

# Public Document Pack



**Janie Berry**  
Director of Legal Services  
County Hall  
Matlock  
Derbyshire  
DE4 3AG

Extension 38324  
Direct Dial 01629 538324  
Ask for Alisha Parker

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To: Members of Health and Wellbeing Board

Wednesday, 25 September 2019

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 3 October 2019** in Committee Room 1, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in cursive script that reads 'Janie Berry'.

**JANIE BERRY**  
**Director of Legal Services**

## **A G E N D A**

1. Agenda (Pages 1 - 2)
2. Declarations of interest and Apologies for absence
3. Minutes (Pages 3 - 12)

To confirm the minutes of the meeting of the Health and Wellbeing Board held on 11 July 2019.

4. Joined Up Care Derbyshire STP Refresh (presentation) (Pages 13 - 38)
5. Support, Services and Provision for children and young people with high needs in Derbyshire (report and presentation) (Pages 39 - 118)

6. Future in Mind (presentation)
7. Tobacco Control in Derbyshire (report and presentation) (Pages 119 - 122)
8. Health Protection Board Update (report) (Pages 123 - 124)
9. Healthwatch (report) (Pages 125 - 136)
10. Update to the process for changes to the pharmaceutical list in the Health and Wellbeing area (report) (Pages 137 - 140)
11. HWB Round up (report) (Pages 141 - 146)

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**10am-12.20pm, 3 October 2019**

**Committee Room 1, County Hall, Matlock, DE4 3AG**

**AGENDA**

<b>Time</b>	<b>Time allocated</b>	<b>Items</b>	<b>Presenter</b>
10:00	10 minutes	1. Declarations of interest and Apologies for absence 2. Minutes of the last meeting held on 11 July 2019	Cllr Hart
10:10	20 minutes	3. Joined Up Care Derbyshire STP Refresh (presentation)	Sukhi Mahil
10:30	25 minutes	4. Support, Services and Provision for children and young people with high needs in Derbyshire (report and presentation)	Paula Williams & Alex Howlett
10:55	15 minutes	5. Future in Mind (presentation)	Dave Gardner
11:10	25 minutes	6. Tobacco Control in Derbyshire (report and presentation)	Iain Little and Helen Johnston
11:35	10 minutes	7. Health Protection Board Update (report)	Dean Wallace
11:45	15 minutes	8. Healthwatch (report)	John Simmons
12:00	10 minutes	9. Update to the process for changes to the pharmaceutical list in the Health and Wellbeing area (report)	Dean Wallace
12:10	10 minutes	10. HWB Round up (report)	Helen Jones

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Agenda Item

**MINUTES** of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 11 July 2019.

**PRESENT**

Councillor C Hart (Derbyshire County Council)  
(In the Chair)

H Bowen	Chesterfield Borough Council
C Clayton	DD CCG
H Dillistone	DD CCG
T Hendra	Tameside & Glossop CCG
J Simmons	Healthwatch Derbyshire
S Stevens	Derbyshire County Council
G Strachan	DD CCG
R Taylor	Derbyshire Fire and Rescue Service
D Wallace	Derbyshire County Council
J Willis	3D (Third Sector Support Derbyshire)

Also in attendance – S Bains (Derbyshire County Council), I Little (Derbyshire County Council), and C Walker (Derbyshire County Council).

Apologies for absence were submitted on behalf of and Councillors A Dale and J Wharmby, and L Allison, H Dhindsa, S Morritt, J Parfremment, T Slater and V Taylor

**21/19** **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 4 April 2019 be confirmed as a correct record.

**22/19** **COMMUNITY WELLNESS SYSTEM** The Board was provided with an update on progress made to establish a community wellness approach in Derbyshire, and provide information on next steps in implementation.

Derbyshire's Community Wellness Approach had been established to enable people to live happy and healthy lives, through identifying and supporting the assets that existed within Derbyshire's communities. It was not a service or intervention, and nor was it owned by one organisation. Rather it was a set of principles that could be shared across organisations and local communities that recognised the strengths inherent in communities that could be harnessed to improve health and wellbeing.

I Little, and S Bains made a presentation to the Board which included information on the concept behind community wellness, how it differed from traditional approaches, how it could support implementation of the priorities of

Our Lives, Our Health: Derbyshire Health and Wellbeing Strategy 2018-2023, and how it aligned with other place-based initiatives for improving health and wellbeing.

Board members gave examples of the success of various schemes/groups across the County and work would continue to support the work in developing a community wellness approach.

The Chairman thanked Iain and Sara for a most interesting and informative presentation.

**RESOLVED** (1) to note the progress to date; and

(2) to note the proposed next steps to continue to support the work in developing a community wellness approach

**23/19      SUICIDE PREVENTION AND SELF HARM** Members were provided with an update to the Health and Wellbeing Board on progress made to prevent deaths from suicide in Derbyshire.

Details were given of deaths from suicides in Derbyshire and of the work of the Derby and Derbyshire Self-harm and Suicide Prevention Partnership Forum in trying to reduce these numbers. Details were given of the key areas of work to progress and of the key areas of achievement.

Members were invited to consider the role their organisation could play in the suicide prevention agenda. The following were questions that Board members were asked to consider:

- Does my organisation provide suicide awareness training for frontline staff who have contact with vulnerable individuals who may display emotional distress?
- Are there opportunities for my organisation to promote suicide safe messages on World Suicide Prevention Day (10<sup>th</sup> September each year)?
- Does my organisation link in to the Derby and Derbyshire Suicide Prevention Forum, and if not is there an opportunity to become involved in the work of the Forum?
- Does my organisation collect information relating to suicide incidents, and could this be shared as part of the development of a local real time surveillance system?
- Are staff members of the Derbyshire Mental Health Network to promote positive mental health and suicide prevention messages to colleagues and customers?

**RESOLVED** (1) to note the work and achievements of the Derby and Derbyshire Self-harm and Suicide Prevention Partnership Forum;

(2) to note the recognition of the work of the Forum at a national level, including success of the Forum in securing investment from NHS England, which would enable existing work to be expanded at pace and scale;

(3) to recognise the role of the Forum in leading co-ordinated efforts to reduce the numbers of deaths from suicide within Derbyshire; and

(4) to consider the role that their organisation could have in suicide prevention.

**24/19      HEALTH & WELLBEING STRATEGY UPDATE** Members were provided with an update on progress made on the Health and Wellbeing Strategy

On 31 January 2019 in order to support the ambition and delivery of the Derbyshire health and wellbeing strategy 'Our Lives, Our Health', the Derbyshire Health and Wellbeing Board (HWB) agreed the role of the HWB strategy champion.

The five priority areas of the Our Lives, Our Health strategy were:

1. Enable people in Derbyshire to live healthy lives
2. Work to lower levels of air pollution
3. Build mental health and wellbeing across the life course
4. Support our vulnerable populations to live in well-planned and healthy homes
5. Strengthen opportunities for quality employment and lifelong learning

The update focused on air quality, housing and health and the role of the HWB strategy champions.

**RESOLVED** (1) to note progress to date contained within this paper, including the work on developing an integrated community wellness approach and suicide prevention work in Derbyshire, both presented to the Board as separate items earlier in the agenda;.

(2) to support the role of the HWB priority Champions and Public Health leads; and

(3) to ask that the CCG and Chesterfield Royal Hospital to identify a named lead linked to the relevant priority areas

**25/19      HEALTH PROTECTION BOARD UPDATE** Dean Wallace, Director of Public Health provided HWB members with an overview of the key messages arising from the Derbyshire Health Protection Board, which met on

the 2 April 2019. The Board was a formal sub group of the Derbyshire County Health and Wellbeing Board and the Derby City Health and Wellbeing Board.

Board Members made specific reference to the Bowel Screening Program and whilst the uptake in Derbyshire was above the national target at 60% it was accepted that work still needed to continue to try and address the outstanding 40% who were not taking up the offer.

**RESOLVED** to note the update report from the Health Protection Board.

**26/19        SIZING THE PRIZE UPDATE** The Board was provided with a brief overview of 'Sizing the Prize' which was an integration support offer from the Local Government Association (LGA).

Derbyshire County and Derby City jointly engaged in integration support work in 2017, including an Integration Tool Workshop facilitated by the LGA in October 2017. Since then there had been a number of changes locally, and new local leaders, in the Health and Care system across the County and Derby City and Derbyshire had now agreed that the time was right to engage in further integration support in the form of 'Sizing the Prize'.

The work was currently in the planning stage and it was expected that interviews, data collection and analysis would be completed over the early summer.

**RESOLVED** (1) to note that Derby and Derbyshire was taking up the LGA integration support offer 'Sizing the Prize'; and

(2) to receive future reports to update the HWB on the progress of the 'Sizing the Prize' initiative.,

**27/19        HEALTHWATCH INTELLIGENCE REPORT** J Simmons presented the Healthwatch Derbyshire, Intelligence Report, dated May 2019. Particular focus was made the most recent areas of work:

**NHS Long Term Plan (LTP)** – The NHS had written a LTP so it could be fit for the future and it was based on the experiences of patients and staff.

Healthwatch England (HWE) were commissioned by NHS England (NHSE) to support public engagement around the plan across the 42 Sustainable Transformation Partnership (STP) areas. Derbyshire's STP was called Joined Up Care Derbyshire (JUCD), which brings together health and social care organisation across the county.

The engagement phase took place between March and April 2019 and we were tasked to complete 250 surveys and facilitate two focus groups around



how people think the NHS should change, including how people think support for long term conditions could be improved.

The findings from HWE would be received shortly a report would be generated, which would be shared with their local STP and published on the Healthwatch Derbyshire website once complete.

**Carer's Engagement** - During January to March 2019, engagement was undertaken with carers around their experiences of health and social care services.

Derbyshire County Council (DCC) undertook regular Surveys of Adult Carers (SACE) which had left DCC with gaps in their knowledge and understanding around the quality of life for carers. Their survey indicated a decline in satisfaction, and nationally the survey suggested there had been little movement in terms of improving outcomes for carers.

As a result, HWD was asked to talk with carers both in, and not in receipt of services to explore their views and experiences around the themes known to DCC. It was hoped the information would help DCC to understand the challenges faced by carers and how they could best respond to them as an authority.

HWD were currently in the process of analysing the findings from the engagement which would be collated into a report and the experiences of carers will be used within the refresh of the Derbyshire Carers Strategy which is due to happen later in 2019. The full report will be available on the HWD website once complete and responses have been received.

**Creative engagement with Children and Young People (CAYP)** - In June 2018, HWD met with commissioners for children's services, who explained they would be keen to find out what helps CAYP to make healthy lifestyle choices. Their information suggested that in Derbyshire being a healthy weight, exercise levels, tooth decay, teenage pregnancy, smoking, drugs and alcohol are real issues and challenges within the county.

HWD spoke to approximately 900 CAYP and their parent/carers about the barriers to making healthy lifestyle choices, and asked how they felt this could be improved. HWD ran interactive sessions and encouraged CAYP to share their thoughts through writing, drawing and art.

The report was delivered to the Children's STP Board on Friday 12th April and the Board were asked to make ten pledges in response to the report. The full report will be available on the HWD website once the pledges have been received.

**Rural engagement** - Over the summer of 2018, HWD had paid specific attention to rural communities across Derbyshire to explore how living in a rural area could impact on the health and social care services that people use.

Detailed below are a summary of the findings:

- Long waits for a range of mental health support services and mental health professionals in the community
- Many people experienced loneliness which was sometimes, linked to a lack of transport and rural isolation
- People explained the importance of being involved in their relative's end of life care
- People found it difficult to know what services were available in the local area
- There were many examples of repeat visits to a GP, and/or repeat attendances at A&E when people did not feel their condition had been treated/resolved adequately
- There appeared to be a number of inappropriate attendances at A&E
- People expressed concerns that patients would not manage safely back at home once discharged, explaining that sometimes discharge feels premature without sufficient support in place
- One difference between areas seemed to be the variability around access, promotion and engagement in falls prevention services for people at risk of, or with a history of falling.

Once HWD began to analyse the data, it appeared the findings would be particularly useful to the eight Joined up Care Derbyshire (JUCD) place alliances across Derbyshire. 'Place' was about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities.

The full report would be available on the HWD website once responses have been received.

**RESOLVED** to note the update report from Healthwatch Derbyshire

**28/19**      **BETTER CARE FUND** The Department of Health and Social Care's Better Care Support Team published the Q4 2018-19 National Return

template on 8 March 2019 with the requirement that completed templates would be returned by 18 April 2019, following sign-off from respective local Health and Wellbeing Boards (HWBs).

The reporting requirements of the Q3 template were unchanged from the previous quarters – with the exception of the removal of any iBCF reporting. It should also be noted that full data was not yet available for the whole reporting period which meant that performance assessments included in this return were subject to change in future reports. Due to the meeting structures of the Health and Wellbeing Board the report was being presented retrospectively. It should be noted that, as with previous quarterly returns, the National return Template was submitted on time following approval by the Chair of the Health and Wellbeing Board.

The reporting requirements of the Q4 template were similar to those in previous periods with an additional section to reflect on successes and challenges over the course of the financial year. These were required to be reported in-line with the Logic Model for Integrated Care (developed by the Social Care Institute for Excellence, SCIE).

Following feedback from the Health and Wellbeing Board meeting on 4 April, where the Quarter 3 return was reported, more detail had been provided in the Metric and High Impact Change Model sections to provide reasoning as to why further support was not being requested in areas that are not performing as planned.

Performance against the national metrics was presented using the data available at the time the returns were published as year-end data was not fully available. However, the full year end figures were detailed in the report and also in a summary table at Appendix 2 to that report.

The draft BCF and iBCF Q4 2018-19 return can be found at Appendix 1 to the report with a summary of 2018-19 performance against the metrics compared to previous years at Appendix 2.

**RESOLVED** to (1) receive the report and note the responses provided in the Quarter 4 Statutory Return; and (2) continue to receive regular updates on the progress of the Integration and Better Care Fund in 2019-20.

**29/19      DERBYSHIRE SUSTAINABILITY AND TRANSFORMATION**  
**PLAN REFRESH** An update was provided on progress with the Derbyshire Sustainability & Transformation Partnership (STP), known as Joined Up Care Derbyshire.

The Board had received a previous presentation on the Derbyshire health and care system's outline approach to the refresh, and this builds on that information with a particular emphasis on the engagement approach to maximise stakeholder involvement.

All 44 STPs in England were required to review their exiting plans before autumn 2019. The process in Derbyshire would be a refresh rather than a full scale review as we are confident that our overarching models of care and headline business cases as submitted in the original STP in 2016 have stood the test of time. As previously articulated to the Board, the refresh would consist of the following phases: Case for change; Model for Care; Define Priorities; and Develop Plans with details being given in the report.

Work also continued with the STP Refresh Engagement ; Interactive Workshop; and Staff engagement.

JUCD had received £40,000 from NHS England in February 2019 to set up a Citizens Panel. The recruitment for the panel had now been launched, and the aim was to have 2,000 members by the end of the year.

The Citizens Panel would have two sections:

1. More than 1,300 people had been randomly recruited as a representative sample of the population of Derbyshire.
2. Self-selectors could also opt to be included on the database, and would be kept separate from the above. This was an important aspect to the panel, as we have lots of people wanting to sign up, which will improve our reach even further.

Both cohorts would receive the same communications and opportunities for involvement, but analysis of any survey results would be separated out for research purposes as the self-selectors introduce bias.

**RESOLVED** to note the report on communications and engagement activity for information and assurance.

**30/19      ESTABLISHING THE DERBY COUNTY 0-19 STRATEGIC GOVERNANCE GROUP AS A SUB GROUP OF THE DERBYSHIRE HEALTH AND WELLBEING BOARD** At the previous HWB meeting on 4 April the Board received a presentation from members of the 0-19 SGG on progress made to date in establishing a section 75 arrangement between Derbyshire County Council (DCC) and Derbyshire Community Health Services NHS Foundation Trust (DCHS). Essentially a formal partnership between DCC and DCHS was being established that would initially focus on 0-19 Public Health and other targeted preventative services (e.g. Childrens Centres and working together arrangements across Early Help), but with the ambition to look more broadly at the 0-19 agenda once the section 75 agreement and new ways of working had been established.

Currently the SGG was the joint board that provided governance, oversight and strategic direction for Public Health Nursing Services and assures that funding aligned to Childrens Centres meets the conditions set by the Public Health ring-fenced grant. The SGG was primarily made up of representatives from Public Health, Childrens Services and Public Health Nursing Services both at the strategic and operational leadership levels. There was a desire to broaden this membership and particularly to achieve greater engagement from NHS Derby and Derbyshire CCG, a full breakdown of current membership was included within the terms of reference for the group that were appended to the report.

**RESOLVED** (1) to agree that the 0-19 Strategic Governance Group became a formally recognised sub-group of the Health and Wellbeing Board;

(2) to agree to receive reports from and challenge the Strategic Governance Group as appropriate; and

(3) to agree that the Chair of the Strategic Governance Group would prepare a Summary Report, at least annually, to provide an overview of progress and would identify any issues or areas of risk that the Health and Wellbeing Board or other committee would need to action/note

**31/19      EXPRESSION OF INTEREST TO THE EAST MIDLANDS CANCER ALLIANCE CANCER PREVENTION INNOVATION FUND FOR TOBACCO CONTROL RESOLVED** to support the expression of interest to the East Midlands Cancer Alliance Cancer Prevention Innovation Fund for Tobacco Control to pilot the CURE Secondary Care Treatment Programme.

**32/19      HWB ROUND UP** Simon Stevens had provided HWB members with a written report rounding up key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

**RESOLVED** to note the information contained in the round-up report.

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# **Joined Up Care Derbyshire**

## **5 Year Strategy Delivery Plan: 2019/20 to 2023/24**



## The Requirements

- Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) to **develop five-year Long Term Plan implementation plans, covering the period to 2023/24 by Autumn 2019.**
- This must form **our response for implementing the commitments set out in the to the NHS Long Term Plan** with 2019/20 as the transitional year.
- *'ICSs will be central to the delivery of the Long Term Plan'*; we must plan to become an ICS by **April 2021.**
  - Partnership Board established with key role in working with Local Authorities at 'place' level
  - Commissioners will make shared decisions with providers on how to use resources, design services and improve population health.
  - Streamlined strategic commissioning arrangements to enable a single set of commissioning decisions at system level, which support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.
  - A whole system approach to focus on the cost-effectiveness of the whole system is required.
- Commissioners and Providers will shared new duties to deliver the 'triple aim' of better health for everyone, better care for all, and sustainability'
- Be built on strong engagement at all levels



## Our Response: Framing The Joined Up Care Derbyshire Strategy Refresh

- Our plan would be outcomes driven so that the citizens of Derbyshire ***‘have the best start in life, stay well, age well and die well’***
- We were not ‘throwing baby out with bathwater’ – this was a ‘refresh’ not re-write
- The Derbyshire ambition to deliver the Triple Aim would remain at the forefront
- We would learn from the 2016 STP Plan
- We would build on that which we believe still holds true, and test this in our approach
- We would focus on making improvement in wider determinants of health such as housing, education and air pollution management leading to improved outcomes for people in Derbyshire. In doing so, ensure that partners beyond the NHS are involved developing and subsequently delivering our 5 year plan
- We would ensure there is a stronger focus on addressing inequalities and population health management
- The refresh would be informed and developed through strong engagement with people, patients, staff and wider stakeholders – this would drive our approach.
- **We recognised that the 5 year plan is a requirement to demonstrate how we will implement the NHS Long Term plan – we would take a whole population approach ensuring this is done with our Local Authority partners**
- **We would focus on people not patients**

## **Our Mission**

### **(Why are we here)**

To improve population health outcomes for the people and communities we serve

## **Our Vision**

### **(What do we want to achieve)**

For people to have the best start in life, to stay well, age well and die well

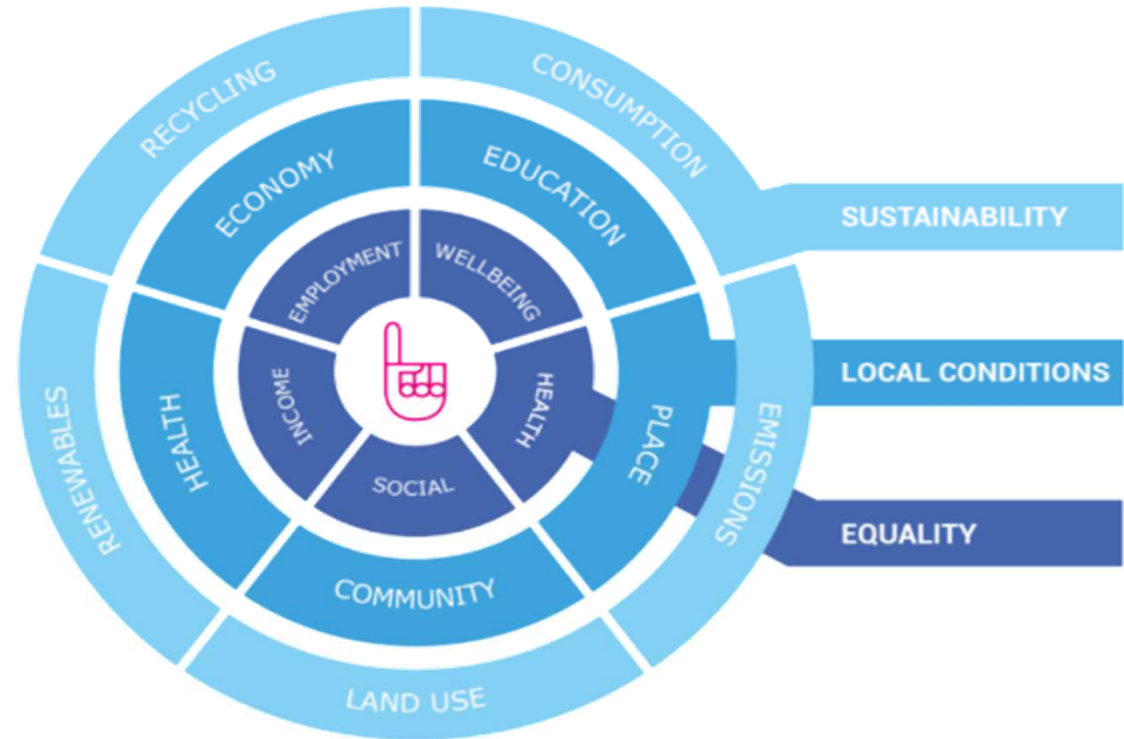
- By 2033, 1/3 of people in Derbyshire will be >65
- Life expectancy in Derbyshire significantly lower than England average
- Premature mortality is significantly worse than England average and driven by respiratory illness, MSK, Mental Health, falls, cardiovascular disease, liver disease (diabetes)
- Issues with diet, smoking, substance abuse, physical activity (diabetes)
- We know that across Derbyshire people are living longer in ill health and significant inequalities exist
- The period in people's lives when they require health and social care support, the 'Window of Need', is steadily rising.

# Case For Change

## Thriving Places

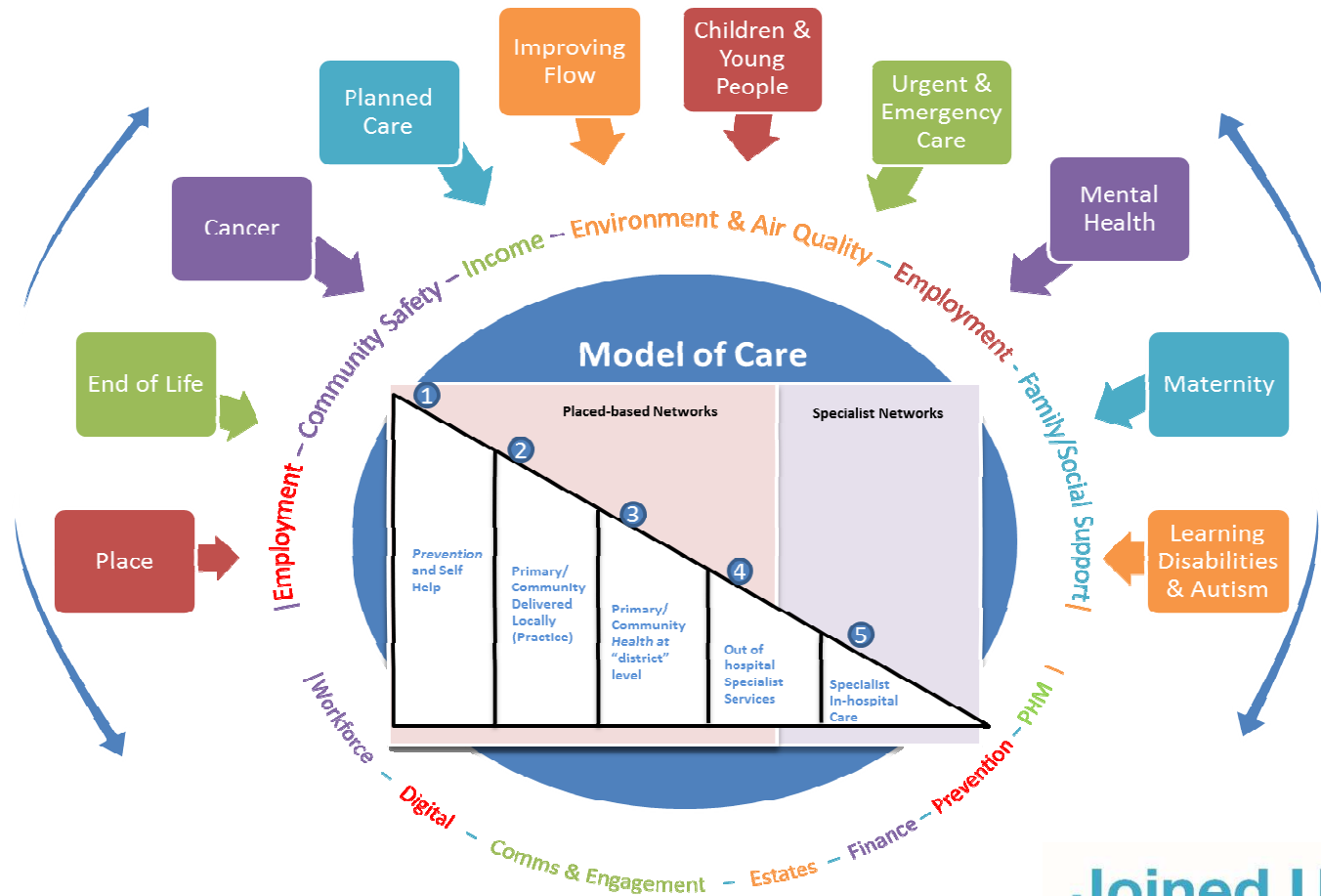
Joined Up Care  
Derbyshire

A broad set of indicators that measure local conditions for wellbeing, and whether those conditions are being delivered fairly and sustainably



In comparison to all upper tier authorities, on average both Derby City and Derbyshire County score in the lower fifth (score out of 10)

Ensuring people have the best start in life, can stay healthy, age well and die well



### \*What this means.....

- Integrated care teams in each of our Place Alliances enabling more effective care closer to home and contributing a 4.5% reduction in non-elective admissions
- Better cancer screening uptake for Breast (80%), Cervical and Bowel (75%) leading to 62% of all cancers to be diagnosed at an earlier stage by 2020
- More people with dementia and delirium being supported in their own home or in a place they call home
- Provision of 24/7 service for Children and Young People requiring urgent care response for children with mental/emotional behavioural needs
- 30% of non-elective attendances treated as same day emergency care
- A combined primary care and mental health wellbeing service
- Fewer women smoking at time of delivery (11% by 2020, 10% by 2021 and 6% or less by the end of 2022)
- Implementation of a service for High Intensity Users (HIU) with chaotic lifestyles which enables targeted proactive care management

\* Based on 2019/20 delivery plans. To be updated as STP Refresh is completed.

