
<p><b>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</b></p>	<p>N/A</p>

Footnote:

Members of this Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

**Document Development**



<b>Process</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>	<b>Comments and Date (i.e. presentation, verbal, actual report)</b>	<b>Outcome</b>
Public Engagement (Please detail the method i.e. survey, event, consultation)	YES			Salford Parent Voice	
Clinical Engagement (Please detail the method i.e. survey, event, consultation)	YES			Via Children and Young Peoples Commissioning Group – 17.11.20	
Has 'due regard' been given to Social Value and the impacts on the Salford socially, economically and environmentally? (Please detail outcomes, including risks and how these will be managed)			N/A		
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)	YES				
Legal Advice Sought			N/A		
Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)	YES			Children and Young Peoples Commissioning Group – 17.11.20 0-25 Programme Oversight Group 23.11.20 SEND Board (Formerly Children & Families Board) – 01.12.20	

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

**Designated Medical / Clinical Officer for Special Educational Needs & Disabilities Annual Report 2019/20 – including the SEND Strategy**

**1. Executive Summary**

This paper provides a summary of the annual report from the 2019/20 academic year of the Designated Medical Officer and Designated Clinical Officer (DMO / DCO) for Special Educational Needs and Disability (SEND) in Salford. It follows on from 2018/19 report presented to Salford's Children's Commissioning Committee.

The CCG appointed to the statutory role of a DMO / DCO for SEND in December 2014, in line with the requirements within the Children and Families Act 2014. This report highlights how the CCG is fulfilling its duties under the Children and Families Act (2014).

There are three key elements to the DMO/DCO role which are:

- Providing strategic direction and identifying local priorities
- Providing specialist SEND health advice for the local area
- Ensuring governance and quality assurance of SEND provision

In November 2019 there were 86,200 Children and Young People (CYP) aged between 0-25 years resident in Salford of which 19.5% had SEND, compared to 14.9% across England and 15.2% in the North West. In Salford there were 2,123 children and young people with Education, Health and Care Plans (EHCPs) and an additional 14,686 that required SEND support.

This annual report is presented to the to the Children's Commissioning Committee, and through that Committee to the CCG's Governing Body, to ensure that they are aware of the work of the DMO / DCO, understand how the CCG is fulfilling its statutory duties under the Act, are sighted on the progress that has been made since the previous annual report and are aware of any issues and constraints.

The key achievements this year include

- Launch of the SEND strategy
- Participation in a successful SEND inspection
- Robust response to challenges from the COVID-19 pandemic
- Ongoing work on transformation projects including the Speech Language and Communication Needs (SLCN), south locality pilot, Multi-Agency Panel (MAP) and the neuro-developmental pathway

The key risks identified are:

- Ongoing high demand for Education Health & Care Plans (EHCPs) for individual children and the current limitations in service capacity affecting the timeliness of advice.
- The impact from COVID-19:
  - i) Delivery of services is different, with fewer face to face appointments and a reduction in capacity due to infection control measures and staffing, this may affect the ability to maintain provision set out in the EHCP and the timeliness of

assessments

*ii)* There is also the potential for a peak in demand for EHCP requests as the schools reopen due to the impact from school closures which is likely to put pressure on health services

*iii)* The increased reliance on families to work in closer partnership with services and to undertake more aspects of care at home which may not be possible for a variety of reasons and may compromise a child's care

- The areas for improvement identified from the SEND inspection
- The current inequitable health offer to special schools compared to the offer for mainstream schools
- The likely impact on service capacity from rolling out the neuro-developmental pathway
- The introduction of the new Open Objects Hub system for submitting advice for EHCPs may affect quality and timeliness of advice

Mitigation for the risks through key priorities and actions for 2020 – 2021

- Develop a SEND COVID-19 recovery plan with partners
- Implement the plan to address the areas for improvement identified from the SEND inspection
- Expedite work on the implementation of the Open Objects Hub system
- Ensure that the ongoing work on the transformation projects, specifically the development of an overarching neuro-developmental pathway, fully considers and addresses the impact on and capacity of the services
- Consideration of a proposed new service delivery model for health care provision in education through the commissioning reviews and service re-specifications which specifically consider demand / capacity and issues of inequity
- Continue working with Salford Parent Voice to identify gaps in service provision and to support families through the COVID-19 pandemic

**Recommendation:**

The Children's Commissioning Committee is asked to:

- Note the content of this update report including the current risks, priorities and mitigations identified.