## Financial Challenge

- £1.6bn budget for NHS services in Derbyshire; plus local authority budgets
- Specific NHS Plan commitments to be delivered through additional LTP funding allocations – £10.4m in 2019/20 rising to £31.8m in 2023/24
- Significant financial pressures
  - £151m funding gap across the Derbyshire NHS, total of CCG QIPP and provider CIP
  - Financial pressure in local authority
- Planning work continues to understand the financial implications of schemes
- Continued opportunity to transform and improve care, whilst at the same time making the system more efficient
- Securing sufficient capital funds to support system ambitions

- To genuinely deliver 21st century integrated care, will require growth in our workforce, transformation in the roles and ways of working.
- We need to make the health and care system a better place to work to be able to recruit and retain the staff we need
- 53% of staff currently work in acute care setting; staff will need to be moved increasingly into community settings, working alongside a more diverse team from health, care and voluntary sector
- Workforce numbers:
  - 16% of GPs aged 55+ with likelihood of retirement in next 5 years
  - Slightly below target for our General Practice Nursing, by 0.4% (2 Nurses)
  - More GPs due to complete training this year, with the aim to retain in Derbyshire
  - Nursing vacancies are currently running at 8% across NHS trusts
  - Vacancy rate for registered nurses in social care is 9% Derbyshire and 7% in Derby
  - Vacancy rates for Care Workers are 6% Derbyshire and 9% in Derby, with Senior Care Workers at 5% and 6% respectively
- Need to focus on improvement to staff health and wellbeing, as well as improving career pathways and development – now part of the quadruple aim.



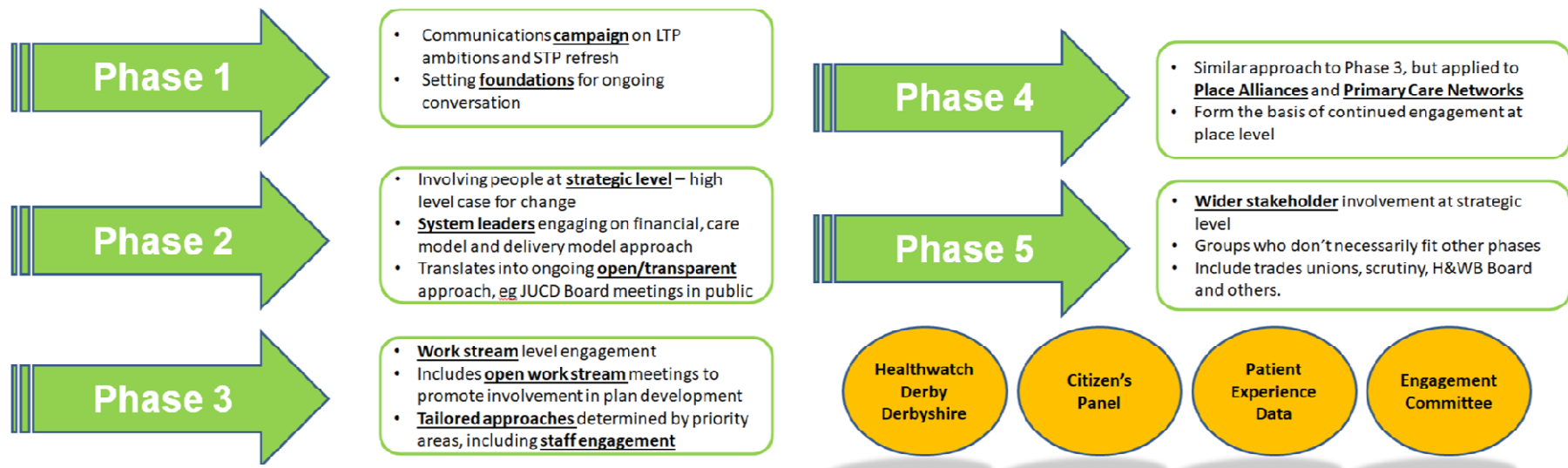
## Five Priorities

- 1.Place-based care:** We will accelerate the pace and scale of the work we have started through the previous transformation programmes in the North and South of the County to 'join up' primary care, mental health, community services, social care and the third sector. So they operate as a single team to wrap care around a person and their family, tailoring services to different community requirements.
- 2.Prevention and self-management:** By preventing physical and mental ill health, intervening early to prevent exacerbation and supporting self-management, we will improve health and wellbeing as well as supporting redesigned care models and improved efficiency through moderating demand.
- 3.Population Outcomes:** We will focus on improving the outcomes for the people of Derbyshire by applying an effective Population Health Management approach
- 4.System efficiency:** We will ensure ongoing efficiency improvements across commissioners and providers are a key component of ensuring we address the Derbyshire financial challenge.
- 5.System Development:** Manage the Derbyshire system through an aligned leadership and governance approach, supported by aligned incentives and a single view of system performance.

# Engagement in the Plan

## Our approach

- Took place between April and September 2019.
- Ensured that a wide range of stakeholders, including staff, patients, their carer's and members of the public had the opportunity to help shape the plan.
- Underpinned by 5 phases, inviting engagement at a variety of different levels.
- Included the development of the Joined Up Care Derbyshire (JUCD) Citizens' Panel, which now has in excess of 1,600 members
- Supplemented by engagement conducted by Healthwatch Derby and Derbyshire, which included workshops aimed at seldom heard and marginalised groups.
- Will form the basis of continuous engagement in the work of JUCD going forward.



### What engagement took place?

- All work streams utilised either established engagement mechanisms, open meetings and/or confirm and challenge sessions with their stakeholders to test out thinking and priorities during July and August
- Five Place Alliances held events during July 2019 to discuss the model of care, the NHS long Term Plan and wider determinants of health. Two other places used existing engagement forums and south Derbyshire will hold their event shortly. 35 - 60 people attended per event.
- 80 stakeholders from broad range of backgrounds (politicians, voluntary sector, NHS staff, patient groups) attended discussion session with JUCD Board in September 2019 to comment on strategic aims of the plan
- Healthwatch received input from more than 500 people through surveys and focus groups. Key questions included:
  - How they people be supported to live healthier lives from birth to old age
  - What services can do to provide better support (particularly for specific conditions, such as cancer, mental health, dementia, heart and lung conditions, learning disabilities, and autism)
  - How the NHS can make it easier for us to take control of our health and wellbeing
- 40 members of Citizen's Panel have attended confirm and challenge sessions, hearing the details of urgent care, children, Learning Disability and disease management plans
- First Citizen's Panel issued in August on 'online access to health services'.

## Delivery Areas

Urgent Care	Planned Care
Continue to provide more urgent care services outside of hospital	Implement a Minor Eye Conditions service at Primary Care Network level
Mental Health nurses in ambulance control rooms	Delivery of RightCare to reduce the cost of delivering MSK services by £8m
Fully implemented Clinical Assessment Service for 111 triage, and 24/7 clinical advice hub for 111, 999 and out-of-hours	Implementation of patient initiated follow-ups pathways and improved opportunities for self-management
Consistent offer of same day urgent care services in primary care	Review and where necessary redesign 'end to end' ophthalmology pathways
Expansion and redesign of emergency departments, including primary care streaming	Development of the MSK Clinical Assessment Triage Service in alignment with prevention, primary care and place
Community-based Urgent Care Treatment Centres developed incorporating existing services (WICs, MIUs and UCC) where demand and geography require	Development of clinically led triage of referrals and delivery of specialist advice and guidance to primary care and patients
	Avoidance of a third of face to face outpatient visits in a secondary care setting by 2025
	Minimised use of private sector theatres

## Delivery Areas

Mental Health	Learning Disability & Autism
A smaller acute bed base, with LoS in line with current national mean of 32 days	Reduce the causes of morbidity and preventable deaths for people with a learning disability and/or autistic spectrum conditions
Establish specialist mental health provision for rough sleepers and for problem gamblers	Transform care for people with learning disabilities &/or autistic spectrum conditions who display behaviour that challenges including a mental health condition
Single point of entry for crisis response via 111 or other service	Reducing the length of time that people receive care in inpatient settings leading to the eventual closure of LD hospital facilities.
Deliver plans from Derbyshire Suicide Prevention Forum: bereavement services and reduced suicides in inpatient settings	Development of intensive support teams to support greater levels of independent living in the community
Deliver Psychological Therapies review by end of March 2021	Improving the number of adults with a learning disability who live in their own home, or with family, in stable and appropriate accommodation
IAPT services integrated in Primary Care Networks	
Out of area acute and PICU placements at zero by the end of March 2021	

Maternity	Children's
Support establishment of NHS maternal smoking cessation services	Reduced waiting times for SEND by ensuring adequate access to community based early effective intervention services
Fully implement the Saving Babies Lives care bundle	Comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults
Implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative	Review existing community physical health provision and establish areas to be targeted for transformation
Maternity Community Hubs coordinated by Single Point of Access	Increased proportion of children with urgent care needs managed in primary care, community and Place.
Establishment of maternity outreach clinics for mental health difficulties arising from, or related to, the pregnancy or birth experience	Jointly commission Emotional Health and Wellbeing services for children in care
100,000 women can access their maternity electronic personal health records	24/7 mental health crisis provision for children and young people
Implement Continuity of Carer for women booking into Maternity Services	

Cancer	Improving Flow
Improve uptake of national screening programmes: supporting hard to reach groups, maximising contact opportunities and increasing access to vaccinations	New STP workstream, replacing Better Care Closer To Home and D2AM
Improve early diagnosis of cancer by extending GP direct access to diagnostics to support clinical decision making	To review balance of Pathway 1, 2 and 3 care across south Derbyshire and City of Derby to improve patient flow
Improve access to high quality treatments for radiotherapy, chemotherapy and immunotherapy	Examples of projects include Joined Up Care Belper and Erewash Discharge Pathways
Fully implement FIT testing	
All patients will be offered opportunity to undertake a holistic needs assessment and care plan at different stages of the pathway	
Psychological support and palliative care offered at the earliest opportunity	
Deliver improved cancer outcomes for our population with improved one and five year cancer survival; with 75% of cancer patients are diagnosed at stage 1 or 2; 62% by 2020	



Place	End of Life
<p>Improving care and outcomes by local implementation of:</p> <ul style="list-style-type: none"> <li>• Pro-active care; most at risk / with escalating need, targeted and coordinated planning</li> <li>• Reactive, same day response.</li> <li>• Implementation of community frailty pathway</li> <li>• Derbyshire wide system for 'high intensity users' with chaotic lives</li> </ul>	<p>Everybody approaching the end of their life should be offered the chance to create a personalised care plan that can be shared with everyone involved in their care.</p>
	<p>Involving, supporting &amp; caring for those important to the dying person</p>
	<p>Promoting an approach that supports open and honest conversations about death across communities through engagement, education and communication</p>
<p>Understanding service delivery and workforce implications at Place Alliance (versus County or organisational) level</p>	<p>Ensuring that people approaching the end of life have 24/7 access to specialist care when needed in all care settings</p>
<p>Ensuring Place Alliances evolution is in keeping with health and social care system and also Primary Care Networks</p>	<p>End of life care designed in collaboration with people who have personal and professional experience of care needs</p>
<p>Having measurable outcomes linked to system-wide benefits, including £5m reduction in non-elective spending on frailty cohort and £500k reduction for Highest Intensity Users</p>	<p>Ensuring that all staff delivering end of life care are trained to the appropriate competency level.</p>
	<p>Each person gets fair access to care</p>



Disease Management - CVD & Stroke	Disease Management – Diabetes
Digital technology offer will be expanded to support prevention and self-management	Updated Derbyshire wide prevention pathway to be launched
Review and redesign of current Cardiac Rehab Model	Increase uptake of NDPP through targeted plan delivered by Prevention Facilitator
Community BP screening will be in place	Increase capacity of T1 and T2 structured education
Workforce Upskilling – Hypertension diagnosis and management	Ensuring that pregnant women with Type 1 diabetes are offered continuous glucose monitoring from April 2020
Roll out a digital approach to improving stroke pre-hospital pathways and communication	Roll out national Healthy Living for People (HeLP) with Type 2 Diabetes online self-management support programme
Best performance in Europe for delivering thrombolysis to all patients who could benefit.	Improve achievement of three treatment Targets (HbA1c, Cholesterol, BP) for people living with diabetes
Review & redesign of post-hospital stroke rehabilitation models,	Review the pathway and services for treating and managing childhood obesity
Blood Pressure Screening in community settings / pharmacies	Improve access to Diabetes Structured Education

### Disease Management - Respiratory

Expand pulmonary rehabilitation services and test new models of care for breathlessness management in patients with either cardiac or respiratory disease.

Test A1 technologies to interpret lung function test and support diagnosis

Review training on Spirometry to increase and ensure uptake in primary care

Review of children/young adults with Respiratory Conditions

Increase uptake of flu vaccinations to meet and exceed PHE immunisation targets

Review and implement COPD and asthma indicators within QOF

Increase uptake of pneumococcal vaccs to meet and exceed the PHE immunisation target of 75% aged > 65 uptake.

Review of Home Oxygen service

Our enabling work streams are:

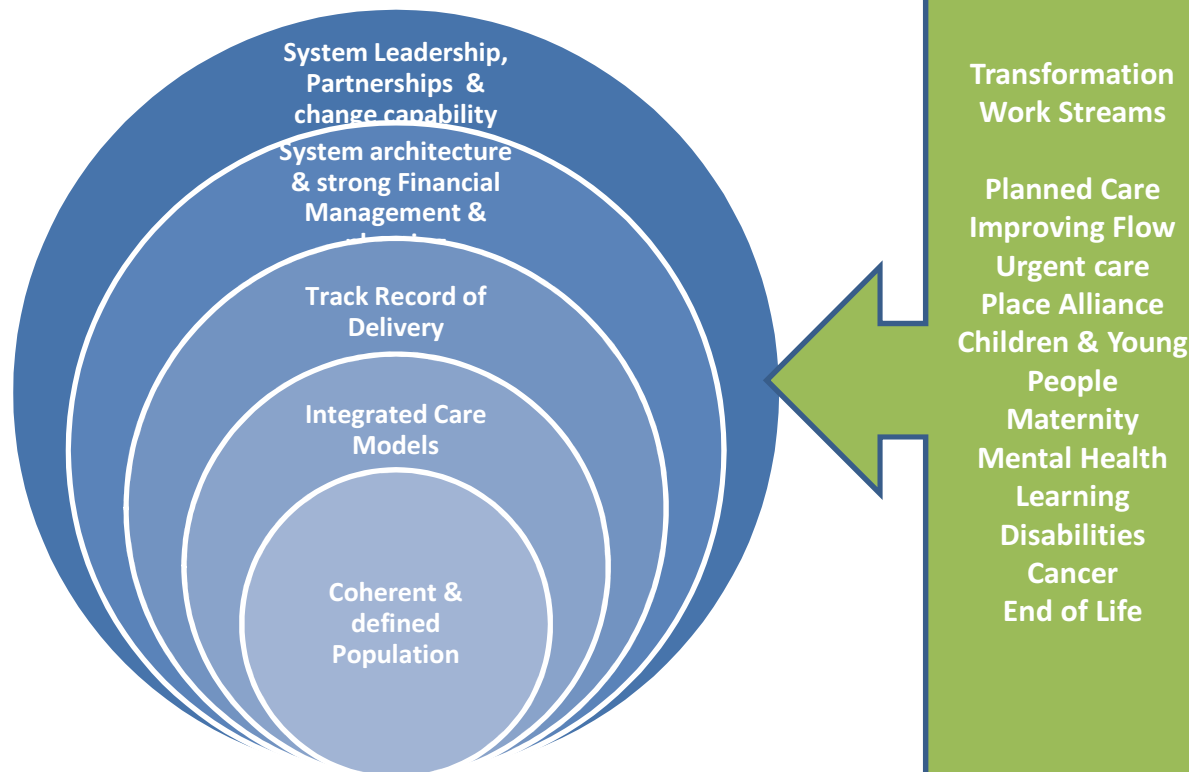
- Workforce
- Finance
- Estates
- Digital
- Prevention
- Population Health Management
- Communications and Engagement

Enabling work streams are currently reviewing the details within the plan to understand support priorities and ensure that plans are fully scoped and scaled into an overall approach.

Our aim is to be an Integrated Care System which is built around care close to home, where hospital beds are only used where somebody cannot be cared for safely in their own environment

## Joined Up Care Derbyshire

### Characteristics of an Integrated Care System



### High level summary of 19/20 enabling work

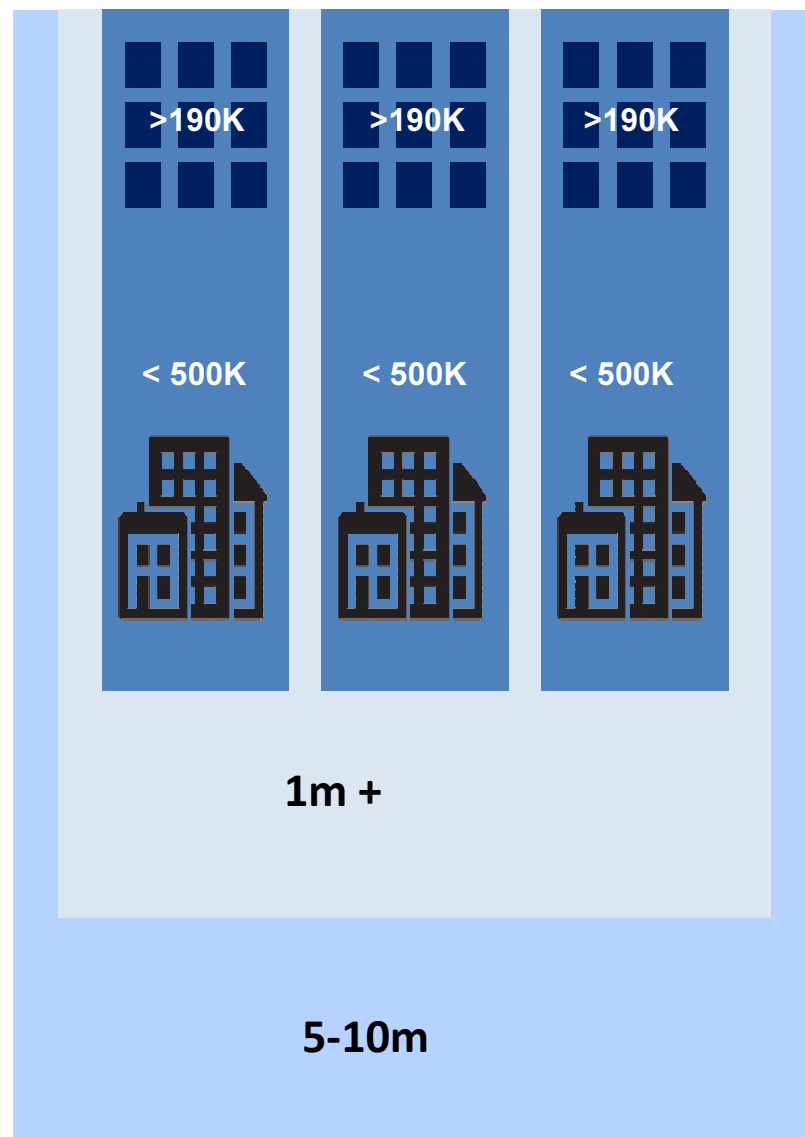
#### Enabling development programmes

- ICS Development Programme
- Commissioning Capability Programme
- Population Health Management Programme
- Emerging Joint Board Development Programme

#### Enabling work

- System Savings Approach
- Outcomes Based Accountability
- Business Intelligence
- Development of Place Alliances and Primary Care Networks
- Derbyshire Clinical Care Strategy
- Shared finance plan and risk share agreement
- Integrated Community Provider development
- Profiling system wide demand, capacity and workforce

# Derbyshire model for delivering integrated care



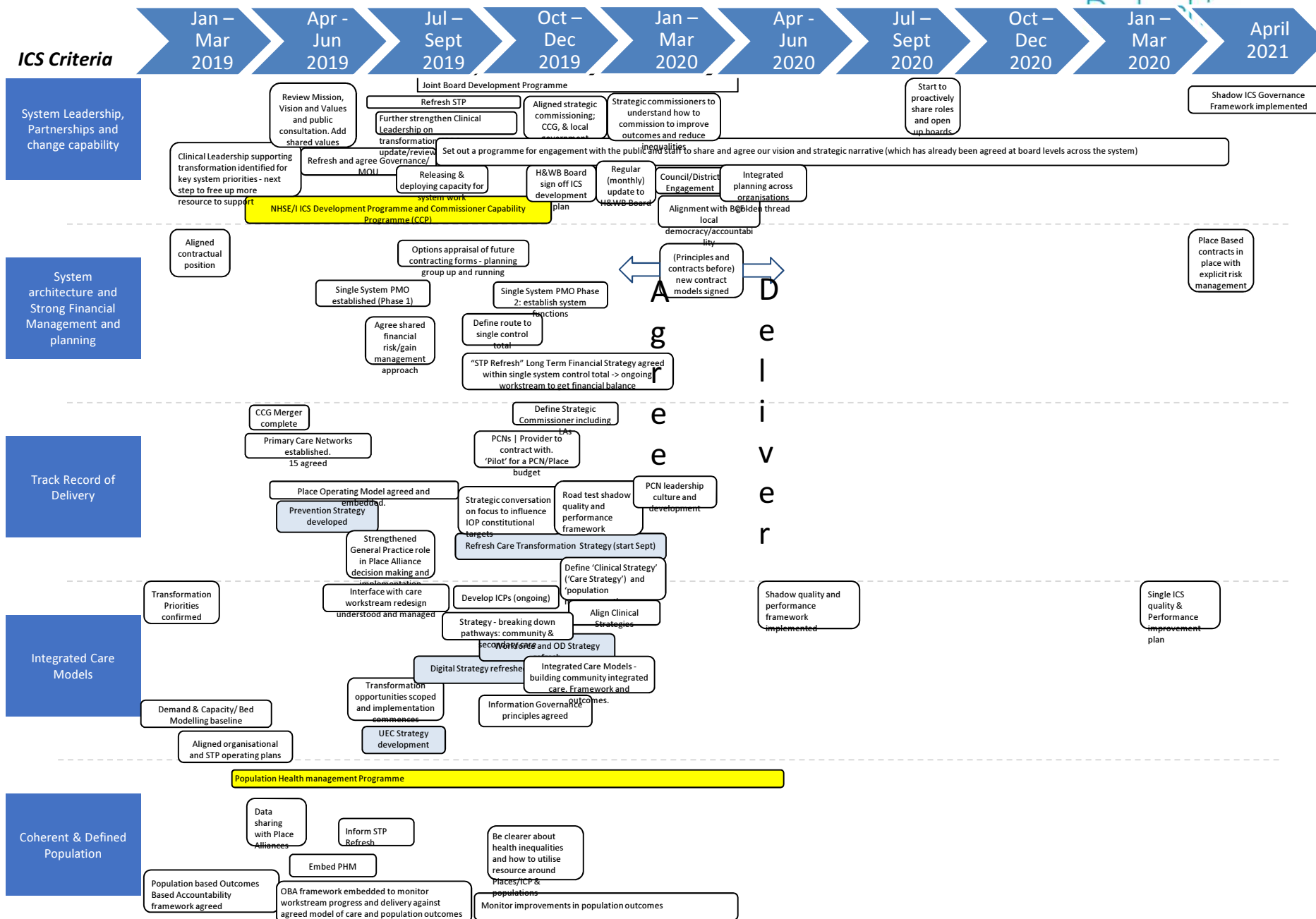
<b>Neighbourhood</b>	14 Primary Care Networks with services wrapped around populations of 31-190,000
<b>Place</b>	Our eight Place Alliances support the integration of health and care services focused around the patient. This includes: acute, community mental health, local authority and voluntary sector services; increasingly delivered through local 'hubs' (e.g. Bakewell, Belper)
<b>System</b>	JUCD STP Partnership has agreed the vision, strategy and is progressing system development. It oversees delivery of the Partnership through effective collaborative working underpinned by an agreed clinical strategy.
<b>Specialist Networks and Directly Commissioned services</b>	NHS England will continue to directly commission some services at a national and regional level, including most specialised services. The interface with wider clinical networks and alliances will be directly linked at system level (e.g. Derbyshire links with 3 cancer networks)

## In The Next Six Months We Will...

- Agree our 5 year system transformation strategy
- Be able to evidence the impact of our transformational change programmes
- Be clear on the role of PCNs and how they work with other community providers
- Continue to build resilience and services provided at Place Alliance level
- Embed population health management at Place Alliance and PCN level
- Describe how many Integrated Community Providers Derbyshire will have and what benefits they will offer our communities
- Implement a system wide Board level OD programme to help organisations increasingly work in the system space
- Develop a shared system financial plan for future years

# Roadmap to April 2021

## Joined Up Care



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**Agenda item 5**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**3 October 2019**

**Report of Executive Director – Children’s Services**

**SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) STRATEGIC  
REVIEW**

**1. Purpose of the report**

To seek endorsement for the outcomes and recommendations of the Special Educational Needs Strategic High Needs Review undertaken between September 2018 and May 2019.

**2. Information and analysis**

The Children and Families Act 2014 introduced changes for Local Authorities and their partners with regard to how children and young people with special educational needs and disabilities are assessed and supported. The Act is supported by a revised Code of Practice for Special Educational Needs (SEN), published in August 2014. The principles underpinning this Code of Practice make clear that local authorities must have regard to

- The views, wishes and feelings of the child or young person, and the child’s parents;
- The importance of the child or young person, and the child’s parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions;
- The need to support the child or young person, and the child’s parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

Derbyshire actively responded to the requirements specified in the Act with developments overseen by the Local Area SEND Strategic Board. Key actions included the development of the Local Offer, establishment of the SEND Commissioning Hub, development of person centred planning and the instigation of Locality SEND Teams.

In November 2016 Derbyshire had its Joint Local Area SEND Inspection undertaken by Ofsted and CQC (Care Quality Commission). The inspection report noted among many strengths, that leaders had taken effective account of the reforms; that colleagues across the local area are working more closely together to support young people with SEND; that the local area has a very good understanding of how effectively it identifies and meets the needs of young people with SEND; that local area leaders understand the challenges of implementing the reforms and that stakeholders from across the local area are well represented and their voices are listened to. The inspection also highlighted a number of areas for development which have been captured in the SEND Strategic Plan, and actions taken forward and progress monitored.

In 2017 the DfE allocated funding to Local Authorities to carry out a strategic review of high needs provision. The funding could also be used to help implement the outcomes of the review with Local authorities expected to publish the outcomes of the reviews in the form of strategic plans.

The Council had already undertaken elements of development in this area, working as a Local Area and involving partners from across agencies. However, this presented an excellent opportunity for the Council to create the capacity to undertake a comprehensive review of High Needs Provision in the Local Area, building on this work, and to make recommendations to further inform the Local Area Strategic Plan. This was timely, with the review to be undertaken two years on from our Local Area inspection.

The overarching aim and outcomes in our Local Area are that:

1. The Local Area provides the opportunities for children and young people with SEND to achieve the best outcomes they can.
2. The Local Area ensures that children and young people are achieving as well as they can in their own communities wherever possible and are able to live as independently as possible.
3. The Local Area ensures that young people are best prepared for adult life and that there is support and services to aid transition.

Whilst guaranteeing that we:

- Ensure the best use of public funding and the best use of wider resources.
- Have sufficient provision, both in terms of services and capital to identify and meet the needs of children and young people with SEND in Derbyshire 0-25; that this is flexible and able to meet changing needs.

The recent Newton Europe work, which, alongside the specific Adult Care opportunities, looked at the lifetime disability pathway for young people into and throughout adulthood, found opportunities to improve outcomes from an earlier age. ISOS, who were commissioned to undertake our SEND strategic review, were asked to liaise with Newton Europe, in order to inform those

parts of the ISOS report that reflected operational practice and strategic direction within SEND across all three agencies of education, health and care.

## **The Review**

The SEND Stakeholder Group which includes parent and carer representatives were involved in the initial scoping work for the review. There is an expectation that a wide range of stakeholders including children, young people, parents, carers and service staff from education health and social care are closely engaged with the work and part of the co-produced response to the review.

## **Delivery**

Given the scale and scope of the project, it was considered that there were not sufficient resources in-house to deliver this review thoroughly. Through initial scoping work with stakeholders, there was a clear preference to have an independent assessment, analysis and recommendations made using an external organisation who could undertake this work on an impartial basis.

Through a robust tendering process the ISOS partnership were secured to facilitate the Strategic Review.

## **Strategic Review, Findings and Recommendations**

### **Approach**

ISOS commenced the review in September 2018 and progressed through three main stages outlined below with regular reporting back to the SEND Strategic Board, SEND Stakeholder Group and stakeholders more widely.

The scope of this work, and the definition of “high needs”, included children and young people aged from birth to 25 with SEND, both with statutory education, health and care plans (EHCP) and non-statutory SEN support, and those requiring additional inclusion support or alternative provision (AP).

The review had a strategic focus. The purpose of the work was not to judge or evaluate the quality and operation of any specific service, provision or process. Instead, the aim was to provide an objective and evidence-informed perspective on how the current continuum of support, services and provision for young people with high needs in Derbyshire was working and to help to shape an overarching strategy for developing an effective strategic approach to supporting young people with high needs in the future. To do this, the review sought to:

- gather evidence and views on the current needs, trends and likely future demand for support, services and provision for children and young people with SEND;
- shape options and recommendations for meeting the needs of children, young people and families in Derbyshire in the future; and

- work collaboratively, iteratively and in a spirit of co-production with partners and stakeholders to identify and agree solutions to meet current and future needs, in order to achieve good outcomes for children and young people in Derbyshire.

The review was undertaken in three distinct phases. The first phase focused on building up the evidence base for how the local system was operating, what were the key strengths and where there were areas that required strengthening. This involved gathering a range of quantitative evidence and qualitative feedback through analysis of published data, online surveys, and workshops with young people, parents and carers, and professionals across education, health and care services. The second phase focused on testing this evidence base, and identifying what was needed to build on the strengths or address the challenges concluded within the review. The final phase then focused on what was needed to put the review's findings and recommendations into practice.

In each phase, ISOS worked co-productively with young people, parents, practitioners and partners to share our early findings, shape recommendations and iterate what would become the overall messages from the review.

Most of the work to gather evidence and shape recommendations was carried out during the autumn and spring terms of the 2018/19 academic year, through an iterative approach of sharing interim messages, testing these with colleagues and co-producing key findings, recommendations and actions. The review concluded in May 2019.

During the period covered by the current SEND strategy, a number of innovative ideas have been introduced into the Derbyshire system. These include:

- implementing a new locality-based structure for the SEND Service;
- developing a joint commissioning hub for SEND across education, health and social care;
- introducing a process for mainstream schools to be able to access additional high needs funding without having to go through the statutory EHC assessment process – this is known as GRIP (the Graduated Response for Individual Pupils); and
- investing in preventative support to increase the inclusive capacity of the local system.

The importance and strength of many of these initiatives were recognised by Ofsted and the Care Quality Commission (CQC) in their report following Derbyshire's local area SEND inspection in November 2016.

The report confirmed that several of the principles that had shaped the initiatives which have been introduced through the current SEND strategy echo those recognised to support effective practices seen by ISOS in other local areas through their national research.

However, during the review, some concerns were expressed about the core systems and processes for accessing support. These were expressed by both parents and professionals, and were consistent across the county. In the main, these related to the GRIP and EHC assessment processes. There were concerns that the process of requesting support was perceived to be adversarial on occasion, and not always consistent, and a belief that it should be more focused on professionals and parents finding support and solutions together.

Looking ahead to a new high needs strategy, it is suggested that this is built around three core “building blocks”:

- focus on embedding core systems and processes so that they are operating consistently effectively;
- focus on developing a clear “strategic blueprint” for high needs support, services and provision across the county that sets out clear how the local system seeks to support young people with SEND and high needs, the respective roles and specialisms of services and provisions, and how these fit together;
- focus on how services can work together seamlessly across the ages and phases of a young person’s life to support them in making the transition to a successful and fulfilling adult life.

## **Six Key Themes and Recommendations**

There were six themes that were identified through the review with recommendations and actions which will be taken forward by the SEND Strategic Board to inform a refreshed SEND Strategy and a revised SEND Strategic Plan.

These are outlined in detail within the full report in Appendix A. The six themes and key recommendations are;

### **1. Strategic partnership working and co-production with parents and young people**

- Build on existing strong strategic relationships with parents/carers of young people with SEND by broadening strategic engagements and participation.
- Identify and develop some specific co-production projects with parents.
- Develop a formal framework for engaging young people in strategic initiatives and questions facing the local system.

## **2. Partnership working and joint commissioning across education, health and care**

- Revisit the purpose of the SEND Commissioning hub.
- Identify some specific priorities for joint commissioning.
- Continue to work with frontline professionals to ensure a consistent understanding of the local continuum of services and provision for young people with SEND in Derbyshire.

## **3. Identification and assessment of needs, information and access to support**

- Update and refine the local offer so that it provides a clear overview, introduction and practical tool for parents, providers and professionals.
- Address the concerns raised about the day-to-day operations of GRIP so that it delivers, swift, pupil-centred high needs support for schools consistently effectively.
- Refine core processes related to EHC assessments and plans to address concerns about consistency, quality and specificity of outcomes.

## **4. Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion**

- Continue to develop, support and strengthen inclusive capacity in mainstream education settings.
- Refocus the offer of targeted services in a more holistic, strategic way so that they provide a coherent, consistent and responsive offer across the county.

## **5. Developing responsive, effective local specialist provision**

- Rearticulate a clear offer of ERS support based on current and future needs that is equitable across localities and across phases.
- Rearticulate the offer of special school provision, ensure the offer and core processes and informed by current and future needs.
- Work with school and Alternative Provision (AP) leaders to develop responsibility-based models of inclusion support and AP to strengthen pathways, reintegration and the equitable use of local AP.

## **6. Preparation for adulthood**

- Set out a shared vision of the opportunities to be open to all young people with SEND and high needs.
- Develop explicit processes for planning long-term outcomes and pathways for young people, and embed these in young people's plans and the work of all services.
- Develop a broader and more integrated offer to widen the range of pathways to young people with SEND and high needs.

## **Links to the Health and Wellbeing Strategy**

The context for the Health and Wellbeing Strategy states, “At a local and national level health systems are working together to develop a ‘person centred’ approach to health that focuses on the holistic needs of the individual. This approach requires health and wellbeing partners to work together to enable people to remain healthy and independent for as long as possible, working in a joined-up way across a wide range of sectors including health, social care, housing and education to create environments that support good health. “

The delivery of the recommendations and associated actions through the SEND Strategy and SEND Strategic Action Plan are closely aligned to these principles and will specifically support the following key outcomes from the HWB Strategy.

Outcome 1: All people in Derbyshire are enabled to live healthy lives

Outcome 3: All people in Derbyshire are enabled to have good mental health and wellbeing across the life course.

Outcome 4: All vulnerable populations are supported to live in well-planned and healthy homes.

Outcome 5: All people in Derbyshire have opportunities to access good quality employment and lifelong learning

## **RECOMMENDATIONS**

The Health and Wellbeing Board is asked to:

- Endorse the outcomes and recommendations of the Special Educational Needs Strategic High Needs Review undertaken between September 2018 and May 2019.

**Jane Parfremment**  
**Executive Director Children’s Services**

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# **SUPPORT, SERVICES AND PROVISION FOR CHILDREN AND YOUNG PEOPLE WITH HIGH NEEDS IN DERBYSHIRE**

**A strategic review: Final report**

**Isos Partnership**

Ben Bryant, Natalie Parish & Beth Swords

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# Executive summary

## Background and aims of the strategic review of high needs that took place in 2018/19

In the autumn of 2018, Isos Partnership was commissioned by Derbyshire County Council, working with partners and members of the County's Special Educational Needs and Disability (SEND) Strategic Board, to undertake a strategic review of the support, services and provision for children and young people with high needs in Derbyshire. The scope of this work, and the definition of "high needs", included children and young people aged from birth to 25 with SEND, both with statutory education, health and care plans (EHCP) and non-statutory SEN support, and those requiring additional inclusion support or alternative provision (AP).

The review had a strategic focus. The purpose of the work was not to judge or evaluate the quality and operation of any specific service, provision or process. Instead, the aim was to provide an objective and evidence-informed perspective on how the current continuum of support, services and provision for young people with high needs in Derbyshire was working and to help to shape an overarching strategy for developing an effective strategic approach to supporting young people with high needs in the future. To do this, the review sought to:

- a. **gather evidence** and views on the current needs, trends and likely future demand for support, services and provision for children and young people with SEND;
- b. **shape options and recommendations** for meeting the needs of children, young people and families in Derbyshire in the future; and
- c. **work collaboratively, iteratively and in a spirit of co-production** with partners and stakeholders to build consensus and agree solutions to meet current and future needs and achieve good outcomes for children and young people in Derbyshire.

The review was undertaken in three distinct phases. The first phase focused on building up the evidence base for how the local system was operating, what were the key strengths and where there were areas that required strengthening. This involved gathering a range of quantitative evidence and qualitative feedback through analysis of published data, online surveys, and workshops with young people, parents and carers, and professionals across education, health and care services. The second phase focused on testing this evidence base and identifying what was needed to build on the strengths and address the challenges the review had identified. (The work during the first two phases forms the basis of this report.) The final phase then focused on what was needed to put the review's findings and recommendations into practice. (The work during the third phase forms the basis of the strategic planning framework, that has been produced alongside this report.) In each phase, we worked co-productively with young people, parents, practitioners and partners to share our early findings, shape recommendations and iterate what would become the overall messages from the review.

The bulk of the work to gather evidence and shape recommendations was carried out during the autumn and spring terms of the 2018/19 academic year, through an iterative approach of sharing interim messages, testing these with colleagues and co-producing key findings, recommendations and actions. The review concluded in the summer of 2019.

## Three overarching messages

During the period covered by the current SEND strategy, a number of innovative ideas have been introduced into the Derbyshire system. These include:

- implementing a new locality-based structure for the SEN service;
- developing a SEND commissioning hub for involving colleagues from education, health and care services;
- introducing a process for mainstream schools to be able to access additional high needs funding without having to go through the statutory EHC assessment process – this is known as GRIP (the graduated response for individual pupils); and

- investing in preventative support to increase the inclusive capacity of the local system.

The importance of many of these initiatives was recognised by Ofsted and the Care Quality Commission (CQC) in their report following Derbyshire's local area SEND inspection in November 2016 which recognised many strengths. We note that several of the principles behind many of the initiatives that have been introduced through the current SEND strategy chime with what we would recognise to be effective practices we have seen in other local areas through our national research.

Nevertheless, during the review, we had feedback about frustrations with the day-to-day operation of the local system and some of its core processes, particularly processes for accessing support (such as GRIP). If these trends are not addressed swiftly, they will increase the pressure on high needs block and other local resources, and on support, services and provision. In turn, this will reduce resources available for pro-active inclusion and preventative work, which will only exacerbate these issues.

These views were expressed by both parents and professionals, and were consistent across the county. In the main, these related to the GRIP and EHC assessment processes. There were concerns that the process of requesting support was perceived for some to be adversarial, lacked transparency and consistency, was often slow to respond, and was overly focused on gatekeeping, rather than working with professionals or parents to find support and solutions together. Overall, the nature of these views suggested a potential lack of trust within the local system. The intention of strategic leaders was that the outcomes of this review will serve to help address these concerns. There is a recognition that relationships between strategic leaders, professionals and families are at the heart of the SEND reforms and essential to an effective local system of support for young people with high needs.

Looking ahead to a new high needs strategy, we would suggest that this is built around three core "building blocks":

- a. focus on embedding core systems and processes so that they are operating consistently effectively;
- b. focus on developing a clear "strategic blueprint" for high needs support, services and provision across the county that sets out clear how the local system seeks to support young people with SEND and high needs, the respective roles and specialisms of services and provisions, and how these fit together; and
- c. focus on how services can work together seamlessly across the ages and phases of a young person's life to support them in making the transition to a successful and fulfilling adult life.

## Chapter one: Strategic partnership working and co-production with parents and young people

There are strong, co-productive relationships with parents and young people. Parents, through Derbyshire Parent Carer Voice (DPCV), are well-represented on the SEND Strategic Board. Likewise, young people with SEND are well-represented on youth councils at county and district level. Nevertheless, there is both the necessity and opportunities to build on these relationships through new co-productive activities to broaden engagement with parents and young people in order to harness the insights and expertise of parents and young people in addressing some of the strategic challenges facing the system identified in this review.

We made three recommendations under this theme.

**Recommendation 1.1: Build on existing strong strategic relationships with parents of young people with SEND by broadening strategic engagements and participation.** This recommendation concerned the need to foster increased participation of parents and young people with SEND in strategic developments concerning support, services and provision. In particular, it concerned the need to link local groups of parents with DPCV and locality SEN services, and to ensure that parents of children with SEN support as well as those with EHCPs are able to make their voices heard.

**Recommendation 1.2: Identify and develop some specific co-production projects with parents.** This recommendation concerned the opportunity to treat some of the pieces of work that will be taken forward

following the strategic review as opportunities to foster broader ownership and to shape solutions through co-productive working with parents.

**Recommendation 1.3: Develop a formal framework for engaging young people in strategic initiatives and questions facing the local system.** This recommendation is about developing a network through which young people with SEN, who may already be part of local groups based around their school, college or community, can be engaged in and involved with shaping strategic developments affecting them and their support.

## Chapter two: Partnership working and joint commissioning across education, health and care

The review found a number of areas where positive developments have been taken forward in relation to joint working across agencies – for example, the offer of support from speech & language therapy services (SaLT) and child & adolescent mental health services (CAMHS) was highly regarded, and the work to define a clear offer of health service input for pupils in special schools was acknowledged. There were, nevertheless, concerns about some of the pathways of support that cut across service boundaries – notably emotional wellbeing mental health, and specifically a perceived gap between emotional wellbeing support in mainstream schools and more specialist CAMHS (we note the transformation work the local area is taking forward to respond to this under the auspices of Future in Mind), and the review of early help (which was underway at the same time as the high needs strategic review).

Furthermore, the review found that there was consensus about the need to strengthen and re-launch the SEND commissioning hub, focused more on its intended core role to act as the driver of strategic, pro-active, intelligence-informed commissioning of services and support across agencies. The re-launched SEND commissioning hub would play a key role in mapping out future pathways of support around emotional wellbeing and mental health, and around early help and family support, which were two areas highlighted during the review.

There is also the need to continue to ensure consistent understanding of and messages about the local SEND system from frontline professionals across all agencies, and to re-articulate how agencies will contribute to EHC assessments and plans.

We made three recommendations under this theme.

**Recommendation 2.1: Revisit the purpose of the SEND commissioning hub.** The recommendation here was to ensure the SEND commissioning hub was focused on taking a system-level view of current and future needs, and how these might be met through more effective joint commissioning across agencies. The review recommended that this was differentiated from processes to enable joint operational, day-to-day decisions about and contributions to the packages of support for individual young people whose needs cut across education, health and care (children's or adult services).

**Recommendation 2.2: Identify some specific priorities for joint commissioning.** The recommendation here was to identify some specific areas of need and to test whether there is a clear "pathway" of support, for young people of all ages, in different parts of the county, and with different levels of need, and whether this can be and is described clearly on, for example, the local area. The major areas highlighted during the review included the pathway for young people with social, emotional & mental health (SEMH) needs and those with communication & interaction (C&I) needs.

**Recommendation 2.3: Continue to work with frontline professionals to ensure a consistent understanding of the local continuum of services and provision for young people with SEND in Derbyshire.** The recommendation here recognises the work that has been done to build understanding of the SEND framework and support for young people with SEND in Derbyshire, but also acknowledges some of the feedback gathered that families and providers were still receiving contradictory or unclear information about what their child might benefit from or be entitled to in terms of support, services and provision. To help parents and providers navigate the local system and avoid unnecessary disputes, it is vital that providers and professionals are able to provide consistent messages about the local offer of support. It is also vital that there is a clear and widely

understood articulation of how colleagues from health and care, as well as education, ought to be involved with and contribute to EHC assessments, plans and reviews.

### Chapter three: Identification and assessment of needs, information and access to support

While there are strengths in the local system, there are also some challenges in ensuring that core systems and processes – information about and access to support, for example – are working consistently effectively across the county.

Views about the quality and accessibility of information about available support and services were mixed. The general message was that the local offer was a valuable source of information if you knew what you were looking for, but needed to be overhauled to provide an overview of the local SEND system, the arrangement of support and services, and pathways of support for specific needs.

Concerns were expressed about the processes for accessing support, particularly GRIP. People highlighted that the process could feel overly adversarial and focused on “gate-keeping” rather than finding solutions together, was too slow and struggling with backlogs of requests, and that communications about decisions were not always clear. People compared the early years inclusion fund (EYIF) favourably to GRIP, but there were some concerns about timeliness and follow-up dialogue if requests for support were unsuccessful. These messages have been taken seriously by Senior Leaders and actions have already been taken during this review to address the issues raised.

Similar views were expressed about the EHC assessment process. There were concerns about the quality of assessments, the specificity of plans and outcomes, the meaningfulness of engagements with young people and families, and the speed and accuracy of keeping plans up to date through annual reviews, as well as the consistency of input from agencies beyond education. The data shows an improving picture, but Derbyshire remains below the national average in terms of the timeliness of completing its EHC assessments and plans. There is support for the locality model of the SEND service, but there would be value in revisiting core systems and processes to ensure there is the capacity to deliver these effectively.

We made three recommendations under this theme.

**Recommendation 3.1: Update and refine the local offer so that it provides a clear overview, introduction and practical tool for parents, providers and professionals.** Build on work that is already underway to update and refine the local offer, and develop this through co-production with parents, professionals, young people. It is vital that this is taken forward as a strategic piece of work, driven by senior leaders and partners across the local system, in order that the local offer provides a clear strategic overview of the local system. The update of the local offer should not be an administrative exercise of individual services simply updating their individual material, without any strategic oversight of how the overall “offer” that these services are supposed to make up fits together.

**Recommendation 3.2: Address the concerns raised about the day-to-day operation of GRIP so that it delivers swift, pupil-centred high needs support for schools consistently effectively.** Ensure that new processes address the backlog of requests and are working consistently to deliver effective, timely support across the county.

**Recommendation 3.3: Refine core processes related to EHC assessments and plans to address concerns about consistency, quality and specificity of outcomes.** Ensure that families are involved in co-producing plans and outcomes. Consider a single referral route and system for calculating top-up funding that is consistent across GRIP and EHCP.

## Chapter four: Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion

Derbyshire has hallmarks of an inclusive local system. This can be seen, for example, in the high proportion of pupils with EHCPs who are placed in mainstream schools. In addition Derbyshire places a relatively lower percentage of young people in out of county independent settings than many other Local Authorities. We also heard examples from parents and providers about effective examples of inclusive practice in mainstream schools and settings.

The evidence suggests, however, that this is not consistent across the county, and that inclusion across Derbyshire is under increasing pressure. We see this, for example, in the higher than average rates of permanent exclusion in Derbyshire, (although reflecting a significant relative decline in 2018/2019 and the fact that pupils with SEN are disproportionately represented amongst those who are permanently excluded or out of school for other reasons, such as those in elective home education.

Derbyshire has a broad and comprehensive offer of targeted inclusion support. The continued investment in this tier of support is a vital component of any effective system of supporting young people with SEND and high needs. Nevertheless, there is the need and opportunity to refocus the offer and maximise its value. Feedback gathered during the review suggested that, while on the whole highly regarded, the quality of some support services was variable, there was a lack of coherence and risks of duplication between services, a lack of consistency about how services focused on different needs were arranged and operated, and the need to strengthen the join-up between education inclusion services and support from other agencies (specifically emotional wellbeing and mental health, and family support services involved with early help).

We made two recommendations under this theme.

**Recommendation 4.1: Continue to develop, support and strengthen inclusive capacity in mainstream education settings.** This entails:

- a. co-developing with school leaders an agreed set of consistent expectations of what mainstream inclusion should look like in Derbyshire schools;
- b. matching this with a clear offer of induction, support, supervision, and continuing professional development for SEND leads and whole-school improvement;
- c. developing an offer of specific, focused capacity-building around autism, C&I and SEMH needs; and
- d. re-establishing an offer of SENCO networks as an opportunity for SENCOs to come together in localities, hear about and help to shape county-wide strategic developments, network with colleagues and develop their practices (where some may not be in a position to receive such support from within their local school partnerships).

**Recommendation 4.2: Refocus the offer of targeted services in a more holistic, strategic way so that they provide a coherent, consistent and responsive offer across the county.** This will involve:

- a. developing a more holistic, whole-child offer (as opposed to single service responses);
- b. re-balance the offer in line with changing needs and priorities
- c. developing a single route-of-access to support for cases where a child's needs do not neatly fit a single service; and
- d. fostering greater join-up between education inclusion support services and those focused on, for example, family support and emotional wellbeing and mental health.

## Chapter five: Developing responsive, effective local specialist provision

### The enhanced resource schools (ERSs)

The ERSs play a key role within the local SEND system. They have been developed pro-actively to provide support for specific types of needs and in particular localities that ensure that there are opportunities and choices for pupils to be

supported in mainstream environments within their communities. This is all the more important in a large county like Derbyshire in order to avoid pupils having to travel large distances to reach suitable provision.

There is now, however, the need and opportunity to revisit and redefine the role of the ERSs. The ERSs have been developed at different times and in response to differing priorities. They have not been arranged according to a single strategic plan. This means that there is not a consistent model of support across the ERSs, or indeed across ERSs supporting pupils with the same needs, nor an equitable offer across all localities in Derbyshire. There is an opportunity to work with providers to develop a more explicitly planned offer and set of pathways for pupils placed in the ERSs, and that access to the offer is equitable across the county.

It is also important that the role of the ERSs, and their place in relation to mainstream inclusion and other forms of support, is widely understood. At present, there is a risk that they are seen as “the school for pupils with SEN”, and this is placing the schools that host ERSs under considerable pressure.

### **Special schools**

While the review found no evidence of issues with the quality of special school provision – all special schools in Derbyshire are rated as good or outstanding at the time of the review – like the ERSs, the offer of special schools has developed over time in response to different priorities. In addition, we know that there are pupils with certain types of needs that are having to be educated outside the local area, particularly older pupils with complex combinations of SEMH and communication & interaction needs. As such, there would be value in revisiting what the special school offer in Derbyshire should be in light of current and future needs.

There would also be value in ensuring that special schools, who already work together as a close partnership, are connected to decisions about strategic planning of provision and placements for pupils with the most complex needs who might otherwise require a placement outside local, state-funded provision.

Lastly, there is the need to strengthen some of the core day-to-day processes that relate to special schools, particularly admissions and funding.

### **AP**

There is growing pressure on local inclusion services and alternative provision in Derbyshire. A changing profile of need, longer placements, and inconsistency in formal processes to support the reintegration of pupils into mainstream schools in putting strain on the capacity of local AP, particularly in relation to preventative and turnaround support.

There is the need to consider the pathway for pupils who are excluded or out of school to ensure that they are receiving appropriate, high-quality education and able to make a swift transition back to mainstream school or an alternative setting where appropriate.

As with other forms of specialist provision, there is the need to revisit and redefine the role of AP in Derbyshire, and the responsibilities of mainstream schools for pupils placed in local AP in the context of the Timpson review’s recommendations about schools being accountable for the outcomes of pupils they exclude and having greater control of funding for AP.

\* \* \*

We made three recommendations about specialist SEND provision and AP in Derbyshire.

**Recommendation 5.1: Rearticulate a clear offer of ERS support based on current and future needs that is equitable across localities and consistent across phases.** This will involve:

- a. setting out some updated core principles and an equitable and needs-led locality offer of ERS provision (including in areas such as the High Peak that feel they are not well served by the current distribution of ERSs);
- b. ensuring that the role of the ERSs is clearly articulated and widely understood by professionals, providers (including other mainstream schools) and parents;



- c. developing a cycle through which ERSs are involved in a strategic engagement to reflect on and plan how ERS provision needs to develop in relation to current and anticipated future needs.

**Recommendation 5.2: Rearticulate the offer of special school provision, ensure the offer and core processes are informed by current and future needs.** This will involve:

- a. working with special schools to rearticulate a clear offer for the special schools individually and collectively, and what this means the offer looks like for each locality and across the county;
- b. developing a process for engaging special schools (and potentially ERSs) in decisions about complex placements, including those where an out-of-area placement is being considered; and
- c. working with special school leaders to revisit, strengthen and co-develop the core day-to-day processes affecting special schools, specifically admissions and funding.

**Recommendation 5.3: Work with school and AP leaders to develop responsibility-based models of inclusion support and AP to strengthen pathways, reintegration and the equitable use of local AP.** This will be particularly important in light of the recently published recommendations of Edward Timpson's review of exclusions and the Government's commitment to work towards a position where mainstream schools will be responsible for the outcomes of pupils they exclude and will have a greater role in using funding for AP to foster early intervention and inclusion support.

## Chapter six: Preparation for adulthood

Preparing young people for adulthood needs to be an underpinning principle of all support, services and provision, across all ages, within Derbyshire. It should not just be a shorthand expression for the transition young people make at 16, 19 or older from formal education to the next stage of their development.

Achieving this will require arrangements for capturing young people's aspirations, defining long-term outcomes with them, and planning support to be strengthened. At present, while this is happening in some areas, there is not yet a consistent and systematic approach to capturing young people's aspirations through "realistically ambitious" conversations that feed into their long-term plans (whether statutory or not).

It will also require a more joined-up and jointly owned offer of support for young people moving into adult life across all agencies involved. This will include revisiting and developing a complementary set of pathways into further education and lifelong learning, pro-active engagement of local employers, including the Council itself, to develop employment opportunities for young people with SEND, and a more holistic offer of social care support focused on building resilience and independence.

We made three recommendations under this theme.

**Recommendation 6.1: Set out a shared vision of the opportunities to be open to all young people with SEND and high needs.** Based on the feedback gathered during the review, notably from young people themselves, this should include the principles of having equity of opportunity to pursue their goals and experience growing up as their peers, encouragement and support to become independent, being part of their local community, and have opportunities to move into meaningful, paid work. These may not be directly appropriate to all young people, but the underpinning principle of how support and services are arranged across the county should be to ensure such opportunities are open to all young people, even if not all will be in a position to take up these opportunities in exactly the same form.