**2. Background**

2.1 This is the annual report for 2019/20 of the DMO / DCO for SEND in Salford. It follows on from the 2016/17, 2017/18 and 2018/19 reports previously presented.

2.2 The CCG appointed to the statutory role of a DMO / DCO for SEND in December 2014, in line with the requirements within the Children and Families Act 2014. The post is for 5 sessions a week which is shared between a consultant paediatrician (Designated Medical Officer) and a consultant speech and language therapist (Designated Clinical Officer) to extend the expertise and reach of the designated role. There are three key elements to the DMO/DCO role which are:

- Ensuring appropriate services are commissioned and providing strategic direction and identifying local priorities
- Providing specialist SEND health advice for the local area
- Ensuring governance and quality assurance of SEND provision.

- 2.3 The Act extends to young people age 25 years and replaced the statement system with Education, Health and Care Plans (EHCPs). EHCPs are legal documents that set out the education, health and social care support a child or young person with SEND requires, when their needs cannot be met by resources available to mainstream providers. Local authorities and CCGs must have joint arrangements in place for carrying out education, health and care assessments, including provision of appropriate medical and health information, and agreement of health provision.
- 2.4 To oversee and manage the introduction of the Children and Families Act in Salford, a multiagency implementation project board, the SEND Partnership Board, with representatives from the local authority, education, social care, public health and health, has been established and meets monthly. Through this group a SEND Strategy was developed from 2019 to 2021 with the vision that 'Every child and young person with SEND will have the fullest opportunity to be happy, healthy and achieve their full potential'. Salford's Children's Commissioning Committee considered the SEND Strategy in September 2019.
- 2.5 **Regulations:** Section 25 of the Children and Families Act 2014 requires local authorities to exercise their duties and powers to ensure that SEND provision is integrated with health and social care provision where they believe it would promote the wellbeing of children or young people who have SEND, or improve the quality of SEND provision. Section 26 of the Act requires local authorities and partner commissioning bodies to commission services jointly for children and young people aged 0-25 with SEND, including those without an EHCP. Joint commissioning arrangements must ensure a clear course of action in every case and outline effective procedures for resolving any disagreements between those bodies.
- 2.6 **SEND Context:** In November 2019 there were 86,200 Children and Young People (CYP) aged between 0-25 years resident in Salford of which 19.5% had SEND, compared to 14.9% across England and 15.2% in the North West. In Salford there were 2,123 children and young people with Education, Health and Care Plans (EHCPs) and an additional 14,686 that required SEND support. In 2019/20 there were 368 requests for medical advice and 184 requests for therapy advice for new EHCPs. The role of the designated officers is to ensure the CCG fulfils its responsibility to commission appropriate services for these CYP, and that the services are effective in meeting their needs and improving their outcomes.

### **3. SEND Vision and Strategic Priorities**

- 3.1 The SEND Strategy sets out Salford's strategic priorities relating to SEND. The vision sets high aspirations for all children and young people that they are as healthy and safe as possible, by having health and care needs met in a timely way, at the right place and at the right time. The aim is for children and young people to achieve the best education outcomes they can whilst attending good quality provision. Children and young people will be supported to have the fullest opportunities to participate, by living happy and purposeful lives. The Strategy seeks to ensure that children and young people with SEND are visible in City events and have a voice / opportunity to influence.
- 3.2 There are 4 priority areas within the strategy:

- i. Clearly described pathways which lead to better outcomes
- ii. Sufficient range of quality provision
- iii. Early identification of children’s needs followed by prompt assessment and timely interventions that are reviewed regularly, and that place the child and family at the centre of personalised planning
- iv. Clear communication and participation with children, young people and their families

Action planning from the strategy will be monitored at the SEND Partnership Board.