**Recommendation 6.2: Develop explicit processes for planning long-term outcomes and pathways for young people, and embed these in young people's plans and the work of all services.** This will involve:

- a. capturing young people's aspirations systematically;
- b. effective advice and a systematic set of processes for ensuring that professionals have early "realistically ambitious" conversations about a young person's aspirations and how they can be supported to pursue these;

- c. robust, early planning where young people are likely to need a differentiated form of support to make a successful transition to adult life;
- d. a flexible, responsive, person-centred menu of support and pathways from which personalised packages can be developed to support young people move into adulthood successfully.

**Recommendation 6.3: Develop a broader and more integrated offer to widen the range of pathways open to young people with SEND and high needs.** Ensure that the offer of support is not fragmented, with different agencies only able to advise on the services that they directly deliver or oversee. Instead, the offer of support should be widely understood and co-ordinated across agencies, to ensure that planning and support for young people moving into adult life is coherent, holistic, and makes best use of the available expertise, support and provision available across Derbyshire.

# Introduction

## Background and aims of the review

In the autumn of 2018, Isos Partnership was commissioned by Derbyshire County Council, working with partners and members of the County's Special Educational Needs and Disability (SEND) Strategic Board, to undertake a strategic review of the support, services and provision for children and young people with high needs in Derbyshire. By high needs, we mean children and young people aged from birth to 25 with SEND or who require additional inclusion support or AP.

The review had a strategic focus. The purpose was not to inspect or judge the quality of specific services or the effectiveness of specific operational processes. Instead, the review sought to take an overall perspective of how the current continuum of support, services and provision in Derbyshire support young people with high needs to pursue their aspirations and achieve good outcomes, and to help shape an overarching strategy for building on what is working well, addressing key challenges, and ensuring locally-available resources can be used to best effect to support young people with high needs.

The review had three main aims. These were to:

- a. **gather evidence** and views on the current needs, trends and likely future demand for support, services and provision for children and young people with SEND;
- b. **shape options and recommendations** for meeting the needs of children, young people and families in Derbyshire in the future; and
- c. **work collaboratively, iteratively and in a spirit of co-production** with the local authority (LA) colleagues, strategic partners and stakeholders to identify key findings, shape options and, using evidence, build consensus about how best to meet current and future needs and achieve good outcomes for children and young people in Derbyshire.

We approached the work in three distinct phases.

1. **Where are we now?** – the focus of phase one of the work gather evidence from a range of sources, including quantitative data and qualitative feedback from key partners and stakeholders. These included:
  - **parents and carers**<sup>1</sup> – we held a series of workshops for parents and carers in different localities across the county (attended by over 70 parents and carers), and ran an online survey that parents and carers were invited to complete (we received 184 responses);
  - **young people** – we engaged groups of young people when we visited mainstream and special schools and colleges, and through a workshop convened by the LA's Children's Rights and Participation Team;
  - **education providers** – we carried visits to a selection of early years settings, mainstream schools and colleges, engaged all ERSs and special schools through visits and workshops, and ran an online survey for headteachers / leaders and SENCOs / student support leads (we received 227 responses from providers);
  - **other services and professionals** – we engaged senior leaders from across education, health and care services, as well as holding discussions and workshops with managers and professionals from key services supporting young people with high needs, and also ran a parallel survey for those professionals (we received 141 responses).
2. **Where do we want to get to?** – phase two of our work focused collating and testing the evidence we had gathered and shaping solutions and recommendations through a series of broad and more in-depth, theme-

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<sup>1</sup>For brevity, throughout this report, we refer to parents and carers 'as parents', and we refer to children and young people aged from birth to 25 as 'young people'.

specific workshops with the partners who had contributed to the review. These included workshops with parents and carers, settings, schools and colleges, and senior leaders and professionals from county-wide services.

3. **How do we get there?** – the focus of the final phase was on working with partners and stakeholders to shape how the review's key findings can be taken forward and put into practice, and on developing an agreed strategy and action plan that sets out a roadmap for how this is to be achieved.

This report sets out the key findings and strategic recommendations that have come out of this review. To produce this report, we have triangulated the evidence gathered during phases one and two from our fieldwork and workshops, the feedback gathered through our online surveys, and our qualitative analysis of internal and published data. Throughout the review process, we have sought to share our findings formatively and iteratively, in order to inform ongoing work and ensure colleagues have been able to take swift action to tackle pressing issues or incorporate real-time feedback into existing work. This document aims to provide a summary of the current system for supporting young people with SEND and high needs in Derbyshire – in some cases, it reflects issues that are already known and picks up work that is already in train. As such, much of what is written in this document should be familiar to colleagues who have been involved in the review. The overall aim of this document is to draw together an overall summary of the current system and provide some of the detailed evidence to inform the future, shared strategic approach.

The report is intended to be read alongside a strategic planning framework, which has been co-produced through discussions with partners during the final phase of the review. This document contains a summary of the detailed findings and recommendations set out in this report, and details the actions through which these will be put into practice, the outcomes that partners want to achieve through a new strategy, and how progress in implementation and impact will be overseen.

Throughout the review process, there has been a strong commitment from the Council, strategic partners, settings, schools and colleges, and families to develop a shared picture of the current system in Derbyshire, both strengths and challenges, and to put in place a new strategy to build on what is working well and address the areas that need to be strengthened. There remains strong commitment from the Council, both elected members and senior officers, and partners that have contributed to this review to act on these findings and put these recommendations into practice.

We are immensely grateful to all colleagues who have contributed the time, perspectives and ideas to this review. We hope that this report and the accompanying strategic planning framework document, but also the *process* of the review itself, have helped to identify key strengths, clarify where the challenges lie, and provide a clear route through which these can be built upon for the benefit of young people with high needs in Derbyshire.

## The structure of this report

Throughout the review, we have used six broad themes to structure our evidence-gathering and how we have presented our key findings. These themes capture the continuum of support, services and provision, ranging from universal support, through targeted services and into more specialist provision. They also capture the important relationships and partnerships that are essential to any local system's support for young people with high needs – partnerships with parents and carers, young people, providers and professionals across a range of agencies. We have used these six themes in our national research on SEND good practice within local areas, and we agreed that using the same structure for this high needs review in Derbyshire would enable us to draw comparisons between what we observe nationally and what is happening in Derbyshire.

The six themes are listed below.

1. Strategic partnership working and co-production with parents and young people
2. Partnership working and joint commissioning across education, health and care
3. Identification and assessment of needs, information and access to support
4. Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion
5. Developing responsive, effective local specialist provision

## 6. Preparation for adulthood

The report is structured so that there is chapter dedicated to each, within which we set out our key findings and our recommendations on each specific theme. A short concluding chapter then draws together and summarises our recommendations.

### Overview of the local system in Derbyshire

Derbyshire is a large county in the East Midlands. The county borders Nottinghamshire to the east, Leicestershire to the south-east, Warwickshire to the south, Staffordshire to the south-west, Cheshire East and Greater Manchester to the north-west, and south Yorkshire to the north. Derby City is located in the centre of Derbyshire, but is a separate LA area. The LA is Derbyshire County Council. Derbyshire is a diverse county geographically, with denser population in the east, and more rural and sparsely populated areas in the south, west and north of the county. For the purposes of delivering services, including education and children's services, the county is divided into six localities:

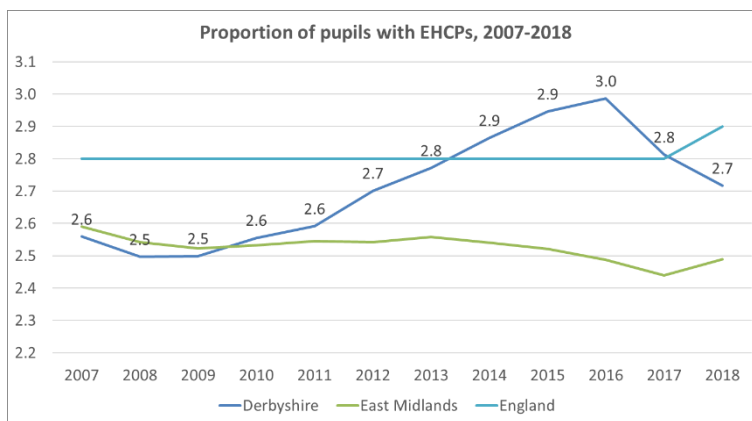
- the High Peak & North Derbyshire Dales;
- South Derbyshire & South Derbyshire Dales;
- Erewash;
- Amber Valley;
- Bolsover & North-East Derbyshire; and
- Chesterfield.

The 2011 census estimated that the population of Derbyshire was almost 770,000. The census estimated that 23% of Derbyshire's population was aged between 0 and 19. This was broadly in line with the figure of 24% across England. Derbyshire, however, had a slightly smaller proportion of residents aged between 20 and 24 – 5%, compared to 7% across England. The data from the most recent school census, taken in January 2018, shows that there were 111,865 pupils in schools in Derbyshire, educated in 416 state-funded and 27 independent schools. The census data suggest that Derbyshire has a larger proportion of younger pupils, particularly in primary schools. Pupils were educated in the following types of schools:

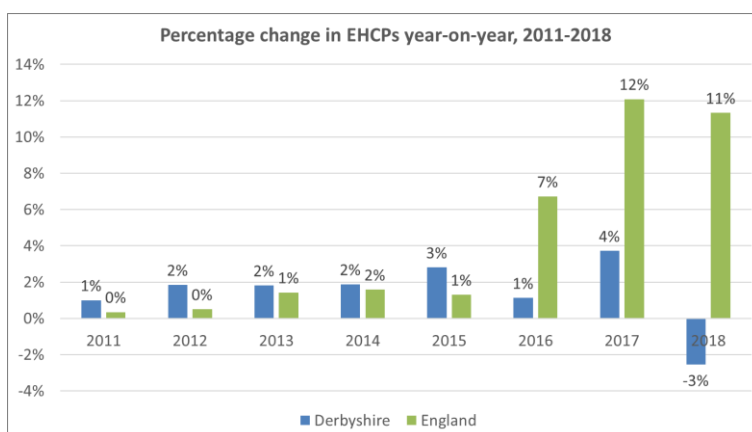
- eight state-funded nursery schools – 656 pupils (0.6% of pupils, compared to 0.5% nationally);
- 350 state-funded primary schools – 63,351 pupils (56.6% of pupils, compared to 54% nationally);
- 45 state-funded secondary schools – 42,266 pupils (37.8% of pupils, compared to 37.3% nationally);
- 10 state-funded special schools – 933 pupils (0.8% of pupils, compared to 1.3% nationally);
- three pupil referral units (called support centres in Derbyshire) – 207 pupils (0.2% of pupils, compared to 0.2% nationally); and
- 27 independent schools – 4,452 pupils (4% of pupils, compared to 6.7% nationally).

Derbyshire has lower levels of deprivation than is the case nationally. For example, according the index of multiple deprivation, Derbyshire ranks 101<sup>st</sup> out of 152 local authorities for levels of deprivation (where 1 is the most deprived local area). Derbyshire has smaller proportions of pupils who are eligible for free school meals (FSM) in both the primary phase (13.2% compared to the national average of 13.7%) and the secondary phase (11.4% compared to the national average of 12.4%). Derbyshire also has smaller proportions of pupils with English as an additional language (EAL) – 6% of primary-age pupils (21.2% across England) and 3% of secondary-age pupils (16.6% across England).

In terms of children and young people with SEND, Derbyshire saw a rise in the number of statements and EHCPs in the years leading up to and following the introduction of the SEND reforms in 2014, but has subsequently seen a drop in the proportion of school-age pupils with EHCPs since January 2016, as shown in the chart below.<sup>2</sup> During the same period (2016-2018), the proportion of pupils with an identified SEN, but who do not have a statutory plan (EHCP), has risen from 11.4% to 12.4%, and is above the national average. We explore these trends further in chapter three.



The same trend is evident from the overall numbers of children and young people, aged from birth to 25, with statements and EHCPs. Nationally, numbers of EHCPs and statements have increased by 7%, 12% and 11% in the last three years, Derbyshire has seen a smaller rate of growth in 2016 and 2017, and data reported in 2018 suggested Derbyshire was one of three LAs across England that had seen a decrease in numbers of EHCPs. This is shown in the chart opposite.<sup>3</sup>



As noted above, according to the school census, there were 207 pupils educated in the three support centres (Derbyshire's local AP). While not all will have been excluded permanently, many will have been placed in the support centres following exclusion. Derbyshire's rate of permanent exclusion overall is 0.12, which is higher than the national average of 0.1, for the most recent year for which we have published data (the academic year 2016/17).<sup>4</sup> This is higher at both primary (0.04 in Derbyshire, 0.03 across England) and secondary (0.24 in Derbyshire, 0.2 across England) schools. No permanent exclusions of pupils from special schools were recorded during that academic year.

The services and provision that is available for children and young people with SEND and/or who are placed in AP in Derbyshire are set out below.

- **Information and advice:** this available online through the local offer. Impartial information and advice are provided to parents through the Derbyshire Information, Advice and Support Service (DIASS). Support and information for parents is offered through DPCV, as well as a range of other parent and family networks and groups.
- **Mainstream education** – as noted above, young people with SEND are educated in over 400 schools and a wide range of early years settings in Derbyshire. In terms of mainstream post-16 education, the majority of young people attend Derby College, Chesterfield College, or Buxton & Leake College.
- **Targeted services** – as we describe in chapter four, targeted education and inclusion support is provided through a range of central and one commissioned services, which cover cognition & learning needs (C&L), C&I needs, SEMH needs, and sensory and/or physical needs. Early help and family support are provided through locality-based multi-agency teams.<sup>5</sup> A range of support services for children's health-related needs are

<sup>2</sup> *Special educational needs in England: January 2018*, Department for Education

<sup>3</sup> *Statements of SEN and EHC plans: England, 2018*, Department for Education

<sup>4</sup> *Permanent and fixed-period exclusions in England: 2016 to 2017*, Department for Education. The figures quoted are calculated by taking the number of pupils permanently excluded in an academic year, this case 2016/17, as a proportion of the total number of pupils in the January census.

<sup>5</sup> The offer of early help has been under review during the time we have been carrying out this strategic review of high needs.

commissioned through the five clinical commissioning groups (CCGs) who cover parts of Derbyshire, such as SaLT and CAMHS.

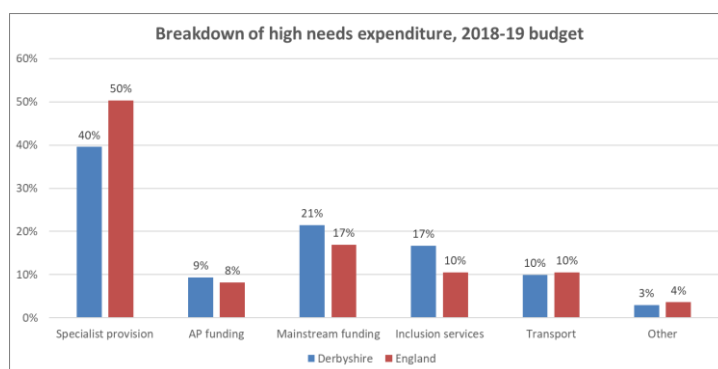
- **Specialist SEND and AP provision** – there are currently 23 ERs, which are specially-resourced provisions based within mainstream primary and secondary schools specifically for pupils with EHCPs. Currently, there are ERs specialising in autism, physical impairment, hearing impairment, and to cater for a broader range of SEND (some of which have been established in areas where pupils do not have easy access to a special school). There are then 10 state-funded special schools located within Derbyshire. These include schools that operate as area special schools, catering for a wide range of needs in a locality, as well as those with specialisms in autism, SEMH and cognition & learning. All operate on a cross-phase (primary-secondary) basis – nine of the special schools cover Key Stages 1-4, and six of these schools also offer post-16 provision for pupils, while Holly House (which specialises in SEMH) covers Key Stages 2-3. As noted above, there are three support centres providing AP. There is also an Inclusion Pathways Team that is responsible for providing education to pupils from the sixth day after a permanent exclusion and support pupils' transition into a support centre or back into a mainstream school. Derbyshire also place young people in specialist colleges, including Landmarks College and Portland College.

For the financial year 2018-19, Derbyshire was allocated £69,915,000 in its high needs block. This is the amount of resource, distributed from the Department for Education as part of the dedicated schools grant, that is available to the local area to meet the needs of children and young people aged from birth to 25 with high needs.

Derbyshire's allocation of high needs block resources compares favourably with similar local areas (statistical neighbours), and was set deliberately at this level to reflect historical patterns of spending on high needs, although it is below the national average.<sup>6</sup> As an indicative amount per pupil aged from birth to 19, Derbyshire's high needs block is the equivalent of £324 per pupil, compared to an average across similar local areas of £289 and nationally of £334.

Derbyshire also receives less funding per pupil in mainstream schools than is the case nationally. According to the published allocations of school funding for 2019-20, Derbyshire receives the equivalent of £3,971 for each primary pupil compared to the national average of £4,155, and £5,002 for each secondary pupil compared to the national average of £5,430.<sup>7</sup> In overall terms, the funding for Derbyshire schools has increased through the introduction of the schools national funding formula, although the impact of these increases varies at individual school level. These relative levels of overall funding are relevant, however, when we describe in subsequent chapters some of the pressures that mainstream and special schools feel in relation to their budgets and how they use these to support young people with additional needs.

As we describe in chapter four, Derbyshire invests a more significant proportion of its high needs block and other high needs resources (for items such as transport and SEN administration) on inclusion in mainstream schools and settings and targeted inclusion support. As the chart below shows, Derbyshire spends a greater proportion of high needs resources on funding inclusion in mainstream schools and settings (mainly per-pupil top-up funding; 21% compared to the national average of 17%) and more on targeted inclusion services (17% compared to 10%). While the proportion of Derbyshire's spend on specialist provision is less than the national average (40% compared to 50%), spend on top-ups for specialist provision is still the largest area of spend on high needs (£30.1m, not including place-led funding for specialist settings that is passported directly to providers, compared to £16.3m for mainstream top-ups and £12.7m for targeted inclusion services).



<sup>6</sup> Section 251: 2018 to 2019, Department for Education

<sup>7</sup> National funding formula tables for schools and high needs: 2019 to 2020, Department for Education



## Three overarching messages

### During the period covered by the current SEND strategy, a number of innovative ideas have been introduced into the Derbyshire system

A significant recent focus of work in Derbyshire, as in local areas across the country, has been on implementing the SEND reforms, introduced from September 2014. Derbyshire's current SEND strategy, which was introduced in 2016, focused on a number of initiatives to embed the principles of the SEND reforms. These included:

- implementing a new locality-based structure for the SEN service;
- developing a SEND commissioning hub for SEND across education, health and care;
- introducing a process for mainstream schools to be able to access additional high needs funding without having to go through the statutory EHC assessment process – this is known as GRIP; and
- investing in preventative support to increase the inclusive capacity of the local system.

The importance of many of these initiatives was recognised by Ofsted and CQC in their report following Derbyshire's local area SEND inspection in November 2016. The inspection report commented positively on the progress Derbyshire had made in implementing the SEND reforms, including setting out a clear strategic vision for the local system, developing clear support pathways, and fostering partnership working and stakeholder engagement at a strategic level. While the inspection report also highlighted the need to strengthen understanding of the SEND reforms at frontline level across partner agencies, inconsistencies in the identification of need, and engagement of young people and parents in shaping plans and support, we consider that it is important to note that the inspection recognised areas where the local system in Derbyshire was making progress in implementing the reforms.

We would add two further points to this from our review. First, we note that several of the principles behind many of the initiatives that have been introduced through the current SEND strategy chime with what we would recognise to be effective practices we have seen in other local areas through our national research.<sup>8</sup> In particular, we would argue that the idea of having a means for mainstream schools to access inclusion funding without relying on the statutory assessment process is a sensible idea, the need for which has been echoed by other councils and schools in our research. We note, however, that there are some issues about how GRIP has been implemented in Derbyshire, which we describe in the following section of this chapter. As we describe in chapter three, while there are challenges with how GRIP and other day-to-day processes for accessing support are working, we consider that it is important not to lose sight of the value of the principles that underpin GRIP and to ensure that GRIP can be delivered more consistently and effectively in practice.

Second, we know from other national research and local reviews that local areas are facing considerable and growing pressures on high needs provision and resources.<sup>9</sup> Relative to other local areas, in Derbyshire, these pressures are not yet at the critical stage that they are in many others. Nevertheless, Derbyshire is seeing many of the same trends:

- the high needs block has not in the past been significantly overspent, yet it is under growing pressure, was overspent in 2018-19, and is projecting a pressure for 2019-20, while there is likely to be a overspend in the current year;
- EHCPs are not rising as they are across the country (indeed, numbers fell in Derbyshire last year), yet there are frustrations about access to support through GRIP and EHCPs;
- the proportion of young people placed in out-of-county provision, including independent and non-maintained special schools (INMSSs) is lower than is the case nationally, but is rising; and

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<sup>8</sup> See, for example, our research for the Local Government Association on examples of effective practice in local SEND systems – *Developing and sustaining an effective local SEND system: A practical guide for councils* (2018), Local Government Association.

<sup>9</sup> See another recent Local Government Association research project we undertook on high needs funding pressures – *Have we reached a tipping-point? Trends in spending for children and young people with SEND in England* (2018), Local Government Association.

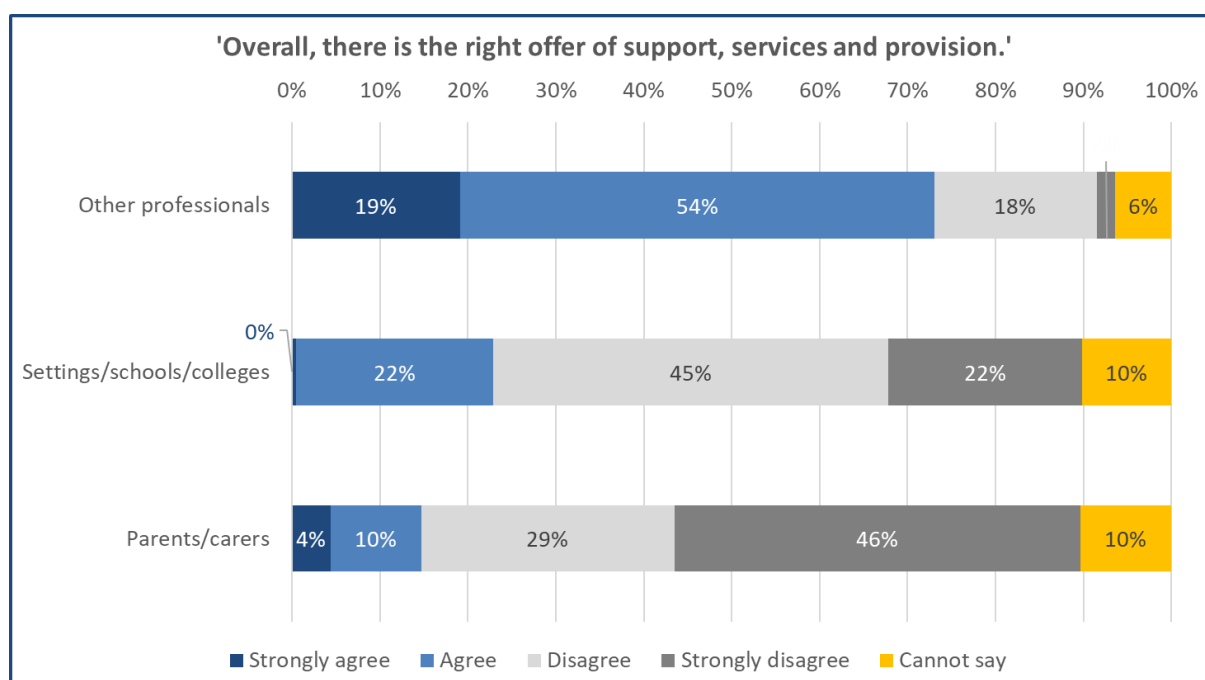


- while some data suggest that Derbyshire is an inclusive education system (a higher proportion of pupils with EHCPs are educated in mainstream schools than is the case nationally), there is evidence that the pressure on inclusion support is growing, and rates of exclusion in mainstream schools in Derbyshire is high.

If these trends are not addressed swiftly, they will increase the pressure on high needs block and other local resources, and on support, services and provision. In turn, this will reduce resources available for pro-active inclusion and preventative work, which will only exacerbate these issues.

## Nevertheless, during the review, we had feedback about frustrations with the day-to-day operation of the local system and some of its core processes

At the same time, during the review, we had feedback about frustrations with how core systems and processes governing the day-to-day operation of the system were operating. These frustrations were expressed by both parents and professionals, consistently across the county, and focused on systems and processes for accessing support for school-age children – mainly GRIP and the EHC assessment processes. We describe these messages in more detail in chapter three, but the main frustrations expressed related to the fact that, as one parent put it, ‘it doesn’t feel like a system’. There were concerns that the process of requesting support can feel for some to be adversarial, lacking in transparency and consistency, can be slow to respond, and can be overly focused on gatekeeping, rather than working with professionals or parents to find support and solutions together. Some education professionals commented that they felt distrusted, that their professional judgements were not taken into consideration unless they were backed up by a medical diagnosis. Some parents felt services could work together better, and for some there was a lack of confidence that support would be delivered. Some parents explained that this was one of the reasons they focused on obtaining a statutory EHCP and medical diagnoses for their children’s needs. Overall, the strength and widespread nature of these views suggested a need to develop the trust within the local system. This, along with some of the trends we described in the preceding section, if left unchecked, could undermine some of the key relationships between strategic leaders, professionals and families that are at the heart of the SEND reforms and essential to an effective local system of support for young people with high needs. It is therefore positive that a strategic review has been commissioned.



During phase one of the review, we ran a series of short online surveys. These surveys were offered to parents, providers (leaders and SENCOs or equivalent working in early years settings, schools and colleges), and other professionals (working in services for young people with high needs offered or commissioned by Derbyshire County Council or health services commissioned by one of the CCGs). We were able to ask a number of the same questions of

these three groups. Throughout the six main chapters of this report, we will draw on the survey responses from these three groups in presenting our findings. One overall message we wanted to highlight at the outset, however, was the fact that we identified a clear pattern in the responses from these different groups. The chart below shows responses as to whether professionals, providers and parents agreed or disagreed with the statement that, ‘Overall, there is the right offer of support, services and provision’.

The chart shows that almost three quarters (73%) of professionals (the vast majority of responses came from professionals working in LA central inclusion services) agreed with this statement. Two thirds of providers (67%), however, disagreed, as did three quarters (75%) of parents. This illustrates some marked differences in the perspectives of how effectively the current system is supporting young people with high needs, with professionals from central services far more positive than providers or parents. This pattern of responses was replicated across the other responses to the survey, as we describe in subsequent chapters.

## **Looking ahead to a new high needs strategy, we would suggest that this is built around three core “building blocks”**

The first of these is to focus on embedding core systems and processes so that they are operating effectively and as intended, delivering consistently and transparently across the county. As we describe in the chapter three, there were concerns raised about the consistency of decision-making processes relating to access to support – access to funding through GRIP (the graduated response for individual pupils) as well as the statutory EHC assessment process. As we describe in other chapters, however, the same points about the need for consistency apply to mainstream inclusion support, the role and admissions of specialist provisions including the ERSs and special schools, and planning for young people’s transition to adulthood.

Second, while the current SEND strategy has focused on implementing the SEND reforms and core systems, processes and structures, feedback we have gathered during the review suggests that there is both an opportunity and a need to focus on developing a clear “strategic blueprint” for high needs support, services and provision across the county. An overall theme in the feedback we gathered on the offer of targeted services, the ERSs commissioned, the specialisms of special schools, and AP pathway, and the offer across services for young adults with SEND was that services and provisions have not always developed in planned way. Instead, some have developed in isolation, at specific times and in response to specific needs. The result of this is that there are some areas of perceived duplication and some gaps in what is available for young people with high needs. As such, this strategic review has provided an opportunity to consider how the continuum of universal support, targeted services and specialist provision can better fit together, and how the offer of support can be refocused on current and future needs.

If this second building block focuses on how services fit together across the county, the third building block concerns how services work together seamlessly across the ages and phases of a young person’s life. A strong theme that has been expressed by young people, parents and professionals throughout this review has been one of the importance of focusing on achieving long-term outcomes for young people. In this context, preparation for adulthood, which is the focus of chapter six, is not simply shorthand for the transition young people make when they leave school or college. Instead, “preparation for adulthood” encompasses the efforts of those in pre-school settings, primary, secondary and special schools, colleges, professionals working in inclusion, health or care services, and all others involved in supporting young people with high needs to help young people to articulate their aspirations and to focus their support on enabling them to achieve those goals. As we describe in chapter six, there were strong views that the future high needs strategy needs to focus on raising aspirations, enabling young people to pursue their goals, and achieving (and being able to evidence this) the best long-term outcomes for young people with high needs.

# Chapter one: Strategic partnership working and co-production with parents and young people

## Key findings

### There are some strong relationships with parents of young people with SEND at a strategic level

This was something that was highlighted in the 2016 local area SEND inspection report, and something we have seen further evidence of during the review. DPCV, the local parent carer forum, is well represented on key strategic fora, including the SEND Strategic Board. The Board includes representative of all key strategic partners in the local system, and plays an important role in overseeing how the system is working and shaping its future direction. Indeed, DPCV have been heavily involved in this review, not just as a participating body, but right from the outset in shaping how the review would work and commissioning the project. In responses to our survey, we heard many positive comments about DPCV as an invaluable source of information and a vital network for parents of children with SEND to share information and get advice from their peers.

### There is, however, both the opportunity but also the need to engage a broader group of parents and to develop new co-productive initiatives

We will refer to “co-production” throughout this report, both in terms of relationships with families as well as work between professionals across different services and disciplines. From our national research, we would argue that working co-productively is a crucial element of an effective local high needs system. When we refer to “co-production”, we mean an approach that is characterised by seeking to address challenges and improve support by working with those affected by those challenges and who rely on that support to find shared solutions. It is a strong theme in the SEN code of practice, and has been highlighted as an important aspect of good practice in the summary of key messages from the first year of local area SEND inspections.<sup>10</sup>

In Derbyshire, there was a significant focus on co-production related to the implementation of the SEND reforms. We understand that parents and young people were involved in helping to shape the local offer, the design of EHCPs and how the locality model for the SEN service would operate. Strategic leaders and parents noted, however, that this strategic review was the main instance of co-productive working taking place currently. We found consensus that there was both the opportunity, but also the need, to develop new avenues for co-production. This is needed because, while there are strengths in the local system, there are also challenges in the day-to-day operation of the system and gaps in support and services available. For example, in our online survey, when presented with the statement ‘I have been able to access the right support that has met my child’s needs’, two thirds (67%) of parents disagreed (22%) or strongly disagreed (45%).

Attempts to address these challenges and fill these gaps can only be improved by being entered into in a spirit of co-production. On a positive note, through the review we identified a number of potential co-production activities. These offer opportunities both to address some immediate challenges, but also to foster and embed a culture of working co-productively with parents of young people with SEND across the local system. We highlight some of the key potential opportunities in the section on recommendations at the end of this chapter.

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<sup>10</sup> *Local area SEND inspections: one year on* (2017), Ofsted and CQC

## **Likewise, there are opportunities to strengthen ways in which young people can take ownership and shape their own support, as well as the wider local system**

Just as there is the need and the opportunities for greater co-production with parents, so too we found that there is scope to strengthen how young people are involved in shaping support at a day-to-day and whole-system level. Strengthening participation of young people was identified as a priority under the current SEND strategy. During the review, we heard about the ways in which young people with SEND are well-represented on county and district youth councils. Supported by the Participation & Children's Rights Team, this helps to ensure that the voice of young people with SEND is heard specifically in the context of broader initiatives and issues concerning young people.

The colleagues we engaged during the review also noted, however, that there is not currently a well-established mechanism for young people with SEND to help to shape local issues relating to SEND itself. While young people with SEND take part in discussions and groups within the schools, colleges or local groups, there is not a county-level Young People's SEND Board or a formal network of groups through which young people with SEND can contribute to and shape strategic priorities and initiatives across the county.

We would argue, based on our national research, that there needs to continue to be a focus on strengthening participation, co-ownership and co-production with young people with SEND. This can be beneficial at both individual and system level. At individual level, this can help to provide opportunities for young people to shape the support they receive and to articulate their aspirations for the future and for their adult life. This can, in turn, give young people valuable experience of being consulted on and co-producing plans and solutions, which in turn can equip them to play a greater role in shaping strategic initiatives. If, as many strategic leaders and professionals argued, there is the need to shift expectations, raise aspirations and improve long-term outcomes for young people with high needs, fostering opportunities through which young people can give voice to their aspirations and the support they want in achieving those goals will only help with that agenda.

## **Recommendations**

### **Recommendation 1.1: Build on existing strong strategic relationships with parents of young people with SEND by broadening strategic engagements and participation**

While DPCV are represented and play an important role at a strategic level within the system, there are opportunities to build on these relationships in two ways. First, recognising Derbyshire is a large county, and the experiences of parents and the needs of their children are diverse, we suggest that there is the need to develop additional opportunities for parents and other, more locally based parent groups to be engaged in shaping strategic developments across the county. There is already some work underway to create a more formal network of local parent groups, facilitated by the SEN service in each locality. We suggest these links could be formalised so that there are regular and formal means for local groups to share feedback and suggestions to shape local support and services. Second, we know from our national research that it can be difficult to capture the voices of parents of children on SEN support. Fostering links with schools and developing routines for gathering feedback from this group of parents would also be a way of broadening the range of parent voices that are part of strategic discussions about SEND and high needs. Overall, therefore, we suggest that there are opportunities to consider how local resources – and we understand that there is some funding that is budgeted for strengthening participation – could be used to encourage and enable parent groups and local services to engage an broader group of parents of young people with SEND.

### **Recommendation 1.2: Identify and develop some specific co-production projects with parents**

As we describe earlier in the chapter, there is both the need and the opportunity to develop some specific co-production projects in order to tackle current challenges and to foster a culture of co-production. We suggest that a

small number of immediate priorities are identified as the focus of some initial co-productive work between parents, local strategic leaders and professionals. Based on the feedback we gathered, we suggest these could include:

- strengthening the local offer and considering routes through which parents can access information about support and services, what is available, how to access it and so on;
- setting out some core expectations about how mainstream schools and parents can work together, how to ensure effective two-way communication, and how to make best use of respective knowledge and expertise; and
- how parents (and young people) should be involved when requests for additional support are being made.

### **Recommendation 1.3: Develop a formal framework for engaging young people in strategic initiatives and questions facing the local system**

We suggest that there should be a formal mechanism through which the views of young people are sought and used to shape strategic questions facing the local system. From our national research, we know that larger, rural areas have tended to do this by having a central young people's board, which feeds into the equivalent of Derbyshire's SEND Strategic Board. In addition, those local areas have also brought together existing groups of young people with SEND in schools, colleges and youth settings in a network. Groups within this network are then consulted on key strategic questions relevant to ongoing work across the system. The "network" idea often relies on there being someone to co-ordinate it. Local areas that have developed such an approach consider that creating a small amount of capacity can ensure a wider group of young people are included and engaged in strategic initiatives, including those who for reasons of travel or otherwise may not be in a position to contribute to a formal board-style meeting.

# Chapter two: Partnership working and joint commissioning across education, health and care

## Key findings

### We heard several examples where partnership working is working well or has been strengthened in Derbyshire

The partnership landscape in Derbyshire is diverse. Four main CCGs operate within the area covered by Derbyshire County Council: these are Erewash, Hardwick, North Derbyshire and South Derbyshire. Some parts of Derbyshire, specifically parts of the High Peak area, are under the remit of Tameside and Glossop CCG. There is a strong view among parents and professionals that this can result in differences in the services that are commissioned and consequently what is available for young people with SEND in the High Peak compared to other parts of the county. The four main CCGs have arrangements for commissioning health services jointly, and have some joint appointments relating to SEND, including a commissioning lead post and a designated medical officer. During the period when the review was taking place, the four CCGs were going through a process to merge into a single, combined CCG.

Children's and adult social care services are provided by the LA. The offer of early help and family support is provided through what are called the multi-agency teams (MATs), on a locality basis. There was also a parallel review of the early help offer that was underway at the same time as this strategic review of high needs.

During the review, we heard several positive examples where services provided by partners were contributing effectively to support for young people with SEN and where work had been done to strengthen partnership working, including in areas highlighted in the local area SEND inspection in 2016. For example, we heard positive feedback from parents and professionals about the quality of SaLT services and about CAMHS for young people with learning difficulties. There was also recognition of the work done to define and deliver a clear offer of support from local health services for pupils educated in special school. (The point was also made to us, however, that capacity to offer health support was stretched at a time when the needs of the pupils educated in special schools were becoming more complex.)

While we are aware of significant work through the *Future in Mind* agenda and the most recent transformation plan to strengthen mental health support, we would also want to acknowledge that support for young people with mental health was a significant concern for many of the education professionals – leaders and SENCOs in schools and colleges – who contributed to the review. They argued that there was a significant gap between what they could provide as universal services and the threshold for more specialist CAMHS support. They described how this could often place additional demands on pastoral and SEN leads within education settings, and on family support services such as the MATs.

There was also positive feedback from parents and some mainstream schools about what, at the time, was the offer of early help in some localities. This was not necessarily consistent across all localities, however. At the same time, special school leaders considered that the current offer of early help and family support was not pitched at the level that the families of their pupils required. Special school leaders considered that they were paying into the early help offer, but not getting sufficient value from the support they received.

In relation to the review of early help, during the latter stages of our work, colleagues flagged up concerns about the potential implications of proposed changes to the delivery of early help for families of children with SEND. This may reflect a lack of clarity about or confidence in the implications of the proposed changes to early help. Their perception was, however, that schools were being asked to take on greater responsibility and that there would be less direct family support, with implications for the holistic support that could be offered to the families of children with additional needs.



## There was a strong consensus about the need to strengthen joint commissioning

Strengthening joint commissioning has been a central priority in the current SEND strategy. A key part of this was intended to be the establishment of a SEND commissioning hub, which would bring together partner agencies to consider trends, gaps and projections, and make recommendations for ways services could be jointly commissioned to respond to future needs. During the review, there was consensus that the fact the hub had brought the right people around the table and had helped to tackle some important operational and placement decisions, but also that it was not yet working in the strategic way nor having the impact that had been envisaged originally.

Overall, therefore, colleagues were of the view that the fundamental purpose, terms of reference, and ways of working for the SEND commissioning hub needed to be revisited. We would argue that there needs to be a clear distinction made between strategic commissioning and decision-making on individual placements that require input from several agencies. We would argue that both are important. Furthermore, as we describe in chapter five, there are opportunities to involve providers, such as special schools, in both operational decisions about placements of young people to avoid the need for out-of-county placements where these are not appropriate, as well as strategic discussions about future trends and shaping the offer of local provision. There are also opportunities to involve parents more when considering how to plan, design and commission services. DPCV are already represented on the SEND commissioning hub, but there was interest from parents in forming a “consultation group” or being routinely consulted on new developments and commissioning plans through the parent networks described in chapter one.

Fundamentally, the consensus from the review appeared to be that the SEND commissioning hub should be refocused on its intended role as a strategic commissioning group, focusing on taking a system-level overview of trends, gaps and the services that were needed to meet future needs. This should be distinguished from more operational decision-making process about placements for pupils who need support from a range of agencies and those who may otherwise need to be placed out-of-county due to a lack of local alternatives.

As noted above, the feedback from schools suggested that the pathway for SEMH support should be an immediate focus for joint commissioning activities. As we have also mentioned, work is underway on this front through the *Future in Mind* transformation plan, which was published in November 2018. This process has picked up many of the gaps described to us during the review, and plans are in place to strengthen early intervention, mental health advice to clusters of schools (through community advisers), strengthening school nursing, and developing a 0-25 offer to match the SEND statutory framework. At the time that the review was nearing completion, CCG leads were in the process of appointing providers to deliver these services. As school leaders emphasised to us, however, it will be important to continue to keep the SEMH pathway under review, to consider how these new initiatives are contributing to a more joined-up offer of SEMH support, how needs are developing and whether there are further actions that need to be taken to strengthen local SEMH support.

## There is the need to continue to strengthen join-up between services in the day-to-day operation of the local system

We understand that significant work has been undertaken since the local area SEND inspection to improve awareness and understanding of the SEND reforms amongst frontline professionals in health and care services, as well as education. Nevertheless, during the review, we heard examples of professionals providing inconsistent messages about what support was available or might be appropriate for a young person, and how it could be accessed. Examples included health professionals, notably GPs, advising parents to seek specific types of education placements for their children, or MAT workers saying parents should only seek advice from DIASS if their child was on the brink of a permanent exclusion from school. We appreciate that these are anecdotal examples, but we would also argue that they suggest that there is the need to strengthen understanding of the support, services and provision that make up the continuum of high needs support, the roles of each service within this continuum, and how these fit together. This matters because, for many parents, their first discussion about their child’s possible additional needs may be with a health visitor, portage worker, GP, early years professional or family support worker. It is crucial that, as children develop and as their families make choices about their education and support, professionals are able to offer

consistent advice based on an accurate understanding of what services are available locally, and how and when they can be accessed.

Another area where further join-up is required is around input into EHCPs. This was one area where parents considered 'it doesn't feel like a system'. Many parents commented in their survey responses and in the workshops that they did not feel the EHCPs brought services together as well as it could, and parents were sometimes the ones chasing up and trying to co-ordinate inputs from education, health and care services, with limited input from some agencies. There was a strong message from the review about the importance of ensuring that there is an explicit agreement across agencies about how education, health and care services will contribute to assessments, plans and reviews. This needs to be articulated clearly so that it is understood by strategic partners, professionals, providers and families.

## Recommendations

### Recommendation 2.1: Revisit the purpose of the SEND commissioning hub

The SEND commissioning hub was originally intended to function as a strategic commissioning group taking a system-level view of current and future needs and recommending how these could be met through jointly commissioning support and services across partner agencies. We suggest that there is the need to confirm that this should be the role of the SEND commissioning hub, as distinct from arrangements for dealing with individual placement decisions that require multi-agency input. The future role of the SEND commissioning hub should be articulated in a more tightly defined terms of reference, with a set of core routines, data flows and a decision-making cycle agreed. While colleagues considered that the group had the right membership, they recognised that it was important that this agenda was owned by a senior leader and driven forward to give authority and weight to the group's decisions and ensure these could be put into practice.

At the same time, as we describe in chapter five, there is the need to redesign the process around individual placement decisions for young people's whose needs require a multi-agency response and, in some cases, may require an out-of-county placement due to a lack of local options. In chapter five, we suggest that this process is designed so that providers, including special schools specifically, can be actively involved in these decisions, as well as helping to shape the longer-term, strategic commissioning priorities.

### Recommendation 2.2: Identify some specific priorities for joint commissioning

In part to strengthen and embed joint commissioning, and, as we describe in the next chapter, in part to help to develop information about available support through things like the local offer, we suggest there would be value in considering specific types of needs, describing the current pathway of support, and identifying any gaps. Based on the feedback we gathered, we would suggest starting with SEMH and autism (or more broadly communication & interaction needs). This process would involve strategic leaders and commissioners across services:

- jointly plotting out how the current pathway of support for a specific type of need is arranged (and how this could be explained to frontline professionals or families);
- collating intelligence about current needs and trends;
- comparing the two and identifying any gaps in the pathway of support for that type of need; and
- shaping what sort of support might be required to fill those gaps and provide a seamless and coherent pathway of support.

We know that work on strengthening SEMH support is already underway, through the work on the *Future in Mind* local transformation agenda. We think that there would be value in partners considering collectively how current and planned SEMH support fit together in a pathway, so that this can be articulated as part of a single, joined-up offer, and, if appropriate, any future gaps can be identified and addressed. Likewise, we think there would be value in undertaking a similar exercise in relation to support for young people with autism and other communication & interaction needs. We suggest an aspiration should be to undertake similar exercises for all four categories of need in



the SEN code of practice – SEMH, communication & interaction, cognition & learning, and sensory and/or physical needs – and to review the support pathways for these needs as part of an established cycle of joint commissioning.

### **Recommendation 2.3: Continue to work with frontline professionals to ensure a consistent understanding of the local continuum of support, services and provision for young people with SEND in Derbyshire**

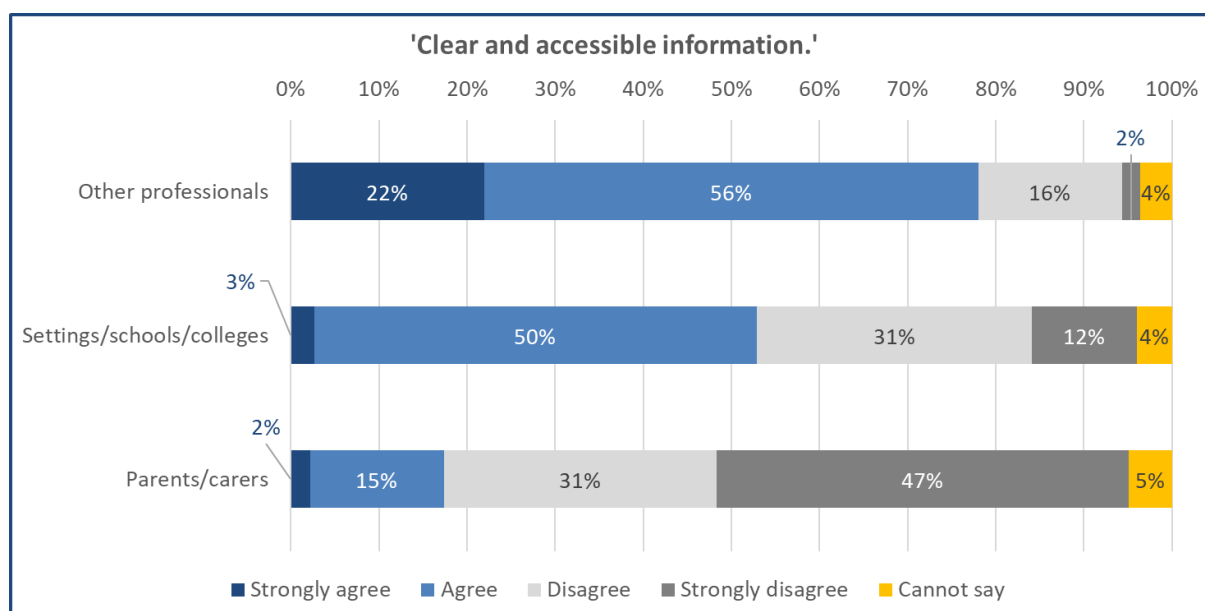
As we describe earlier in this chapter, a significant amount of work has gone into building awareness of the SEND reforms amongst frontline professionals. The feedback we have gathered suggests that this work should continue, but with a specific focus on ensuring that professionals have a consistent understanding of the continuum of support that is available locally, the roles of individual services and provisions, and how they fit together. There may be opportunities to embed this within workforce development approaches and strategies across agencies and partners, such as through work around *Future in Mind* and the transforming care partnerships. At the same time, our evidence suggests that, particularly from the perspective of parents, further work is needed to clarify and communicate how all agencies, including health and social care, should be involved with and contribute to EHC assessments, plans and annual reviews. Doing this is vital to ensuring the strategic commitment to partnership working is translated into consistent practice and communication in frontline services, as well as giving parents greater confidence that services are working together as part of a joined-up system to help their child develop, thrive and achieve good outcomes.

# Chapter three: Identification and assessment of needs, information and access to support

## Key findings

### There were mixed views about the quality and accessibility of information about available support

Many providers were positive about the local offer and the information about local support, services and provision that it provided. The extent to which providers, and some parents, were positive about the local offer, however, seemed to depend on whether they already had some knowledge of locally available services, and were using the local offer to find out more about how a specific service. The general view seemed to be that the local offer worked well as a resource for finding a service *if you knew what was available and were clear what you were looking for*. Other parents and providers, specifically those who were new to Derbyshire or were seeking more of an overview about what services were available so as to navigate to the right one, were less positive about the local offer and information on local support. Parents were also positive in their feedback about information and advice provided by DIASS, and other parent networks such as DPCV. These mixed views, taken from our online survey, are shown in the chart below.



Through our online survey, we asked professionals, providers and parents to respond to a statement that 'There is clear and accessible information about the support, services and provision available to support children and young people with SEND and other high needs in Derbyshire.' As the chart above shows, three quarters (78%) of professionals in central services strongly agreed or agreed with this statement, whereas providers were more split with just over half (53%) strongly agreeing or agreeing. Parents, on the other hand, were more likely to disagree: three quarters (78%) disagreed with the statement. A strong view from parents was that the local offer needed to provide a clear introduction to the SEN and high needs system in Derbyshire, an overview of the continuum of available support and support pathways for specific types of needs, and to help them to navigate to the right place to find the support they needed.

During the latter stages of our review, work was undertaken to review, refine and relaunch the local offer. The intention was to strengthen the local offer, learning from approaches that have worked well in other local areas, and to refocus the local offer on its original purpose of being very much a living, responsive, practical and up-to-date source of information and practical support for parents and providers. We would argue that, just as the design of the first iteration of the local offer was developed with parents, young people and providers, the ongoing work to develop the

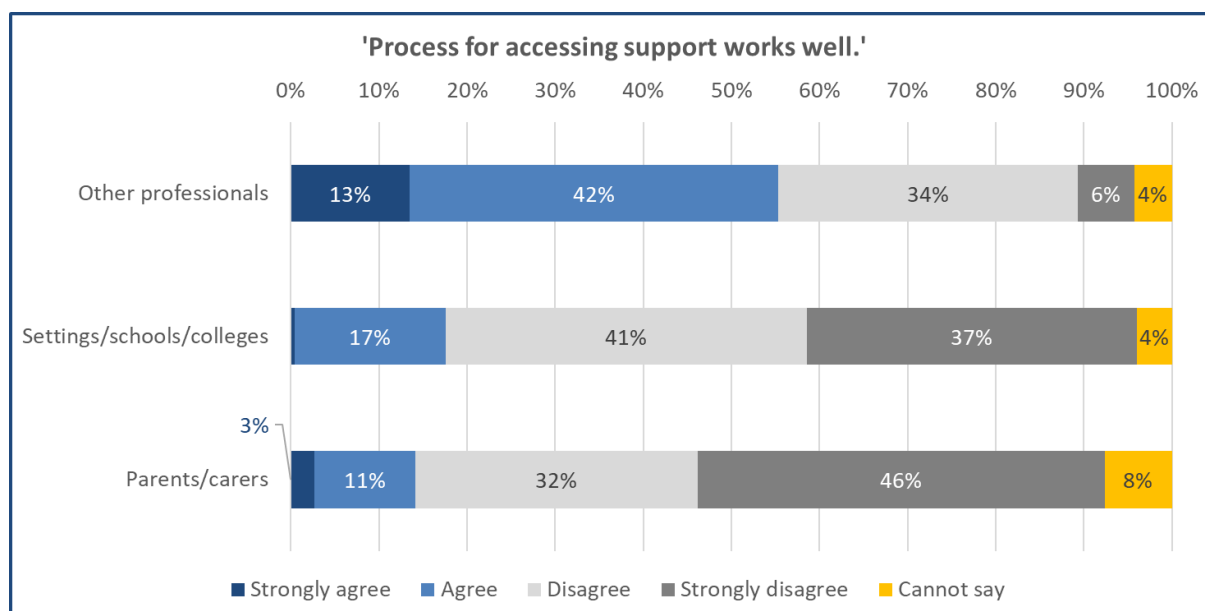
local offer and keep it up-to-date provides an important opportunity to work co-productively with those groups to ensure the local offer fulfils their needs and addresses the feedback they have shared during this review.

## Strong views were expressed by parents and professionals about the challenges in accessing support for young people with high needs

As we described in our chapter on overarching messages, a significant amount of the feedback we received during the review, from both parents and providers, particularly colleagues working in schools, concerned frustrations about the process for accessing support. The concerns raised by fell into three broad categories, which were that:

- the process for accessing support can feel adversarial and focused on gatekeeping, rather than being based on mutual trust between services working together to find shared solutions;
- the speed of decision-making can be too slow and unresponsive, in some instances due to backlogs in processing requests for support, but, in some instances, requests were reported to have been turned down because a young person's needs were not yet serious enough to require additional support; and
- the reasons that decisions had been taken were not always transparent, consistent and communicated clearly.

The strength of these frustrations is shown by responses to our online survey, as shown in the chart below.



Parents, providers and other professionals were asked to respond to the statement, 'The current process for accessing additional support for children and young people with SEND and other high needs in Derbyshire works well.' Over half (55%) of the professionals in central services agreed with this statement, but conversely over three quarters (78%) of both parents and providers disagreed or strongly disagreed that the process for accessing support worked well.

A specific focus of these frustrations was what is called GRIP, or the graduated response for individual pupils. This is intended to be an approach that enables schools to access additional funding to support pupils with high needs on a time-limited basis that is not linked to the statutory assessment process. We would argue, based on our national research, that this is a sensible approach in theory: it offers a means of providing focused support for inclusion in mainstream schools without creating perverse incentives to apply for statutory assessments and plans in instances when these might not be appropriate. There was broad support for the *principle* behind GRIP from schools colleagues, and from some of the parents we engaged. There were, however, eight specific concerns raised about how GRIP was perceived to be operating *in practice*:

1. a lack of transparent and consistently applied criteria for deciding on requests for GRIP support;
2. an over-reliance on paper-based and health-related referrals, which was interpreted as indicating a lack of trust in the judgement of other professionals, particularly those working in educational settings;

3. delays in reaching decisions and providing support (specifically in the south of the county, where there have been staff shortages and where backlogs have developed previously);
4. inconsistent decision-making (examples of requests for support for pupils with the same needs receiving different responses), in part related to a lack of consistent membership of decision-making panels;
5. a lack of understanding that schools may put in place support initially, over and above what they would be expected to contribute to a pupil's support costs, and then apply for funding – schools perceived that this could count against their request for support, since they would be seen to be meeting the pupil's needs already and not need any further support;
6. a lack of consistent communication of the reasons why certain decisions were made;
7. funding is not calculated in a way that enables schools to cover the full costs of support – specifically, funding was often only provided during class time, but not at other times during the school day, and there was seen to be a lack of pragmatism about using GRIP funding to support several pupils with similar needs (particularly where these related to their social and interaction skills); and
8. take-up for GRIP is much lower among secondary schools than primary – data shared with us suggest that 82% of GRIP funding packages are for pupils in primary school.

We recognise that, during the review, the LA has sought to act on some of this and other feedback on GRIP. Specifically, the LA has changed the way GRIP works so that funding awarded is now back-dated to the date when it was applied for (which picks up point 5 in the list above) and have amended the application and decision feedback forms (which may help to address point 6).