<b>4. Pathways and Processes</b>
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4.1 The table below gives an overview of the number of requests for advice and performance over the last five financial years. [SaLT stands for speech and language therapy, OT / PT stands for occupational therapy and physiotherapy]

**Table 1**

	<b>Total No. of requests for medical advice</b>	<b>Completed in 6 weeks</b>	<b>Total No. of requests for therapy advice</b>	<b>Completed in 6 weeks</b>
<b>2015/16</b>	190	89 (47%)	115	115 (100%)
<b>2016/17</b>	260	95 (36%)	198 SaLT 16 OT/PT	132 (67%)
<b>2017/18</b>	368	151 (46%)	280 SaLT 21 OT/PT	187 (66%)
<b>2018/19</b>	369	206 (56%)	189 SaLT 45 OT/PT*	55 (29%) 9 (20%)
<b>2019/20</b>	368	221 (60%)	149 SaLT 35 OT/PT	76 (51%) 20 (57%)

\* 19 x joint OT/PT, 10 x Physio, 6 x OT

4.2 Looking at the financial year comparison data, rather than the time frame of the report, is helpful because it allows comparison with other years and clearly demonstrates that for medical advice the number of requests has been similar for the last 3 years, suggesting the increase seen following the introduction of the Children and Families Act has now settled at a new, higher level. This continues to impact on the services capacity to provide advice within the 6-week timeframe, although the performance this year is higher than in previous years. It is hoped that the capacity to meet this increase in demand will be considered in the service review and re-specification for community paediatrics. There has been less consistency in the demand for therapy advice over the same time frame but there has been an improvement in timeliness in the last year compared to the previous year.

4.3 Table 2 below considers requests for advice during the COVID-19 period March – August 2020. The previous year’s requests are in brackets for comparison.

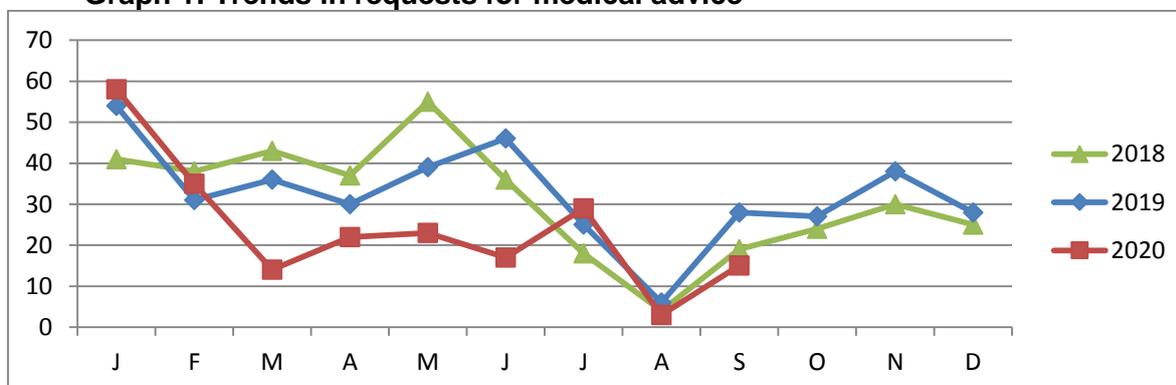
**Table 2**

	<b>Medical advice requests</b>	<b>Completed in 6 weeks (%)</b>	<b>SaLT requests</b>	<b>Completed in 6 weeks (%)</b>
<b>March</b>	14 (35)	93	2 (11)	50
<b>April</b>	21 (29)	76	5 (11)	80