We should also note that there were more positive comments about the approach to providing additional support through the EYIF, or what was previously known as ETAEYS (which stood for enhanced temporary additional early years support). Colleagues attributed this to the fact the EYIF has a settled core membership and thus decisions are seen to be more consistent. It should also be noted that EYIF is in a position of dealing with a smaller number of requests for support than the GRIP process. There were, however, concerns raised by some early years settings about the time taken to reach decisions, the speed with which funding was made available, and further advice and support if applications for EYIF were not successful.

There is also the need to ensure that parents understand the purpose and practice of GRIP, and have confidence that the support that is being funded through GRIP is being delivered effectively. There was a perception among some parents that the existence of the GRIP process was being used to prevent access to EHCPs. We understand that this is not the intention behind GRIP, nor is there anything in the operation of GRIP that should preclude parents from exercising their legal rights to request an EHC assessment. Parents also shared some examples where they considered that funding was being used to support school budgets, rather than used for the specific pupil-related purposes for which it was intended. These examples show that there is the need to ensure that the purpose, principles and use of GRIP are transparent to and understood by parents, and that there are appropriate mechanisms through which schools can be accountable for how high needs funding distributed through GRIP is used.

Although we did not hear a lot of feedback about TAPS (temporary additional pupil support) during the review, those we did hear reflected some of those we heard in relation to GRIP. Specifically, the view was that TAPS, which is designed to provide swift, short-term funding to enable schools to put in place immediate interventions, was a sensible idea, but there would be value in revisiting its fundamental purpose, how it fitted with GRIP and other forms of top-up funding, and whether there was evidence that it was achieving its core purpose.

## **There were similar views expressed about the EHC assessment process**

Similar frustrations to those concerning GRIP were raised about the EHC assessment process. Some parents and providers reported concerns about how EHCPs were developed and the consistency and quality of the plans themselves. Concerns included:

- parents and providers reporting that some EHCPs were written using generic language, and were not specific enough in their descriptions of a young person's needs;

- some EHCPs included generic statements about outcomes, and could be more concrete or specific to the young person;
- some parents reported feeling that they could have been more meaningfully engaged in the process of developing the EHCPs – for some it felt like the plan was written in isolation, with information not included or included inaccurately;
- some plans being written based on the services that have historically been available (and thus being limited where a form of support is required, but the service that could provide that is not something that is available locally), rather than EHCPs being used as a form of intelligence to inform commissioning priorities; and
- some concerns that some EHCPs were not kept up to date through annual reviews, which can lead to frustrations for parents and providers when planning support or preparing for a key transition in a young person's development.

It is important to note that some of these concerns will relate to EHCPs that have been developed over the past four years. Senior leaders and colleagues within the SEN service would acknowledge that there have been challenges during this period in terms of the rate of completion of EHCPs within the 20-week timescales, the consistency and quality of plans, and the rate of conversion of previous statements and learning difficulty assessments to EHCPs by March 2018.<sup>11</sup>

The feedback gathered during the review would suggest that there continues to be the need to strengthen these processes and improve the quality and specificity of EHCPs. For example, published data show that the rate of appeals against decisions to assess or issue plans is higher in Derbyshire than is the case nationally. In 2014-15, the rate in Derbyshire was 3.9 per 10,000 school-age pupils, while nationally it was 3.7. By 2016-17, this had risen to 7.7 in Derbyshire, compared to 5.5 nationally. There is also a rising number of appeals going to mediation (17 in 2016, 30 in 2017) and the proportion going to the Tribunal (11.8% in 2016, 23.3% in 2017).

The evidence we have gathered also suggests that there would be value in revisiting aspects of the locality model for the SEN service. There was broad support for the principle of the locality model from most of the stakeholders we engaged (with the exception of special schools, as we describe in chapter five; and with the exception of school leaders in the south of the county, who wanted their locality team to be re-located so it is actually based in the locality). Many professionals based in schools commented positively on the locality model and the partnership with local SEN officers. Where positive feedback was given, this often related to SEN officers who had taken the time to get to know the "patch" they covered and the schools within that, who were easily contactable and responsive, and who were proactive in providing advice and support. At the same time, other schools gave the opposite feedback: they felt the locality SEN service could be better connected with their locality, have a better understanding of local schools, and could be difficult to contact. We acknowledge that the SEN service has been under significant pressure to complete EHCP transfers, and continues to manage a significant caseload of new and existing EHCPs. Nevertheless, the feedback we have gathered suggests that there would be value in revisiting some of the core systems and processes relating to the statutory assessment process. This will be vital in ensuring that there is the appropriate capacity and that the processes for carrying out assessments, writing plans, and keeping these under review are working consistently effectively across the county, and that staff in the SEN service have the tools (e.g. IT) they need to support families, schools and other settings as well as they can.

\* \* \*

There is one final, cross-cutting area where we think there is scope to strengthen core systems and processes. This relates to the way that data is recorded and captured. We reviewed published and internal data and found evidence to suggest that there would be value in seeking to strengthen the way data is captured, recorded and quality-assured so that it can be used to inform strategic and operational decisions about high needs support. For instance, as we describe in chapter four, published data suggest that there are differences between Derbyshire's profile of recorded primary needs for school-age pupils with SEND and national figures that are not accounted for by demographic or

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<sup>11</sup> In terms of EHCPs completed within 20 weeks, the rate in Derbyshire has been improving over the last two years (from 47.3% in the 2016 calendar year to 52.9% in 2017), but has been below the national average (58.6% and 64.9% respectively). In terms of the conversion of statements to EHCPs, published data shows Derbyshire had converted 44.4% by January 2018, while nationally this figure was 63.6%.

other contextual factors. Instead, these suggest there might be inconsistencies in how pupils' needs are identified and recorded. Likewise, there are some gaps, inconsistencies or duplications in the recording of data on primary need, placement types, costs of support for pupils with high needs. This suggests that there would be value in:

- revisiting the data that is collected currently;
- confirming the purposes for which this data is used;
- ensuring that there are agreed definitions and consistent approaches (e.g. recording of categories of need) in place; and
- ensuring this is understood by those involved in capturing, collating and using the data, at county and individual service and provider level.

## Recommendations

### Recommendation 3.1: Update and refine the local offer so that it provides a clear overview, introduction and practical tool for parents, providers and professionals

Work has been undertaken to update and develop the local offer, drawing on approaches that have proved successful in other local areas and adapting these to a Derbyshire context. The findings from this review suggest that the local offer for Derbyshire needs to:

- be less of a static directory of services and more of a practical, navigable tool for parents and professionals;
- set out an overview of the SEND system in Derbyshire (for parents or new SENCOs, for example);
- describe the continuum of support, services and provision, the support pathways for specific types of needs, how different services fit together, and how it can be accessed so that parents and providers can navigate to the most appropriate form of support;
- align with and inform other sources of information and advice, so that there are consistent messages about available support and consistent advice about how to access that.

As well as improving access to and the consistency of information, ongoing work to keep the local offer up-to-date will also provide opportunities to contribute to addressing some of the other recommendations we have made in this report, such as:

- fostering co-production with parents and young people (as we describe in chapter one);
- plotting out support pathways and identify joint commissioning priorities with strategic partners (as we describe in chapter two); and
- demonstrating a willingness to work in partnership with SEND professionals such as SENCOs (as we describe in chapter four).

### Recommendation 3.2: Address the concerns raised about the day-to-day operation of GRIP so that it delivers swift, pupil-centred high needs support for schools consistently effectively

Earlier in this chapter, we described that there was support for the underlying principle of providing swift, pupil-centred and time-limited funding to support the inclusion of pupils with high needs in mainstream school. We also outlined eight specific challenges related to the day-to-day operation of GRIP that were described to us. The table below sets out some potential solutions to these eight challenges.

Issue	Potential solution
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1. Criteria are not transparent.	<ul style="list-style-type: none"> <li>• <b><u>Restate the fundamental purpose</u></b>, and difference between, GRIP and EHCPs (which is appropriate and when), as well as TAPS.</li> <li>• <b><u>Review and update the criteria for accessing GRIP</u></b> – clearly part of this is about applying for top-up funding for high needs pupils (where a school needs over and above £6,000 worth of support). What about (a) <u>urgent cases</u> (clear-cut need, graduated response not appropriate) and (b) where schools have <u>disproportionate number of high needs pupils</u> mid-year?</li> </ul>
2. Over-reliance on paper-based / medical referrals – lack of trust for professionals.	<ul style="list-style-type: none"> <li>• <b><u>Dialogue before cases reach the panel</u></b> – there is a key role for the Lead SEND Officers to discuss cases and iron out any issues before cases reach panel. We understand this is already starting to happen.</li> <li>• <b><u>Foster greater links between decision-makers and SENCOs</u></b> – so there is greater mutual understanding and trust, which will help in dealing with responding to and moderating requests for support.</li> </ul>
3. Delays in reaching decisions.	<ul style="list-style-type: none"> <li>• <b><u>Clear any remaining backlogs</u></b> – this is an immediate priority, since delays in accessing support will undermine the fundamental aim of GRIP.</li> <li>• <b><u>In longer-term, ensure there are mechanisms in place to respond to GRIP applications appropriately and consistently swiftly</u></b> – this may involve setting out specific timescales for processing and reaching decisions (and how this is communicated / escalated at times of high demand). We suggest it should also involve some kind of triage system (e.g. Lead SEND Officers making recommendations on clear-cut cases, with panel time spent agreeing these but focusing discussion on more complex cases). (While Lead SEND Officers have the authority to sign off top-up funding up to £6,000, we understand that this is not being made use of consistently.)</li> </ul>
4. Decision-making is inconsistent (and panel membership changes).	<ul style="list-style-type: none"> <li>• <b><u>Ensure that there is consistent membership of GRIP decision-making panels</u></b> – this point relates to membership beyond the Lead SEND Officers. Currently, there is an open invitation for SENCOs and headteachers to sit on the panel. This has benefits in terms of transparency and professional development, but could also be contributing to inconsistency in decision-making. Three related suggestions for addressing this were put to us – (a) locality SENCOs (seconded) should sit on panel, but also provide support and follow-up dialogue, to ensure consistency, provide support, and maintain communication with schools; (b) fixed members (e.g. a pool of SENCOs / leaders sitting on panels for a term or an academic year), to ensure ensures consistent decision-making; and (c) there continuing to be a broader “observer” role, an open invitation to other SENCOs and leaders to observe and take part in discussion (albeit without a formal role in agreeing decisions).</li> </ul>
5. Lack of understanding how schools support – already put support in place, but can count against applications.	<ul style="list-style-type: none"> <li>• <b><u>Back-dating funding to the point of application</u></b> – this is now in place.</li> <li>• <b><u>There needs to be a means of ensuring that schools that are already putting in place support are not disadvantaged</u></b> – revisit how the GRIP panel can differentiate between cases where schools should be using their own resources and where additional funding is required. (This is linked to the point above about revisiting the criteria and ensuring these are robust and transparent.)</li> </ul>
6. Poor communication of decisions – not clear why decisions were taken.	<ul style="list-style-type: none"> <li>• <b><u>Test whether the new feedback forms provide schools with clear reasons why decisions have been taken</u></b>, and where they go next. If not, these then need to be refined further.</li> </ul>
7. Outputs are not calculated in a way that enables schools to afford support. Can only support individual children.	<ul style="list-style-type: none"> <li>• <b><u>There is an opportunity to work with a group of SENCOs to devise a fairer way of organising GRIP funding</u></b>. This could result in a collective decision for there to be slightly fewer GRIPs, but provide appropriate level of support. It would be useful to have this debate with SENCOs and leaders.</li> <li>• <b><u>Consider allowing schools to apply for GRIP funding for groups of pupils</u></b> – in some exceptional circumstances, where it would be pragmatic and efficient. Evaluate and learn from these approaches, especially if they encourage inclusion and achieve good outcomes.</li> </ul>



### **Recommendation 3.3: Refine core processes related to EHC assessments and plans to address concerns of about consistency, quality and specificity of outcomes**

We suggest that, as part of ongoing service review and improvement work, it will be important to consider core processes, supporting systems (such as IT), and how available capacity is used to ensure that EHC assessments, plans and reviews are undertaken in a way that addresses some of the concerns raised during the review. In particular, ensuring that parents and young people feel sufficiently engaged in coproducing and co-owning their EHCPs, that plans contain up-to-date and accurate information, and that outcomes are sufficiently personalised and specific. This is important for families and is good practice generally. Our national research suggests that this can also ensure that outcomes-focused EHCPs can be used as commissioning documents when placing young people, while information from consistently well-written EHCPs can also be collated to provide a valuable source of information about current needs that can inform commissioning priorities.

A further point made to us during the review was that different methods are used for arriving at levels of top-up funding for pupils with GRIP funding and those with EHCPs. The former are based on professionals making assessments of what support a pupil needs, whereas the latter, in both mainstream and special schools, are based on funding bands. Colleagues we engaged during the review noted that this could lead to potentially perverse situations where schools received less funding for a pupil with an EHCP than when the pupil had attracted GRIP funding. There were some concerns raised by mainstream (described in this chapter) and special schools (described in chapter five) about the ways in which top-up bands were constructed and whether these accurately reflected the costs of supporting pupils. Colleagues suggested that there would be value in considering a consistent method for applying for and calculating top-up. This would need further exploration, in terms of how it would work in practice and in specific instances, but colleagues felt there was merit in considering this further. (This could provide another opportunity for some co-productive working with mainstream and special school colleagues, and on ongoing peer-to-peer moderation.)

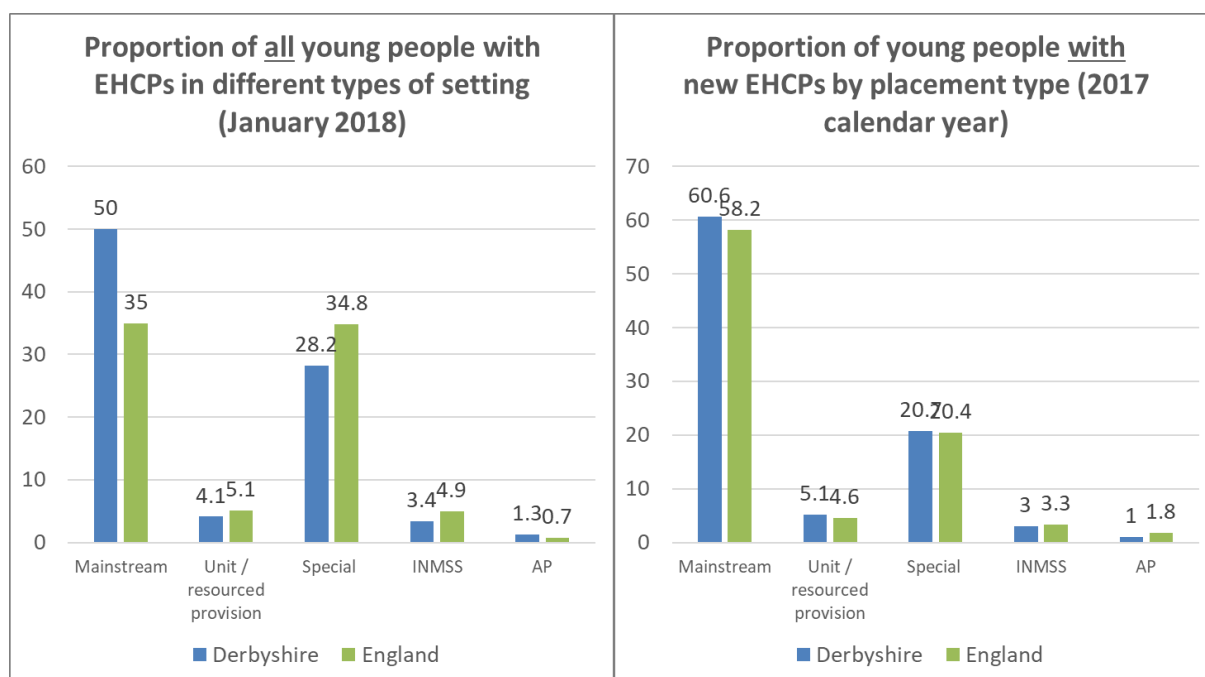


# Chapter four: Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion

## Key findings

### Derbyshire has some of the hallmarks of an inclusive system, but this is not consistent across the county and there are trends suggesting increasing pressure on inclusion

A strong and consistent offer of mainstream inclusion support is at the heart of any effective local system for supporting pupils with high needs – both those in terms of young people with SEND and those who may require some other form of inclusion support or AP. Published data suggests that Derbyshire displays some of the hallmarks of an inclusive local system. The charts below suggest that Derbyshire has a higher proportion of young people with EHCPs placed in mainstream schools than is the case nationally.<sup>12</sup> The left-hand chart, which relates to all young people with EHCPs, shows 50% of young people with EHCPs in Derbyshire were placed in mainstream schools (compared to the national average of 35%), while a smaller proportion were placed in specialist settings, either state-funded special schools (28.2% compared to 34.8% nationally) or independent or non-maintained special schools (INMSSs; 3.4% compared to 4.9% nationally) or independent or non-maintained special schools (INMSSs; 3.4% compared to 4.9% nationally).



Furthermore, progress and achievement data from the end of the 2017/18 academic year suggests that, not only does Derbyshire place a higher proportion of pupils with EHCPs in mainstream schools, but that pupils with EHCPs in Derbyshire achieve better educational outcomes than their peers nationally:

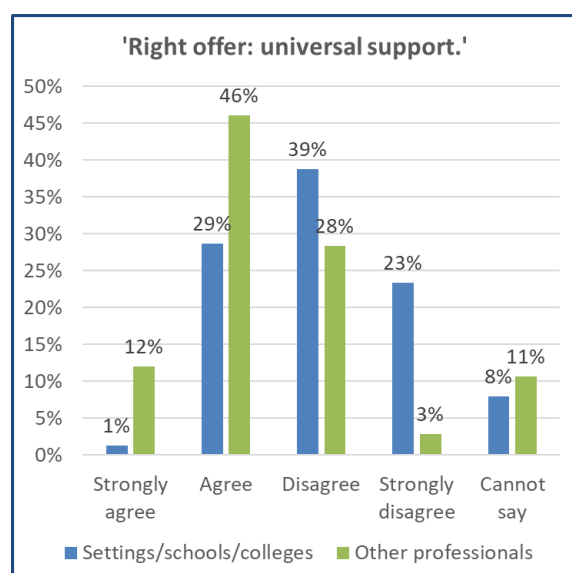
- in the early years, a higher proportion of children with EHCPs achieved a good level of development, and the gap between children with EHCPs and other children was smaller, than was the case nationally and in similar local areas;
- at Key Stage 2, a higher proportion of pupils with EHCPs achieved the expected standard in reading, writing and maths than their peers nationally and in similar local areas, while those pupils also made more progress and the gap to their peers without SEN was smaller;

<sup>12</sup> *Statements of SEN and EHC plans: England, 2018*, Department for Education

- at Key Stage 4, a higher proportion of pupils with EHCPs achieved grades 9-4 in English and maths, and achieved better Attainment 8 and Progress 8 scores, than children with EHCPs nationally and in similar local areas, while here again the gap between pupils with EHCPs and their peers without EHCPs was smaller in Derbyshire than was the case nationally and in similar local areas.

The picture is slightly different when we consider only new EHCPs made in the last twelve-month period (which, at the time of the review, was the 2017 calendar year). In 2017, 60.6% of young people with new EHCPs in Derbyshire were placed in mainstream schools, which is closer to the national average of 58.2%. This figure for Derbyshire has dropped from 72.3% in 2015 and 74.4% in 2016. The proportion of young people with new EHCPs placed in special schools in Derbyshire (20.2%) is also similar to the national average figure (20.4%). Our evidence suggests that this may reflect the introduction of GRIP funding: this is likely to have influenced the reduction in numbers of new EHCPs, and will have meant that some pupils in mainstream schools who would previously have had EHCPs may now be supported through GRIP funding.

We note two further points about this overall picture. The first is that, despite the data providing indications of the strength of inclusion in Derbyshire, the data also suggests some areas where inclusion is less strong. As noted in the introductory chapter, rates of permanent exclusion from mainstream schools in Derbyshire are higher than the national average – 0.04 at primary and 0.24 at secondary, compared to 0.03 and 0.20 nationally. Published data also suggest that the majority of pupils who were permanently excluded in Derbyshire had an identified special educational need – 48% were at SEN support, while 13% had an EHCP. This suggests that there may be issues about the timeliness of early support to prevent exclusions, and inconsistencies in how needs are understood and identified.



This mixed picture presented by the data was echoed by providers and by parents. The chart (left) shows the responses from providers (those working in settings, schools and colleges) and professionals (those working in central services) to the statement, 'There is currently a clear, consistent and effective offer of universal support for children and young people with SEND and other high needs in mainstream education settings, schools and colleges.' The chart shows that 62% of providers disagreed that there was a consistent and effective universal offer for young people with high needs in Derbyshire. When we ask similar questions in strategic high needs reviews in other local areas, we often receive a more positive view of mainstream inclusion from those settings, schools and colleges involved in delivering it. Our evidence suggests that this reflects the views of mainstream colleagues that inclusive work in Derbyshire is under pressure and is not consistent across the county. We know,

from our national research, that the pressures on mainstream inclusion are part of an overall national trend. Nevertheless, Derbyshire schools fed back that these trends were being exacerbated by:

- funding pressures (Derbyshire stands to gain from the introduction of the mainstream national funding formula, but this means in the short-term that mainstream school budgets are tight);
- issues about access to additional support (as described in chapter three); and
- challenges at key transition-points (primary-secondary, but also infant-junior, from the early years, and post-16).

These mixed messages about the consistency of inclusion across the county were backed up by parents. In the workshops and their responses to the online survey, many parents described positive examples of inclusion support provided in mainstream schools. Where this was working well, parents valued having staff, both SENCOs and leaders, who were committed to inclusion, knowledgeable about their child's needs and strategies for supporting them, and were prepared to be flexible and make adjustments to ensure their child had equitable access to mainstream school. Parents also described less positive examples, however. By contrast, in these instances, parents identified issues around:

- a lack of understanding, expertise and training, particularly around “less obvious” disabilities and needs – awareness and understanding of autism was highlighted as a significant concern by parents;
- a lack of willingness or understanding of how to make reasonable adjustments and be flexible in meeting a child’s needs;
- inflexible behaviour and discipline policies, that could disproportionately affect children with SEND, particularly those with communication & interaction needs; and
- as a result, many instances of children being out of mainstream education, either on a short- or longer-term basis, missing valuable portions of their education.

On the latter point, it is noteworthy that, as of October 2018 when we were given this data, there were over 700 school-age children in elective home education (EHE) in Derbyshire. Again, growth in the numbers of pupils in EHE is part of a national trend. Internal data suggest that pupils with EHCPs account for a greater proportion of those in EHE (6.5%) than they do within the overall pupil population in mainstream schools (between 2-3%). Feedback from professionals responsible for EHE suggest that the reasons for increase in numbers of pupils in EHE relate not to parents making positive choices about EHE, but often due to a lack of confidence in and frustrations about the support available in mainstream schools and, in some cases, encouragement from schools to parents to move their child into EHE. (We note that some pupils moving into EHE have come from special schools, often those outside Derbyshire where a placement has broken down.)

Overall, there was a strong argument from parents, providers and professionals about the need to develop a more explicit offer of support and capacity-building, and a more consistent set of expectations, for inclusion in mainstream schools in Derbyshire. An important part of this will be supporting SENCOs as a network – SENCOs are a key part of the SEN workforce across the county, but in a large county like Derbyshire most SENCOs will be the only SEN professional in their school. Having an explicit offer of induction, support, supervision and professional networks was seen as an important way to support SENCOs as a key professional group within the Derbyshire system, and to build mainstream inclusion capacity.

## **Derbyshire has a broad and comprehensive offer of targeted inclusion support, but there is an opportunity to refocus the offer and maximise its value**

Derbyshire currently have a wide-ranging offer of support services designed to support education settings, schools and colleges around inclusion. In our national research, we have highlighted the importance of this tier of support within local systems, particularly in terms of being able to address needs before they reach crisis-point, to build inclusive capacity, and to avoid unnecessary demand being placed on more specialist and statutory forms of support. We also know that many local areas have had to reduce or entirely cut their offer of targeted support as a result of funding cuts and budget pressures. This risks exacerbating pressures on specialist services. As we noted in the introductory chapter, Derbyshire invests a greater proportion of its high needs resources in targeted inclusion support than the average for local areas across the country. It is a strength of the local system that Derbyshire has chosen to sustain a wide-ranging offer of targeted services.

Furthermore, in our visits, workshops and through the online survey, we gathered a lot of positive feedback on specific services, in terms of the quality and value of their support. Many settings and schools commented positively on the education inclusion support from SSEN (Support Service for SEN), Autism Outreach (which is commissioned from two special schools), the Behaviour Support Service, the Early Years SEN Service (EYSEN), the Sensory Impairment Support Service, portage home-visiting, as well as other services such as early help, CAMHS and SaLT.

There were, however, four main concerns raised.

- 1. The quality of some support services was variable** – while there was a lot of positive feedback on individual services, there were also dissenting voices who commented that quality across and within services was variable, and dependent on the individual support lead a school or setting was allocated.

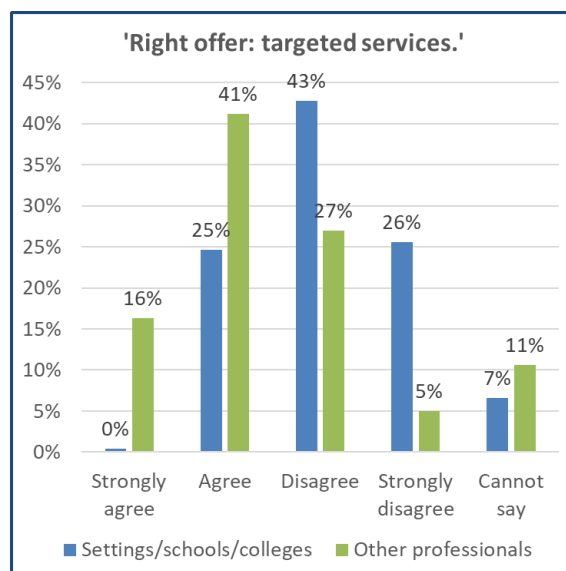
2. **A lack of coherence and risks of duplication** – schools particularly, but to some extent early years settings as well, reflected on a lack of clarity about which service they should be referring to when seeking support for pupils with multiple needs. Leads for those services also noted that there was an increasing blurring of responsibilities and caseloads – for example, a significant proportion (estimated at over 50%) of children supported by SSEN and the Behaviour Support Service have autism.
3. **A lack of consistency in how needs are met across services** – different services have developed at different times and in response to different sets of circumstances. As a result, there is not consistency in criteria, phase and geographical coverage, operating models (whether a service offers direct work with children, capacity-building, or purely advisory work) and capacity. An obvious point to draw out here is that SSEN, which focuses on cognition & learning, and the Autism Outreach Service both have the remit to provide support across the county (indeed SSEN only covers primary schools, following a decision to delegate the equivalent funding to secondary schools), but Autism Outreach has the capacity of 3.8 full-time equivalent, while SSEN has 69.
4. **The need to join up the offer of education inclusion support with the targeted support offered by other agencies** – we have described the work taking place around *Future in Mind* and the review of early help elsewhere in this report. We would only underscore here the importance placed by parents and providers on ensuring that targeted support offered by education, health and care services form a coherent and integrated set of support pathways, providing holistic support to children and families.

Three main gaps in the current offer of support were also identified by parents and providers.

1. **Autism** – access to the Autism Outreach service currently requires a child to have a formal diagnosis of autism. This criterion was introduced in order to manage demand for the service. Nevertheless, colleagues we engaged reflected that this meant support for pupils with autistic traits, some of whom may in the future receive a formal diagnosis, but some may not but may still have communication & interaction needs, were left without an obvious form of support.
2. **SEMH** – in chapter two, we described work that was underway to strengthen the offer of SEMH support, particularly in the space between what schools offered and more specialist CAMHS services, through the *Future in Mind* agenda. Nevertheless, it is important that we reflect the strength of views expressed to us by schools about the need to develop a more comprehensive offer of mental health support in schools. The concerns put forward focused on a need for training and capacity-building around mental health in schools, and a lack of capacity to provide support before a child reached crisis-point and was at risk of being excluded.
3. **SEN support** – Ofsted and CQC have commented that, in many of the local areas they have inspected, this group of pupils can be poorly served by local inclusion support. The colleagues we engaged in Derbyshire reflected that the criteria for existing support services often precluded schools getting early support for pupils who did not have EHCPs.

These messages are reflected in the findings from our survey, as shown in the chart (below). Providers and professionals were asked to respond to the statement, 'There is currently the right offer of targeted education, health and care support (e.g. access to specialist professional advice, outreach support) for children and young people with SEND and other high needs in the local area.' Following a similar pattern to other questions we asked in the survey, 57% of professionals (working within central support services) agreed with the statement, but 68% of providers disagreed with the statement.

Reflecting on these findings, providers and professionals considered that there was an opportunity to consider how the current offer of support could be refocused on current priorities and shaped into a more consistent offer, while continuing to offer coverage across the county and across the four main categories of need.



## Recommendations

### Recommendation 4.1: Continue to develop, support and strengthen inclusive capacity in mainstream education settings

We suggest that a key focus of the new high needs strategy is sustaining and fostering inclusive capacity in mainstream settings, schools and colleges across Derbyshire. There is an opportunity to coproduce this with SENCOs and leaders from across mainstream education providers. The feedback we have gathered suggests that this approach should include:

- agreeing clear expectations of what support should be provided within mainstream schools;
- a clear offer and rolling programme of induction, support, supervision and professional development for SENCOs and SEN leads, linked to whole-school improvement activities for leaders and governors;
- a specific focus on building understanding, confidence and capacity in supporting young people with communication & interaction, specifically autism, and SEMH needs; and
- re-establishing a consistent framework of SENCO networks across the county, potentially on a locality basis, providing opportunities to share information, develop SEN practice across a key part of the SEN workforce, and provide real-time feedback and suggestions.

### Recommendation 4.2: Refocus the offer of targeted services in a more holistic, strategic way so that they provide a coherent, consistent and responsive offer across the county

In the chapter on overarching messages, we described how there were several areas of the current continuum of support, services and provision where there were opportunities to develop more of a “strategic blueprint” for how they should be delivered in the future. The current offer of targeted services is a key area where this is needed. This is not to criticise existing services, or to question the reasons they have been configured in the way that they have been. Instead, it is to recognise the fact that the services that make up the current offer have developed at different times and to respond to different priorities. There is now an opportunity to take a step back and consider how resources available to support targeted inclusion services could be utilised in a way that offered a more coherent and consistent offer of support across the county, and the how the focus could be re-balanced to reflect priority areas, notably autism and SEMH.

As an initial step in this direction, the colleagues we engaged during the review considered that there would be value in exploring ways of bringing existing services together to consider a more holistic and person-centred, rather than service-specific offer. There was particularly strong support for this approach from mainstream school leaders. This

would reflect the fact that many young people known to the individual support services have multiple areas of need, and would help to focus support more on what each individual young person required rather than whether they fitted the criteria for one service or another. In taking forward the new strategy, consideration should be given to how services might work together in this way in instances where a single service is not necessary best placed to support a young person. Our discussions with service leads suggested that there may be interest in exploring ways to develop a more consistent model of delivering support (balancing direct work, advisory work, and capacity-building) and having a single route of referral for requests for support for young people with needs that crossed several areas or were not clear-cut. (It was emphasised that sensory impairment services should be treated separately, but should retain close links with support services for young people with profound and complex needs.)

# Chapter five: Developing responsive, effective local specialist provision

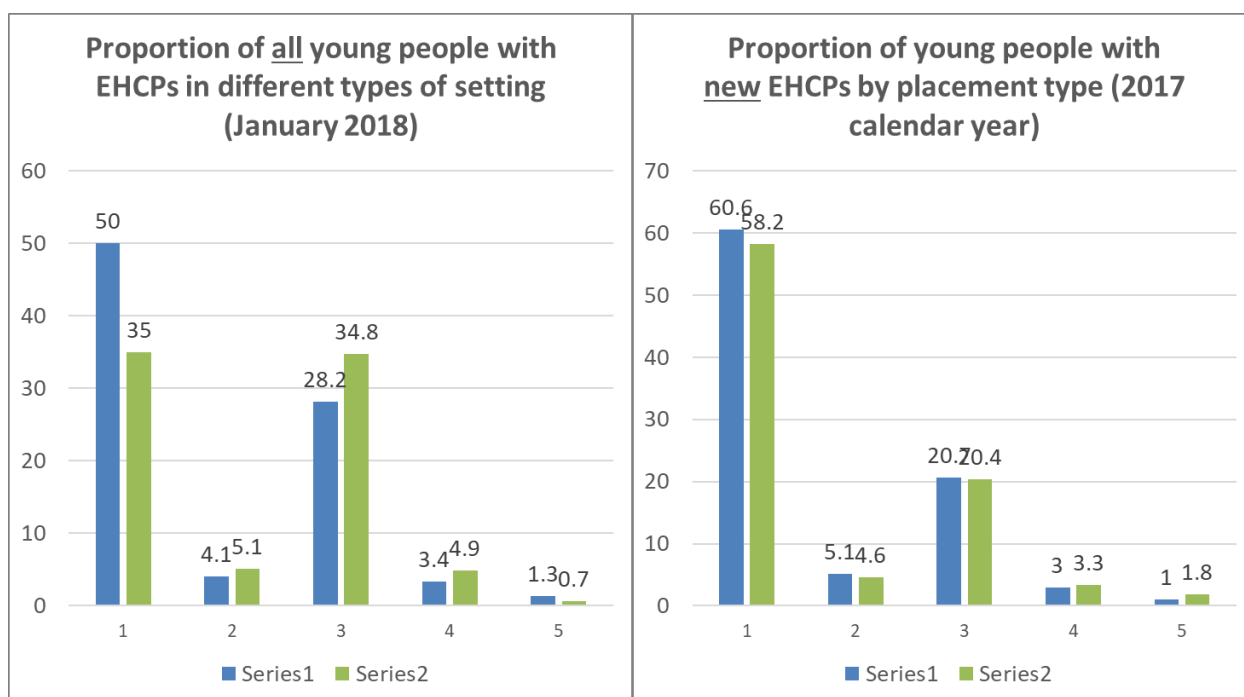
## Key findings

### The role of the enhanced resource schools

The ERSs are a form of specialist provision, specifically for pupils with EHCPs, which are located within mainstream primary and secondary schools. In other local areas, these provisions may be called resourced provisions, resource bases or SEN units. The way in which the provision is arranged (the proportion of time pupils may spend in smaller groups compared to mainstream classes) and the full role of the provision (whether there is an explicit role in providing support through outreach to other mainstream schools, as opposed to solely supporting children on the roll of the unit or ERS) can vary. In Derbyshire, there are four broad types of ERS based on the needs of pupils in which the ERS was set up to specialise:

- autism;
- physical impairment;
- hearing impairment; and
- a wider range of SEND (these ERSs have been set up in areas in which there is not easy access to a special school, such as the south of the county and the High Peak).

It is noteworthy that Derbyshire has a smaller proportion of young people with EHCP placed in units or resourced provisions (this is the national definition, which would include the ERSs) than is the case nationally. As shown by the chart below, of all young people with EHCPs maintained by Derbyshire in January 2018, 4.1% were placed in units or resourced provisions, compared to 5.1% nationally.<sup>13</sup> The data also show that Derbyshire placed a higher proportion of young people with new EHCPs made during the calendar year 2017 in units or resourced provisions (5.1%) than was the case nationally (4.6%).



<sup>13</sup> *Statements of SEN and EHC plans: England, 2018*, Department for Education



### **A key role for the ERSs**

In our national research and our strategic reviews in other local areas, we would argue that this tier of provision plays a crucial role in the continuum of SEND support, services and provision. Specifically, it can ensure that there is a broader range of pathways for young people and choices for families, providing a mix of the curriculum offered by mainstream schools, the flexibility to utilise different learning environments, and additional specialist expertise. This can ensure that young people who would benefit from aspects of being in a mainstream school and close to their local community are able to do so with the additional support they need to enhance their learning.

During our strategic review in Derbyshire, these views were very much echoed by strategic leaders, commissioners and professionals working within and with the ERSs. Colleagues recognised that the ERSs played a crucial role in enabling young people to benefit from attending a mainstream school that could offer additional expertise in supporting young people with specific needs. Colleagues considered that this was particularly important in a large, rural county like Derbyshire. In particular, the pro-active approach that had been taken to develop ERSs as hubs of expertise in areas of the county where there was not easy access to a local special, such as the south and the High Peak, was welcomed.

The evidence we gathered suggests that, were the ERSs not in place, particularly those specialising in autism and those for a broad range of SEND, the young people placed in ERSs in Derbyshire would otherwise require placements in specialist provision. Specifically, professionals working in the ERSs described the range of needs of the pupils they were supporting, the fact that there was perceived to be some overlap between the needs that were being met by the ERS and by special schools, and the fact that some pupils did move on to a special school later in their education. This would suggest that the ERSs are playing a crucial role in ensuring that the Derbyshire SEND system remains one that is supportive of inclusion and in avoiding placing an unsustainable pressure on places in special schools. This does, however, also require that the ERS role is clearly articulated, differentiated from other services and provisions, and understood by commissioners, other schools, services, and parents. During the review, and as we describe below, we found that this was not always the case.

### **There is the need to revisit and redefine the role, specialisms, support pathways and locality offer of the ERSs**

We noted above that the ERSs in Derbyshire specialise in autism, a broader range of locality SEND, hearing impairment and physical impairment. The ERSs relating to these specialisms have developed at different times, reflecting different priorities and models of support. In some areas of need, there have been attempts to ensure that there are consistent models of support across different localities – for example, developing a coherent primary and secondary pathway of support in a locality by having a primary and secondary ERS (these are also called Autism Resource Centres, or ARCs). As strategic leaders, commissioners and professionals working in the ERSs noted, however, the ERS offer within Derbyshire and across localities has developed organically, and the current pattern of provision does not necessarily follow an overall strategic rationale for meeting needs consistently and equitably across the county.

Specifically, the feedback provided to us suggested that there is not an explicitly articulated model and pathway of support that informs the work of the primary and secondary autism ERSs. We found that the primary ERSs described their focus in terms of providing an alternative learning environment for young people with more complex autistic needs, whereas some, but not all, of the secondary ERSs defined their role more in providing pathways for young people with less complex autism who, with the right support and over time, could access the majority of their learning in a mainstream classroom. Primary ERS colleagues in particular described that the pupils they were supporting currently were thus more likely to move into special school provision after Year 6 than to move into a mainstream school or secondary autism ERS. Primary and secondary colleagues agreed that these were two distinct interpretations of the role of an autism ERS: the “alternative learning environment” model and the “integrative” model. Colleagues agreed that there should be a role for both, but argued that the question of which of these models the autism ERSs were intended to be had not been articulated explicitly. In future, the rationale may be that the primary model continues to be more of an alternative learning environment and the secondary more of an integrative model, with secondary-age young people supported in more specialist settings, such as more specialist secondary ERSs or “hubs” in special schools. Colleagues agreed that there was currently a gap for secondary-age young people who would benefit from a curriculum akin to that offered in a mainstream school but who required an alternative learning environment. Secondary colleagues agreed that there was the need to define the areas where the model of support



between the primary and secondary autism ERSs should be consistent. At the same time, however, they argued that it should not be a given that pupils in a primary autism ERS should automatically transition to the secondary autism ERS. There are a range of ways in which the pathways for autism and other specialisms could be designed. The strong steer we had from ERS colleagues was that this needed to be explored with ERS colleagues and other professionals, informed by detailed analysis of pupil needs and pathways, and a new offer articulated explicitly.

Furthermore, a question was also raised during our review about the equity of the offer for pupils with hearing impairments and physical impairments. In relation to hearing impairment, there are currently ERSs for infants and juniors, primary- and secondary-age pupils in the Amber Valley locality, and for primary- and secondary-age pupils in the Chesterfield locality. This raises a question about the equity of access for pupils in other localities, and what are the respective roles of the Hearing Impairment Service and the hearing impairment ERSs. A similar set of questions arose during the review around physical impairment, where the offer of support is linked to ERS provision (which is teacher-led, direct work) in some localities and to peripatetic services (which is more of an advisory offer) in others.

Overall, ERS colleagues argued that their specialisms, the needs that they catered for, their models of support and their role overall were not well understood by other schools, parents, and some officers in the SEN Service. They reported that decisions about placements of children in the ERS and those with EHCPs placed in the mainstream school at times felt “ad hoc”, with overlap between the two. They reported examples of children with more complex needs than those in the ERS being placed in the mainstream school, where the main difference appeared to be whether a child’s parents was aware of and understood the role of the ERS and had expressed a preference for the ERS to be named on their child’s EHCP. Overall, from professionals, there was a strong argument for:

- articulating what the current and future offer of ERS provision should be across localities;
- ensuring that this was equitable, based on county-wide and locality needs;
- ensuring that there was a planned set of pathways for young people placed in the ERSs across phases; and
- ensuring that the role of the ERS was well understood by SEN officers in the first instance so that they can provide appropriate advice to families, but also understood by families, schools and other professionals.

The evidence and feedback we gathered suggested the following as some starting principles for a consistent and equitable locality offer.

- **Autism** – evidence suggests that there is strong and ongoing need for ERS provision for primary- and secondary-age pupils with autism. This includes current placements in the ERSs and recent trends, feedback about the needs of pupils being placed in the ERSs, and information about the needs of pupils placed in INMSSs. In relation to the latter, we know that 43% of young people currently placed in INMSSs have communication & interaction as a primary need (36%, or 49 have an autism diagnosis), and 54% of these young people are of secondary age.<sup>14</sup> This adds weight to the argument that, alongside the more integrative ERS model, there may be the need to develop a pathway or ERS model for secondary-age young people with autism who would benefit from being able to access a more flexible, alternative learning environment. (We note, too, that 36% of young people with communication & interaction needs placed in INMSSs are aged 16 and over.)
- **“Area ERSs”** – given the rurality of Derbyshire and the constraints on developing new specialist provision or expanding the capacity of existing special schools, it would appear sensible to continue to maintain “area ERSs” in localities where there is not easy access to a special school. These provisions tend to be larger than average ERSs or units, which provides greater flexibility to meet the needs of pupils from the locality through a combination of mainstream curriculum, flexible learning approaches, and specialist support. (Specifically, parents and providers in the High Peak considered that there was a lack of ERS provision in the Glossopdale area.)
- **Hearing Impairment and physical impairment** – our review suggests that there would be value in considering the different roles played by the ERSs specialising in these needs and the peripatetic services within the

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<sup>14</sup> This evidence chimes with the findings of a recent report compiled by members of the Education Psychology Service in Derbyshire, which looked at the profile of pupils with EHCPs placed in independent provision.

Sensory & Physical Support Service. This should be done to ensure that there is an equitable, efficient and needs-led offer for all pupils with hearing or physical impairments across the county.

There was also a strong steer from ERS colleagues that the overall picture of needs and the ERS offer across the county needed to be shaped by regular, strategic engagements between strategic commissioners and lead professionals from the ERSs and host schools. Colleagues considered that, at present, such engagements were rare, and needed a more strategic focus. As a result, ERS colleagues reported that the ERS sector felt fragmented, with professionals being disconnected from one another and from other services and provisions.

### **The lack of understanding of the role of the ERS is leading to the host schools being seen as “the local SEN school” and placing them under considerable pressure**

A final point raised by ERS colleagues was that the most significant challenge facing them was not the increased complexity of pupils placed in the ERS, but the pressure of the “host” mainstream school attracting disproportionate numbers of pupils with SEN. Through our workshop with ERS colleagues and our follow-up visits, the message that the schools hosting ERS provision were coming to be seen by parents and by other mainstream schools as “the local SEN school” to which more complex pupils with SEND should go was put to us very strongly. ERS colleagues argued that this was exacerbated by the inconsistency in approaches to inclusion in mainstream schools (described in chapter four) and the challenges of getting access to support before a child reached crisis-point (described in chapter three).

## **The role of special schools**

### **There is the need to revisit what the special school offer in Derbyshire should be in light of current and future needs**

There is a strong offer of special school provision in Derbyshire. All ten state-funded special schools within the county were judged by Ofsted to be good or outstanding at the time of the review. Furthermore, there is a strong and established culture of partnership and collaborative working among the special schools (and the support centres, which we discuss later in this chapter). As we described in relation to the ERS provisions, the offer of special school provision in Derbyshire has developed through a range of phases and initiatives, with different schools commissioned to provide for different types of needs at different times. The current special school offer in Derbyshire includes special schools with a specific focus on cognition & learning, so-called “area special schools” set up to provide for a broad range of needs, those with a specific focus on autism, and those with a focus on SEMH. In recent years, “hubs” have been developed within some special schools for pupils with high-functioning autism and challenging behaviour. This is one group of pupils who have been represented among those placed in INMSS provision, and the development of the hubs has been an attempt to ensure that there is local provision that those pupils can access.

As with the ERSs, however, while the offer of provision has developed and been adapted over time, there has not been an opportunity to take an overarching and strategic view of what the overall offer of special school provision across the county should be at present and how it may need to be refined in response to future trends. This was a point acknowledged by strategic leaders and commissioners, but also one that was put across strongly by special school leaders. The latter argued strongly that the needs of the young people that they were supporting had changed considerably, but that the offer of special school provision, and, as we describe below, the underpinning day-to-day processes, had not necessarily kept pace with these changes.

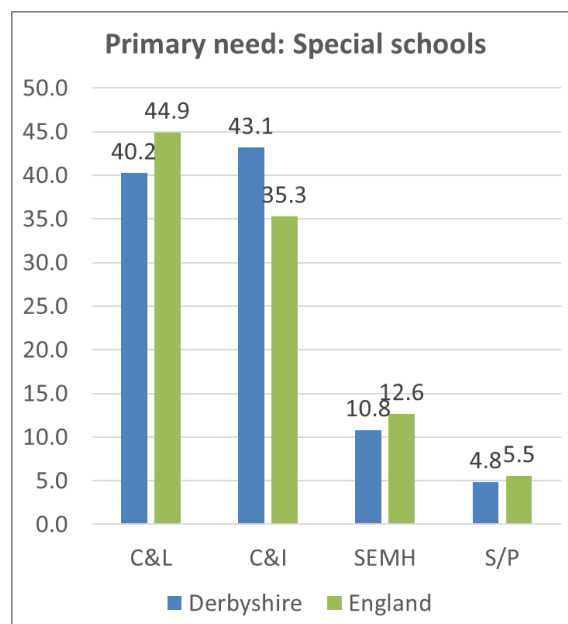
This view is corroborated by evidence that we gathered during the review. First, the published data provides some support for the view expressed by Derbyshire special school leaders that the needs of the pupils being placed with them were changing. As the chart below shows, pupils placed in Derbyshire special schools are more likely to have communication & interaction (including autism) identified as their primary need.<sup>15</sup> This is particularly the case with autism: 37.6% of pupils in Derbyshire special schools have autism identified as their primary need, compared to 28.5% nationally. This, taken together with the fact that Derbyshire pupils with SEN in mainstream schools are less likely to have communication & interaction identified as their primary need supports the argument put forward by parents that there is inconsistent understanding of and approaches to support the needs of pupils with autism in mainstream

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<sup>15</sup> *Special Educational Needs in England: January 2018*, Department for Education

schools. The implication of this is that a higher proportion of pupils with autism are educated in special schools than in mainstream in Derbyshire.

Another good indicator of the changing nature of needs of pupils requiring specialist provision is the cohort of pupils placed in the INMSS sector. This sector includes many schools that specialise in very complex, so-called “low-incidence” forms of SEN. The numbers of pupils with these needs are small, such that it would not be sensible or efficient for each local area to have their own provision, and thus the INMSSs tend to operate on a regional basis, taking placements from many local areas. This often means that pupils have to travel further from their local area, in many cases having to access residential facilities at the school in question, which is why these are sometimes referred to as “out-of-area” or “out-of-county” placements. In some instances, these can be the right placements for pupils with very complex needs. In other instances, however, placements in this sector have to be sought due to gaps in local provision and/or a family’s experiences of placement breakdowns in local mainstream or special schools.

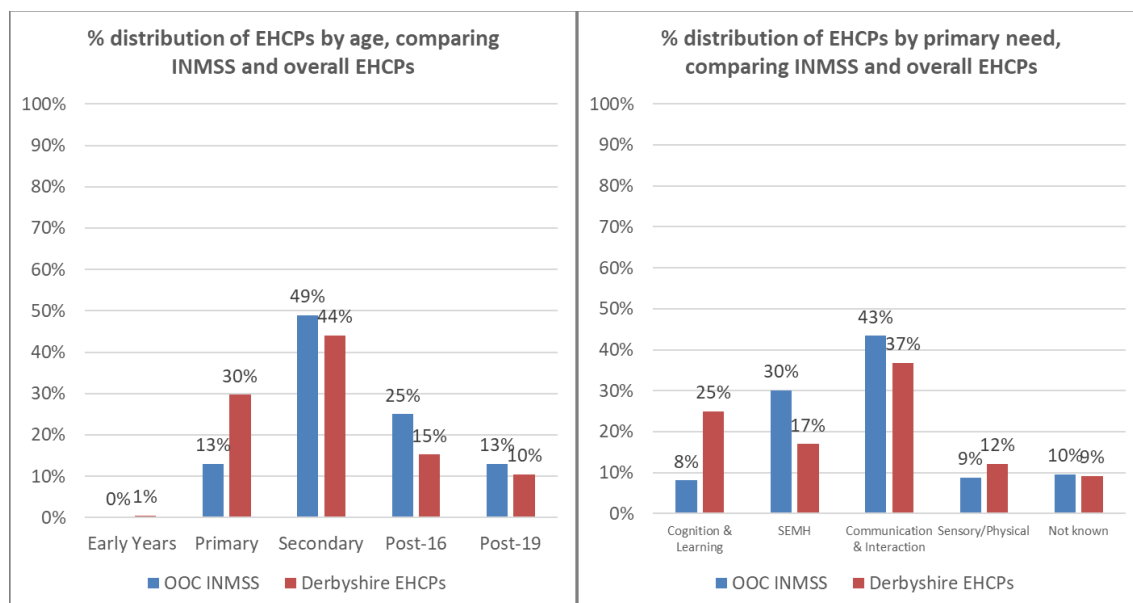


Considering the cohort of pupils placed in INMSSs provides some important evidence about the needs that are not being met currently by the continuum of local services and provision and how that offer, particularly in local special schools, could be strengthened to meet those needs.

- **The data we have had suggest that there are 136 young people with EHCPs made by Derbyshire placed in INMSS provision.** This represents 4% of all young people with EHCPs in Derbyshire, which is lower than the national average of 5.9%.
- **The overall numbers are not high by comparison to the national average, and the trend does not suggest these numbers are rising exponentially.** Derbyshire placed 3.5% of all young people with EHCPs in INMSSs in 2016, 4.3% in 2017, and 4% according to recent published and internal data. Furthermore, Derbyshire placed 3% of young people for whom it made new EHCPs during the 2017 calendar year in INMSSs, compared to 3.3% nationally.
- **Currently, £5.7m from the high needs block is spent on placements in INMSSs, at an average cost of just under £44,000 per pupil.** Colleagues were keen for the new SEND and high needs strategy to focus on ensuring that placements made in the INMSS sector were done for the right reasons, and for high needs block resources to be used wherever appropriate and possible to support solutions to enable young people to be supported in local provision.
- As shown in the charts below, which are taken from internal LA data, **we know that young people placed in INMSSs are more likely to be older than the overall cohort of young people with EHCPs.** For example, only 13% of young people placed in INMSSs are of primary age (compared to 30% of young people with EHCPs in Derbyshire provision), but 49% are of secondary age (compared to 44% in Derbyshire provision), 25% post-16 (compared to 15% in Derbyshire provision) and 13% post-19 (compared to 10% in Derbyshire provision).
- **The right-hand chart below also suggests that young people placed in INMSSs are more likely to have communication & interaction or SEMH as their primary need** – 43%, or 59 young people, have communication & interaction as their primary need, while 30%, or 41 young people, have SEMH as their primary need. These figures are proportionately higher than young people with EHCPs in Derbyshire provision. These figures correspond to the findings of research carried out by the Educational Psychology Service into the needs of young people placed in the INMSS sector. This study found 76% of young people in INMSSs had autism, 79% had challenging behaviour, and 59% had both. The study also found that 41% of placements into the INMSS sector involved a child moving directly from a mainstream school into the INMSS sector. Placement

breakdowns, lack of capacity in special schools (rather than dissatisfaction with the offer), a lack of therapeutic services, and little capacity to develop support for children who it would be hard to accommodate within the existing cohorts in special schools were often cited as the reasons for these placements. Special school leaders also noted that the needs they found it most difficult to meet were:

- the needs of children with combinations of complex needs, including communication & interaction and mental health needs;
- children requiring more intensive adult support to manage social interactions and regulate their behaviour; and
- children with high-functioning autism who required a very bespoke social environment combined with a more academic curriculum.



This does not suggest that Derbyshire simply requires more specialist provision for autism. As noted above, there seems to be a lack of consistent understanding of autism in mainstream schools across the county, which may be contributing to demand for pupils with autism to be placed in specialist settings. Developing more specialist provision for pupils with autism without addressing these underlying causes could simply exacerbate this trend. Instead, the evidence gathered here suggests that there would be value in thinking about two ways in which the offer of specialist provision might need to be reshaped in the future.

1. First, there would be value in thinking about how the special school offer could be developed to be able to support pupils with more complex combinations of needs, which may include autism, complex social and sensory needs, and the need for smaller, more adapted learning environments.
2. Second, there would be value in considering the offer of specialist SEMH provision within the county, given the high proportion of young people with SEMH placed in INMSSs. The current offer of specialist SEMH provision currently goes up to Key Stage 3. Our evidence suggests that the 15% of young people with SEMH placed in INMSSs are in Key Stage 4. This may reflect that some of this need is being met through the support centres. Given that 78% of pupils with SEMH in INMSSs are of secondary-age or older, we suggest that there would be value in thinking about the shape of the offer of local SEMH specialist provision, as well as the role of the support centres and the commissioning of INMSSs for highly specialised placements.