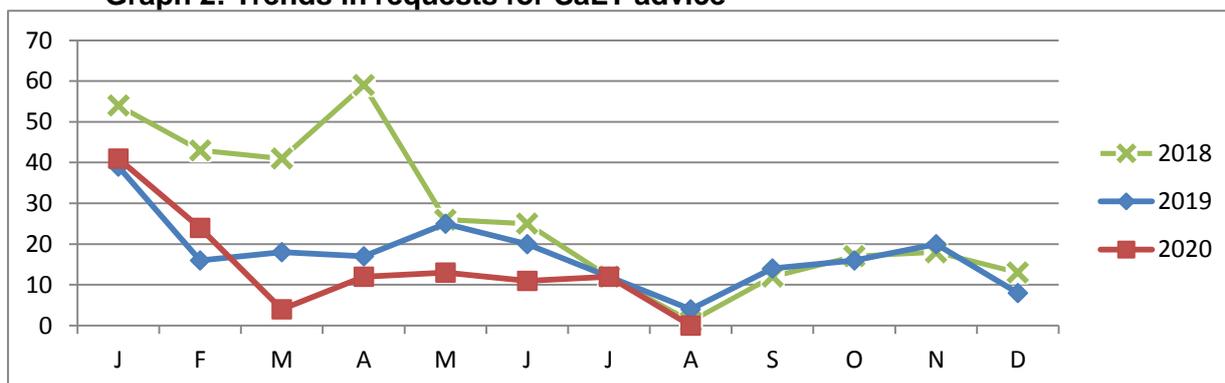
<b>May</b>	22 (38)	77	8 (24)	75
<b>June</b>	15 (45)	100	7 (14)	85
<b>July</b>	27 (27)	100	10 (8)	80
<b>August</b>	2 (6)	100	0 (3)	100

- 4.4 The data for 6 months during the COVID-19 period shows that requests for medical advice were just over 50% of the numbers requested the year before, which correlates with the school closures. There is also a significant increase in the performance of the service in complying with the statutory timescales in this time. The service completed assessments mainly through telephone consultations and this data provides assurance that SEND services continued during the pandemic. It is likely that the requests for advice that did not come through as expected in this period will progress at some point in the future and will need an assessment, it is hard to predict when this may happen but this may lead to a surge in demand.
- 4.5 The number of requests to speech and language therapy (SaLT) has shown a reduction like medical advice, but these figures are lower than expected. An audit to check these figures showed that in March 2020 the DCO signed off 36 pieces of SaLT advice, whilst some of these may relate to requests from earlier months, it is still likely that more SaLT advice was sought than has been recorded. The issues with recording should resolve with the implementation of the open objects system.
- 4.6 The graphs below illustrate both above tables.

**Graph 1: Trends in requests for medical advice**



**Graph 2: Trends in requests for SaLT advice**



- 4.7 The preparation of advice for new EHCPs and annual reviews is currently completed by health providers using a manual system. Salford LA commissioned a licence for the Open Objects EHCP hub to enable all partners access to a digital system to record advice, with a view to making the process easier and more streamlined, whilst also increasing the involvement of families. The implementation of this system was delayed due to the COVID-19 pandemic but is now scheduled to recommence in November 2020. As with any new system, the introduction is likely to put a temporary pressure on services whilst training takes place and the process is implemented, but it is hoped that the new process will be more efficient and therefore a mitigating factor to the possible surge in demand for assessments.
- 4.8 The 14 plus health assessment for people with a learning disability has been delivered across Salford by GPs, however there are no quality standards and the quality of the assessment was very variable. Younger children's health assessments are completed by school nurses and paediatricians but there is little commonality in documentation. The designated officers (DOs) have led work to streamline the process of providing a health check across the 0-25 year age range. This has involved working with partners from children's services, primary care and adult services to develop a seamless pathway with consistent documentation and processes to prevent overlap, and to ensure that the right person supports the child or young person's medical needs at the right time. The importance of the 14 plus health assessments has been reinforced by expanding information available on the local offer and by developing a training video for GPs.

## **5. Learning from Reviews**

- 5.1 A joint area SEND inspection took place in December 2019 by Ofsted and the CQC to judge the effectiveness of the area in implementing the special educational needs and disability reforms of the Children and Families Act 2014. The inspection findings were largely positive and the main findings are as follows:
- The leaders showed a good understanding of the areas strengths and weaknesses and had plans in place to address these
  - There was a strong commitment to joint working across education, health and social care
  - The Council and CCG have become more ambitious in the way they jointly plan and deliver services and have pooled budgets for children's services
  - Parents were involved in some projects but not always fully included at a strategic level
  - Children and young people with SEND but without an EHCP were not being consistently supported in all mainstream schools
  - Most children and young people were positive about the support they received.
- 5.2 The specific positive health findings from the inspection include:
- The use of the GM 8 stage model in identifying needs in early years, with plans to introduce the 18 month developmental check
  - The dedicated paediatric EHCP clinic
  - The effective universal hearing screening programme
  - The access to a range of services through Youth Justice Service including SaLT and CAMHS

- The increased assessment, identification and meeting of needs in the early years resulting in an increased percentage of children with SEND achieving a good level of development
- Therapy, children's nursing and CAMHS services provide a range of training to professionals which helps them to meet the needs of children without always relying on the direct support of specialised services
- The designated medical and clinical officers influence strategic and operational improvements well which is helping to achieve improved health outcomes.

5.3 The specific areas for improvement identified for health were:

- To increase the uptake of universal antenatal health checks
- To enhance the use of the school nursing service to provide more health checks at key points
- To further develop integration of the 2 – 2 ½ year check
- To ensure the 14+ LD checks are more consistent and able to identify needs early
- To improve awareness of accessible leisure opportunities
- To review and improve consistency of transition services
- To ensure statutory timescales for Initial Health Assessments for looked after children (LAC) and for EHCP advice are met
- To improve wait times in occupational therapy and for autism spectrum disorder assessments
- To further develop the use of effective outcome tools

An action plan has been developed to address these and is contained in full in Appendix 1. It forms part of the SEND strategic action plan that is monitored through the SEND Partnership Board. Progress has already been made on the first three points through joint working between the 0-19 service and the early years' service. Work is also underway on an overarching multiagency transition pathway and the neurodevelopmental pathway should improve the wait times for autism. There has been successful recruitment into the OT service which has resolved the OT wait times and the therapy service are now using outcome tools.

- 5.4 Care, Education and Treatment Reviews (CETRs) were developed nationally to improve the care of people with learning disabilities, autism or both in England, with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities. 5 CETRs have taken place during this year, all have been chaired by either the GP clinical lead for children or by the DMO. It has become apparent that these are the most complex CYP and when a CETR is needed it is often because things have not gone smoothly. It was therefore agreed that all CYP who have a CETR should have a review of their care to identify areas for learning for services using a Root Cause Analysis (RCA) methodology. Documentation was developed to explain the RCA process for families, to request information from agencies and practitioners and a chronology document has been refined to ensure relevant information is captured. To date one highly complex RCA has taken place which has been enormously time consuming. The process will need refining before it is adopted fully to ensure it is robust yet sustainable and identifies the learning appropriately.

<b>6. Impact of COVID</b>
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- 6.1 During the pandemic there was a temporary relaxation of the Children & Families Act (2014) SEND legislation with the introduction of the COVID Virus Act (March 2020). This included a relaxation of the 20 week deadline for local authorities to collect advice and issue a Plan, and a change in the requirement to deliver all provision set out in the EHCP, to a requirement for providers to make “reasonable endeavours” to deliver provision. What constituted reasonable endeavours was set out in subsequent DoE guidance in March and reviewed in May. The relaxation legislation remained in place until 28<sup>th</sup> September 2020 when it was removed and normal duties applied.
- 6.2 The DOs sought assurance from providers in June 2020 on behalf of the CCG that services to CYP with SEND were continuing to meet their needs and that reasonable endeavours were being taken. Providers were asked to provide assurance on how their service was continuing to identify children with SEND or who are shielded, how their service was meeting the needs of children with SEND or who are shielded, and whether any additional measures were in place. These responses are captured in full in a table in Appendix 2 and provide evidence that health services have continued to meet the needs of CYP with SEND albeit in a different way. There is good evidence of innovative delivery and recognition of the support families needed e.g. the uploading of resources on line (Speak Up Salford website), implementation of telephone advice lines for all services for both families and professionals, and the rapid change to virtual delivery of clinical consultations.
- 6.3 The DO’s were heavily involved in interagency work to support all vulnerable children and their families, this included:
- Leading on the NHS contribution to the development of a digital framework for enhanced communication (the assure app) amongst practitioners to ensure that vulnerable children, including those with SEND, were regularly contacted and offered support for any additional needs
  - Supporting the development of expanded provider welfare checks
  - Recognising the omissions in the NHS Digital shielding lists for our children and issuing shielding letters
  - Recognising that lockdown could be more difficult for families with SEND and providing them with exemption letters for the once/day exercise limit
  - Working closely with LA colleagues regarding the management of vulnerable children and their accessing school, use of PPE and management of Aerosol Generating Procedures
  - Providing information and support for providers in relation to their management of CYP with SEND e.g. ensuring that health providers had access to additional funding streams set up by the LA for the purchase of equipment
  - Ensuring providers included SEND in their priorities for resumption of services
- 6.4 As the COVID-19 Pandemic continues, services will need to adjust and adapt to a period of ‘living with COVID’. The DO’s will support services to ensure that this adjustment is still meeting the needs of children and young people with special educational needs. This will be a key area for next year’s report.

## **7. Voice of Children and Young People and their families**

- 7.1 The DOs have continued to meet with families on a quarterly basis at events advertised through Salford Parent Voice (SPV). In addition work had commenced with SPV to plan a consultation event to seek parents’ views on the provision of services to

children with SEND who attend special and mainstream schools. This was postponed due to COVID-19. In the meantime work has developed to support a young person with SEND to consider becoming an Expert by Experience as a way of giving something back for their support of the redesign work to ensure equity of access. Although this work is currently in its infancy, the young person's views are already shaping the thinking.

- 7.2 The information on the Local Offer was reviewed by all provider services supported by the DOs in September 2019 to refresh and update the webpages – see <https://directory.salford.gov.uk/kb5/salford/directory/localoffer.page?localofferchannel=0>

## **8. Working in Partnership**

- 8.1 The transformation projects have continued this year although there was a short period in the early part of the pandemic when they were suspended for a couple of months. The Speech, Communication & Language Needs (SCLN) new service specification was finalised at the end of 2019 and was due to go live in April, however this was not possible because of the pandemic. To continue supporting children, young people and families the SaLT service implemented a COVID safe delivery model with more on line interventions, training and support, alongside a restricted but ongoing face to face delivery service when clinically indicated. It is hoped the agreed new specification will be implemented when possible next year.
- 8.2 The south locality pilot way of working has been brought under the children with additional needs expert reference group, along with the neuro-developmental pathway, with a view to combining these into a single overarching pathway for all ages. A pilot was agreed and started running during the pandemic for CAMHS neuro-developmental referrals. Multiagency locality panels were established and cases reviewed with an individual plan agreed for each referral. An ongoing working group was established to use the learning from the pilot to further develop the process. This pilot will be evaluated prior to extension of referrals to all partners in the next year.
- 8.3 In last year's annual report it was noted that the health offer to special schools was different to that in mainstream schools. This has been explored further and the provider has proposed a model that develops complex needs health clinics at Pendleton gateway that all children and young people can attend based on need, and is not dependent on where they are receiving their education. This model is being worked up and is likely to affect service capacity so is being considered through current service reviews and re-specifications for community paediatrics and paediatric occupational therapy and physiotherapy
- 8.4 The work to streamline the LAC and SEND processes has been completed. It has not been possible to combine these as much as was hoped due to the statutory requirements of each process, but awareness of both processes has been increased and practitioners have started to combine meetings as much as is possible.
- 8.5 An audit from the previous academic year identified that a number of children with EHCPs who were Electively Home Educated were removed from schools because they had failed to cope. It then became apparent that other children who, although on a school roll, were not actually in school for medical or health reasons. Health provider

services were asked to identify any children they were aware of and this list was triangulated with local authority colleagues to ensure appropriate action was being taken to support them back into school. An interagency protocol for identifying children was developed to direct staff on actions needed on becoming aware of a child missing out on education

- 8.6 The DO's continue to work closely with the Head of Special Educational Needs and Assistant Director (education, work and skills) at the local authority in monthly liaison meetings. These provide an opportunity to share information across the agencies, to work together to problem solve and informally resolve issues quickly and to review and learn from cases.
- 8.7 The DOs have been active members of support groups and networks which have been invaluable in accelerating work particularly in a COVID context with the sharing of resources and solutions. These networks include Council for Disabled Children (CDC) DO network, the North West DO network, the national Department of Health SEND workstream, North West Regional SEND Network (DoE) and the GM SEND Board where the issue of cross border children and their access to therapy provision delivered by local provider services has been raised and is on the 2020/21 work plan.

## 9. Key Achievements

9.1 The key achievements identified this year are:

- Launch of the SEND strategy
- Response to COVID-19 and continuation of support to CYP with SEND
- Participation in a successful SEND inspection and development of an action plan to address the areas for development with partners
- Ongoing work on transformation projects has continued including the Speech Language and Communication Needs (SLCN) specification, south locality pilot, Multi-Agency Panel (MAP) and the neuro-developmental pathway
- Development of the RCA process following a Care, Education & Treatment Review
- Development of a pathway for children missing out on education

## 10. Risks and Mitigation

10.1 The key risks identified this year are:

Risks Identified	Cause of risk	Mitigation
Not meeting statutory timescales for health advice for EHCP assessments	Sustained increase in demand for health advice for EHCP's following the introduction of the Children and Families Act	Being considered in service specification reviews
	Introduction of the new Open Objects hub system whilst staff are trained and become familiar with the system	Staff already aware and had some early training. Rapid additional training and support will be implemented

	Impact from COVID on capacity due to infection control measures and staffing	Services working differently with flexibility in appointments outside of clinics and the use of telephone appointments when appropriate
	Potential surge in demand as schools return post COVID closure	Expedite implementation of the new Open Objects system which should be easier and more time efficient when established. Consider development of a time limited resourced workforce action plan if needed
Ability to maintain provision as set out in the EHCP	Impact from COVID on capacity due to infection control measures and staffing	Agree Living with COVID plans with services that meet CYP SEND needs
Care programmes unable to be provided at home affecting a child's progress	Families unable to take on extra requests put on them from COVID for various reasons	Flexible delivery approach in services depending on the needs of the CYP and their family. Work with Salford Parent Voice to support families
Unable to progress the proposed model to reduce the inequitable health offer in schools	Impact of proposed model on services including on capacity	Review proposed model through service specification reviews and ensure appropriate resourcing
Roll out of the neurodevelopmental pathway is not successful	Impact on services including capacity pressures	Review in service specifications and ensure the agreed pathway is appropriately resourced
Not addressing the areas for improvement identified from the SEND inspection	Identified in the action plan in the Appendix 2	Implement the action plan in Appendix 2

**11. Key priorities and actions**

11.1 The key risks identified will be mitigated via delivery of the priorities for 2020/21 which include:

- Seeking assurance from partners that any Living with COVID recovery plans meet CYP SEND needs
- Implement the action plan developed to address the areas for improvement identified from the SEND inspection
- Expedite work on the implementation of the Open Objects Hub system

- Address the issue of capacity of provider services to complete the increased demand for EHCP advice through service specification reviews
- Supporting providers to put steps in place to mitigate the potential surge in requests for advice for EHCPs post COVID
- Ensure that the transformation projects, specifically the development of an overarching neuro-developmental pathway, fully consider and address the impact on and capacity of the provider services and is appropriately resourced
- Ensuring that the proposed new service delivery model for health care provision in education is more equitable, delivers better health outcomes and is appropriately resourced through commissioning reviews of individual services
- Continue working with Salford Parent Voice to identify gaps in service provision and to support families through the COVID pandemic

<b>12. Recommendations</b>
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12.1 The Children's Commissioning Committee is asked to:

- Note the content of this update report including the current risks, priorities and mitigations identified.

**Dr Alison Pike and Michelle Morris**

**Designated Officers for SEND**

## Appendices

### 1. Ofsted / CQC SEND Action Plan



ofsted send CCG  
action plan final for C

### 2. Covid Assurance Audit



Covid SEND  
assurance final for C\