Overall, as shown in the chart below, there was a strong view among providers that there was not currently the right offer of specialist provision in Derbyshire: 70% of providers disagreed or strongly disagreed that there was currently the right offer of specialist provision, while professionals in central services were split on this question (43% agreed while 45% disagreed). It should be noted that there was a strong theme running through the responses, particularly from mainstream schools, that there was insufficient special school provision in Derbyshire. While it is the case that

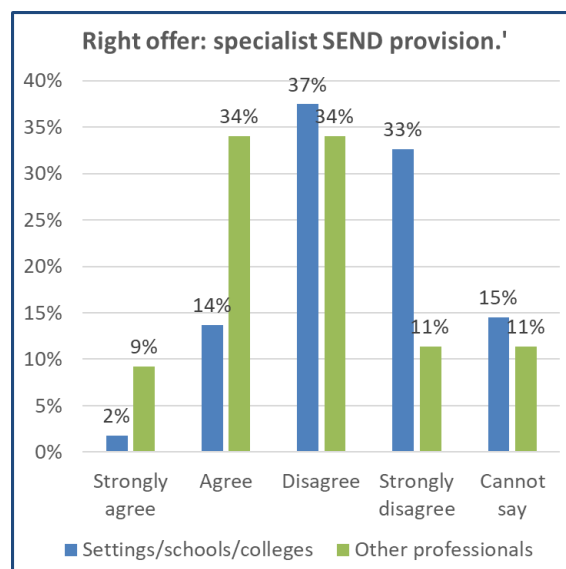
Derbyshire places a smaller proportion of children with EHCPs in special schools and has proportionately fewer special school places than is the case nationally, this is not necessarily something that strategic leaders should aim to change.<sup>16</sup> In part, this is because one of Derbyshire's strategic aims is to foster inclusion and ensure young people with SEND are well supported in mainstream schools. The fact that Derbyshire has a higher proportion of young people with EHCPs in mainstream settings (50% compared to 35% nationally) and a lower proportion in special schools (28.2% compared to 34.8% nationally) is a significant feature of the inclusive local system and one strategic leaders wish to maintain.

**There is the need to involve special school leaders more directly in decisions about placements of young people with the most complex needs and in shaping the overall special school offer at a strategic level**

While Derbyshire places a smaller proportion of pupils with EHCPs in INMSSs, and the rate has reduced in the last year, our evidence suggests that some of these placements have been made not because they were judged by professionals or chosen by parents as the right placement, but due to a lack of places or gaps in local provision. This suggests that, with a different, more flexible and joined-up multi-agency approach, there may be scope to consider what alternative bespoke placements and packages of support could be developed to support young people with the most complex needs within Derbyshire.

At present, special school leaders do not have a means to come together as a group and with other agencies to consider what could be done to find a local alternative where a child may have to be placed in the independent sector due to a lack of suitable provision. In our national research, we have described models developed in areas such as Manchester that seek to empower special school leaders to consider how they could provide more bespoke packages of support. These models involve providing special school leaders with some additional resource (from what would otherwise be spent on out-of-area placements), and with input from other agencies, to develop alternatives that avoid pupils having to be placed in the independent sector and away from their local community where this is not judged to be the most appropriate placement for that young person. There was strong appetite for developing such an approach in Derbyshire that would enable special school leaders and other partners to consider alternative bespoke packages of support that could utilise the expertise of local services and schools. Our discussions with special school colleagues and strategic partners suggested this might have two elements.

- a. **A complex placements partnership** – this would be a meeting of special school headteachers (or those with delegated decision-making responsibility) that would take place half-/termly, as appropriate. The partnership would then look at cases of pupils where an INMSS placement was being considered or where a pupil was coming up to a key transition point and, with the support of other agencies, would consider if the resources that might have to be found to pay for the pupil's placement could be used to create a bespoke, local alternative package of support. Some of these discussions take place already, through central complex placements panels and parts of the work of the SEND commissioning hub. Our suggestion is that this discussion needs to be broadened out to include special schools, and for the process to be designed so as to empower special school leaders to be able to use resources to consider and develop alternative packages. (We note that this will also require stronger support for the reintegration of pupils from special schools to mainstream schools, to create the capacity within special schools to support young people who would otherwise have to be placed out-of-county and/or in the independent sector due to a lack of local alternatives.)
- b. **A strategic engagement about shaping the future offer of specialist provision in Derbyshire** – at the same time, there would be value in having a strategic engagement with special school leaders (and potentially as



<sup>16</sup> Our analysis of the number of high needs placed commissioned in special schools relative to the pupil population suggests Derbyshire commissions 46 pre-16 special school places and 52 post-16 special school places per 10,000 pupils, compared to 80 pre-16 special school places and 80 post-16 special school places nationally.

part of this also involving other specialist SEND services and providers, such as the ERSs) to share intelligence and shape projections about anticipated future needs and how services might be arranged to meet those needs. We think there would be value in linking this to the work we recommended is done around a revised role for the SEND commissioning hub in chapter two. The idea here would be to combine the work of analysing trends with intelligence from key professionals and providers, and developing a clear and shared understanding of anticipated future trends and how the system would be supported to shape its offer to meet those needs effectively.

The ambition here would be to enable local special schools to meet the most complex needs of children and young people in Derbyshire, and to reduce placements in the independent special school sector where these were not the most appropriate placements for the pupil – in other words, in instances where a placement in the independent sector had been sought due to gaps in local provision rather than because the pupil had such a specific set of needs that they could only be met in a highly specialist, sub-regional setting.

### **There is the need to strengthen some of the core day-to-day processes that relate to special schools, particularly admissions and funding**

Special school leaders argued strongly that the point about the local system not having kept pace with the changing nature of needs in special schools also applied to some key day-to-day processes. There were two in particular that special school leaders highlighted.

- 1. Admissions** – special school leaders' view was that there was a disconnect between their work and the locality SEN teams. They recognised that the locality model of the SEN Service worked well for mainstream schools, but considered it was less appropriate for special schools given that the latter admit pupils from multiple localities across the county. Specifically, special school leaders considered that the process for considering and making a placement for a child with an EHCP in a special school needed to be redesigned. They argued strongly that there was a lack of understanding of their offer and specialisms, of how they organised their phases and classes, and how they planned their curriculum, which meant that they were often consulted on placements that they could not accommodate. They also argued that there was a lack of dialogue, and found the process of multiple schools being consulted on whether they could meet the needs of a pupil frustrating. They noted that planning for transition for young people who were likely to move into special school sometimes took place very late, and could be planned for in a more pro-active way.
- 2. Funding** – special school leaders argued that, since an exercise to benchmark and update special school funding in 2014-15, the profiles used to determine special school funding were now out-of-date and in need of revising. Special school leaders felt only the funding relating to pupils with severe learning difficulties (SLD) actually covered the costs of the support the schools needed to put in place. They also considered that the move from panel moderation of requests for agreeing or updating funding to a process whereby two other special school headteachers were consulted had not worked well. They described examples where the recommendations of the special school headteachers providing moderation had been overruled by a central decision, which suggested that the process was not being run as a peer moderation exercise but through central decision-making. In terms of capital funding, special schools leaders noted that some buildings and facilities were in need of some work to continue to be fit for the needs of the pupils they were currently accommodating. Leaders would welcome a means of being able to access capital funding to put in place creative solutions to meet a wider range of more complex needs, but, as noted above, considered that they needed to have a formal means of being involved in discussions about trends around out-of-county placements and Tribunal cases so as to be in a position to say what the special schools could put in place to avoid such instances in the future.

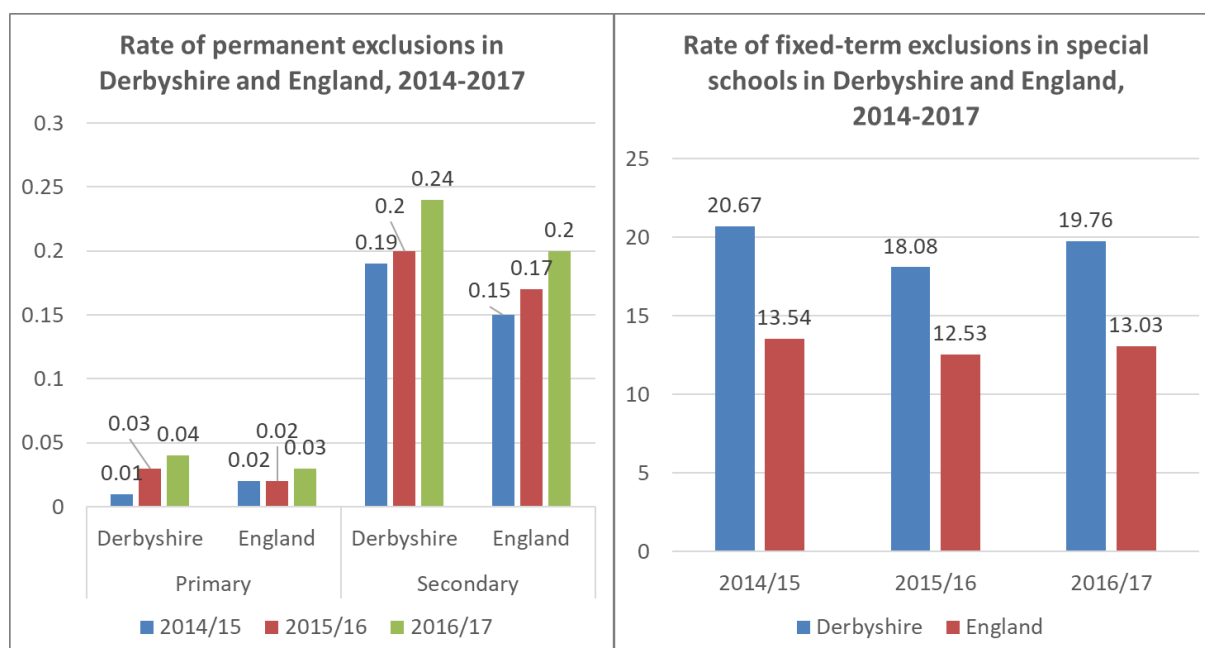
## **The role of alternative provision**

### **There is growing pressure on local inclusion services and alternative provision in Derbyshire**

Demand for AP in Derbyshire is growing. Internal data suggests the average number of pupils supported in AP at any one time has been rising steadily over the last three years: from 214 in 2016-17, to 229 in 2017-18 and to 253 in 2018-



19. While permanent exclusion is not the only reason for placements in AP, we know nationally and within Derbyshire a significant proportion of pupils placed in AP have been excluded permanently. The rate of permanent exclusion in Derbyshire is higher than it is nationally, and has been rising, as illustrated by the charts.<sup>17</sup> The chart on the left shows that the rate of permanent exclusion (the number of permanent exclusions as a percentage of the total number of pupils for each phase or type of school) in Derbyshire has been above the national average in the primary phase for the last two years (0.03 and 0.04 in Derbyshire in 2015/16 and 2016/17, compared to 0.02 and 0.03 nationally). The Derbyshire rate for the secondary phase has been consistently above the national average for the last three years (rising from 0.19 in 2014/15 to 0.24 in 2016/17, compared to a rise of 0.15 to 0.2 nationally during the same period). (While there have been no permanent exclusions from special schools in Derbyshire in the last two years, compared to a national rate of 0.08 and 0.07 nationally, the rate of fixed-term exclusions in Derbyshire special schools is higher than the case nationally, as shown in the right-hand chart below.)

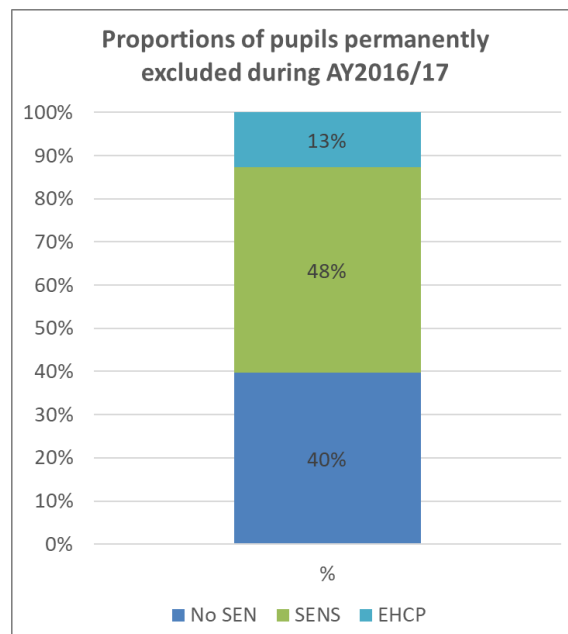


Studying the data in more detail, it is important to note that pupils with SEND are disproportionately represented among the cohort of excluded pupils. As the underlying data published alongside the national figures show (see the chart below to the right), 60% of pupils permanently excluded in Derbyshire in the 2016/17 academic year had an identified special need – almost half (48%) were on SEN support and more than one in 10 (13%) had an EHCP. The same data show that rate of permanent exclusion among pupils on SEN support (0.48) and with EHCPs (0.57) was higher than for pupils with no identified SEN (0.05). The same pattern was also seen for pupils with one or more fixed-term exclusion: the rate for pupils with EHCPs (10.36) and on SEN support (5.5) was higher than for pupils no identified SEN (1.3).

<sup>17</sup> Permanent and fixed-period exclusions in England: 2014 to 2015, 2015 to 2016, and 2016 to 2017, Department for Education

This chimes with a picture we heard during the fieldwork about the fact that the pupils placed in the support centres in Derbyshire were increasingly more likely to have SEND and require longer-term placements. The combination of increased numbers, a changing profile of need, and the longer duration of placements was putting capacity within the support centres under pressure. This in turn was reducing the capacity available for shorter-term, turnaround placements and to reintegrate pupils into mainstream settings.

Colleagues connected with the support centres whom we engaged reflected that there was a lack of formal processes and support to reintegrate pupils into mainstream schools after a placement in AP, but that there were children currently in the support centres who could make that transition successfully. The lack of reintegration routes was compounding capacity issues. Colleagues connected with the support centres reflected that due to the pressures on mainstream school accountability, curriculum and funding, and the fact the support centres were not in a position to offer the same breadth of curriculum that would count towards mainstream school progress measures, there was often a lack of ownership on the part of schools of pupils placed in AP and increasing pressures to exclude pupils. They recognised that these were pressures seen nationally and affecting other local areas, but also noted that there were practical actions that could be taken locally to ensure local AP was used effectively and equitably. They argued strongly that there needed to be a different model of organising how AP was used, based on fostering individual and collective responsibility on the part of mainstream schools for the pupils placed in AP, in terms of their placement, their outcomes, and their reintegration and/or progression.



**There is the need to consider the pathway for pupils who are excluded or out of school to ensure that they are in receiving appropriate, high-quality education and able to make a swift transition back to mainstream school or an alternative setting where appropriate**

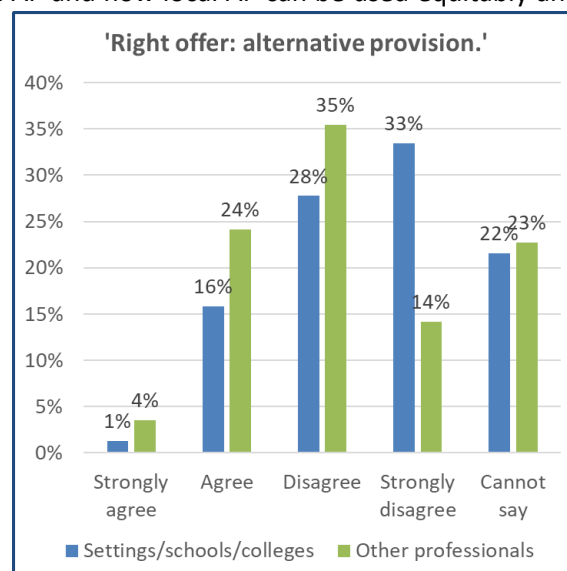
We heard some strong messages during the review about the need to consider the pathway of support for pupils who are out of school due to exclusion, specifically the respective roles of the Inclusion Pathways Team (IPT) and the support centres. At present, the role of IPT is intended to be to provide education to pupils from the sixth day after a permanent exclusion and support pupils' transition into a Support Centre or back into a mainstream school. Concerns were raised that this work is not always joined up with the work of the support centres. Internal data suggests that IPT achieves a high rate of reintegration of pupils back into mainstream schools – 47% of the 251 pupils supported during the 2017/18 academic year, with 8% of pupils moving into one of the support centres and the remainder going to special schools or moving out of the local area. On average, pupils are supported by IPT for a period of four months (the most common is up to three months, with 57% of pupils progressing on from IPT within this timeframe). While some other providers expressed concerns about whether pupils supported by IPT were in full-time education and whether IPT is effective in getting pupils back into mainstream schools, the data provided to us does not bear out this picture or concerns. Instead, this suggests that there is the need to develop a stronger and more coherent continuum of support, drawing on the role of IPT and the support centres, so that there is a strong integrated offer of inclusion support and provision for pupils who are at risk of exclusion or have been excluded.



### As with other forms of specialist provision, there is the need to revisit and redefine the role of AP in Derbyshire

As the chart below shows, the majority of both providers (61%) and other professionals (50%) who responded to our survey disagreed that there was currently the right model for AP in Derbyshire. In some instances, this reflected a view that the *quantity* of provision that was available was insufficient. As we know from our national research on AP, such views can reflect a lack of understanding of the factors that drive demand and pressures on AP, how it is used, the finite resources that are available for local AP within the high needs block and how these are related to school budgets. There was certainly a strong theme in the messages we received from schools that there was insufficient AP and there simply needed to be more provided. Put together with some of the messages around inconsistent approaches to inclusion and the trend data on rates of permanent exclusion (and the fact pupils with SEND are heavily represented within that cohort), we would suggest that there is the need to foster a stronger sense of individual and collective responsibility on the part of mainstream schools for pupils placed in AP and how local AP can be used equitably and effectively to meet the needs of local pupils.

The evidence we gathered also suggested that there is the need to redefine the role, capacity and offer of AP provided through the support centres. First, as noted above, the support centres were set up to provide short-term placements and preventative support, but increasingly they are becoming long-term alternative specialist settings, with reduced capacity to provide the turnaround and preventative provision originally envisaged. Second, there are some differences in the distribution of places in AP across the different localities, with far less capacity available in the Support Centre serving the south of the county than the centre and northern localities.<sup>18</sup>



## Recommendations

### Recommendation 5.1: Rearticulate a clear offer of ERS support based on current and future needs that is equitable across localities and consistent across phases

We have described above a starting point for defining a clear and equitable offer of ERS support across the county. Within each of the categories of need or needs in which the ERSs specialise in the future, it is vital that there are clear criteria, models of support and pathways, which are coherent (if not necessarily identical) across phases. Furthermore, it is crucial that the roles of the ERSs are defined clearly and distinct from what is expected from mainstream schools and settings, targeted services, and other forms of specialist provision. The role of the ERSs needs to be clearly described and understood by professionals in central services, including those supporting parents to express their preferences for types of placements, as well as by other providers and families themselves. Lastly, there should be a formal process established for routine strategic engagements with ERS leads and strategic commissioners to ensure the offer remains coherent and is informed by and responsive to changing local needs.

<sup>18</sup> Internal data suggest that the south of the county has had between 7% and 8% of the places commissioned in AP over the three years between 2016-17 and 2018-19, compared to 33-42% in the north-east and 50-59% in the Amber Valley area.

## **Recommendation 5.2: Rearticulate a clear and flexible offer of special school provision across Derbyshire, and ensure the offer and core processes are informed by and responsive to current and future needs**

As we have described in the chapter, the special schools in Derbyshire have a well-established partnership and there is an opportunity to build on this, linking that partnership more formally into shaping strategic decisions about the SEND system and the role of specialist provision more broadly. Part of this is around redefining the offer and specialisms of special schools individually and collectively, and ensuring this is understood by all professionals and those involved in the Derbyshire system. We suggest another part of this should be around developing formal mechanisms that put special school leaders collectively in a position to develop creative solutions to support young people with the most complex needs who might otherwise have to be placed out-of-county, and to be involved in the strategic planning and shaping of the future offer of specialist provision so that it responds to current and future needs. These points relate to our overarching theme about the need to refocus existing services and provision based on a “strategic blueprint”. Another of our overarching themes relates to the need to ensure that the core systems and processes that govern the day-to-day running of the local SEND and high needs system are working consistently effectively. This relates to the special school sector, and specifically the need to strengthen the processes that govern placements and funding in special schools so that these are seen to be fair, equitable and effective.

## **Recommendation 5.3: Work with school and AP leaders within localities to develop responsibility-based models of local inclusion support and AP in order to strengthen pathways, reintegration and the equitable use of local AP**

With the publication of Edward Timpson’s review of exclusions and proposed changes to the Ofsted school inspection framework, we would suggest that there is an opportunity to explore with mainstream schools and AP providers in Derbyshire a more partnership-focused and responsibility-based approach to the use of AP and inclusion support. The aim should be to engage school and AP leaders within localities in discussions about how to ensure an appropriate balance of inclusion support, preventative services, turnaround and more specialist provision, and how schools could work together to ensure this was used equitably. The aim here would be to make a change from AP being seen as a resource provided centrally for individual schools to use, to a key part of the education system in a locality for which all schools have an individual and collective responsibility to ensure that it is used effectively and equitably to support pupils from that local community. This would present a good co-production opportunity, but also one that would help to strengthen partnerships and collaborative working within localities, which would also help to address some of the issues around rising pressures on AP, the pathways into and out of AP, and the offer within AP itself. This should be done in the context of considering the overall SEMH continuum, across universal, targeted and specialist services, and across health, care and education services.

# Chapter six: Preparation for adulthood

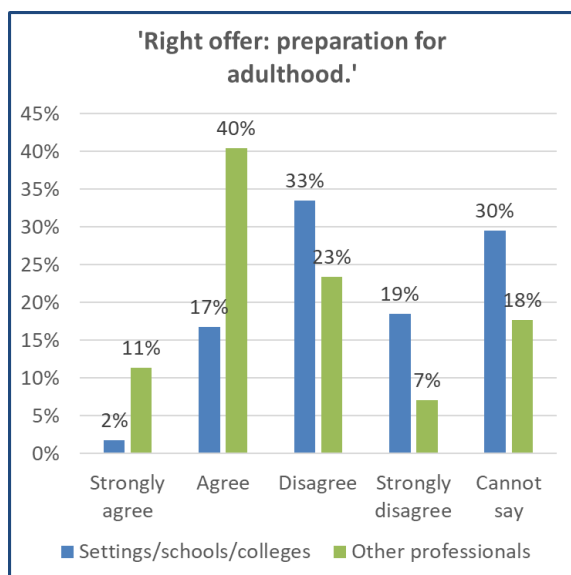
## Key findings

### Preparing young people for adulthood needs to be an underpinning principle of all support, services and provision, across all ages, within Derbyshire

Throughout the review, and from every group of stakeholders and partners to whom we spoke, there was a strong message about the need for preparation for adulthood in its broadest sense – not just post-16 or post-19 transitions, but planning for long-term outcomes for young people – to be central to the future high needs strategy in Derbyshire. From the young people to whom we spoke, there were a set of clear themes when we asked them what they aspired to in the future and what they valued. Being able to work and be independent were central to their aspirations for the future. Young people saw these as valuable in order to be able to earn a living, to avoid being dependent on others, to be independent and able to pursue their own interests (owning a home, having friends, pursuing their passions), and for self-esteem (doing something you like and feel is important). As one young person put it, ‘At the moment, I have always relied on others, but in the future I want to rely on myself.’ The young people we spoke to also described a wide range of career pathways that they would be interested in pursuing. These included careers in catering, IT, the car industry, the digital industry, politics, animal care amongst others.

Many professionals questioned, however, whether conversations about how young people might pursue these aspirations were taking place consistently, and how information about these aspirations was being captured, integrated into plans of support for young people, and collated to inform the offer of support at county level. The consensus among strategic and service leaders was that:

- while there were pockets of good practice in supporting young people into adulthood, there was not yet a shared, overarching vision for preparing young people for adulthood and what they could aspire to;
- there was not a clear, shared set of underpinning aspirations for young people with high needs and SEND – as one service lead put it, ‘we have high aspirations of what traditional services can provide and low aspirations of what young people can achieve’ – the consensus was that this needed to be reversed;
- there was not yet a well-established, systematic culture of enabling the young people themselves to express their aspirations and using this to inform planning – as a result, professionals and providers felt the voice of the young person themselves was sometimes missing from discussions about their future, and instead decisions were influenced by what their parents may want or have come to expect for them; and
- professionals and providers were not consistently having “realistically ambitious” conversations with young people about their futures – ambitious in terms of what a young person would like to go on to do, but realistic in terms of being grounded in the practical steps they could take to pursue a career in an industry in which they were interested.



In our survey, we asked professionals and providers if there was currently the right offer of support in preparing young people with SEND and high needs for adulthood. As the chart shows, 52% of professionals agreed with this statement, but 52% of providers disagreed. There were also a high proportion of “cannot say” responses (30% of providers, 18% of professionals). The responses suggested these often came from those working with younger children, who may be less likely to feel confident saying that the support they have provided has prepared a young person successfully for adult life. Nevertheless, colleagues also suggested that this indicated a weakness in the local system in that often services were not in a position to know whether the support that had been provided had been effective.

## Achieving this will require arrangements for capturing young people’s aspirations, defining long-term outcomes with them, and planning support to be strengthened

Part of the reason colleagues gave for wanting there to be a bold and ambitious vision for young people with SEND and high needs was that it would prompt not only a shift in culture, but would require a recalibration of systems and processes for planning support for young people. There was consensus that four main areas would need to be strengthened.

- 1. Capturing systematically the aspirations of young people, collating these and using them to shape individual support plans and the overall offer of support** – there was broad consensus that this was not done systematically at present. As a result, young people were not always in a position of being able to shape plans about the support they received and their long-term aims. Providers expressed some concerns about the consistency and quality of EHCPs, particularly the fact that outcomes were not always captured and expressed in concrete, specific, person-centred ways. Capturing information about young people’s aspirations early, but specifically before they start Key Stage 4, should be central to local processes, and should inform individual packages of support as well as broader strategic planning of local pathways.
- 2. Providing families with effective, early advice about opportunities and pathways, as well as about what support could (and could not) be offered, and having “realistically ambitious” conversations with young people and their parents about long-term aspirations** – providers, professionals and parents agreed strongly that this was needed.
- 3. Developing a robust and early transition planning process for young people likely to require some ongoing support from adult services after they turn 18** – there is work in train to address this, but the consensus was that there is not yet a well-established process for identifying young people likely to require some support from children’s and adult services to make the transition to independent adult life or who may require some ongoing social care support.
- 4. Enabling professionals to draw on a range of support options to plan bespoke packages of support** – there was broad consensus among parents, professionals and providers that some planning processes started too late that often meant there was a lack of time to develop creative, flexible and personalised packages of support. Parents fed back that they often met with resistance when they asked about bespoke packages of support, and commissioners reported instances where SEN officers had recommended placements in specialist post-16 institutions due to a lack of local alternatives. This feedback suggests that there is the need to broaden the menu of options from which SEN officers can draw, but also ensuring that planning starts sufficiently early and is informed by discussions with the young person, their family and other services working with them, in order that the most appropriate packages of support can be put in place.

## Achieving good long-term outcomes for young people will also require a broader, more joined-up and jointly owned offer of education, employment and care pathways

At the same time, achieving good long-term outcomes for young people will require the current offer of support for young people making the transition to young adulthood and adult life to be strengthened. The feedback we gathered suggested that there are two ways this should be done. First, this will require key aspects of the offer to be strengthened.

- **Education** – the evidence we gathered during the review suggested that there is currently a disjointed offer of education for young adults with SEND and high needs, namely those aged 16-25. Published data and feedback from providers suggest that Derbyshire has fewer young people with EHCPs moving into college than is the case nationally (3.4% in further education colleges, compared to 11.7% nationally in January 2018). Feedback also suggested that the offer of support in schools, particularly special schools, and the offer in college is markedly different. Leaders from both sets of providers agreed that there was not a coherent vision and set of pathways that would help young people make that transition. (One special school has sought to develop a more clearly demarcated post-16 offer, so as to make the decision about where pupils continue their education post-16 more of a deliberate choice.) Overall, the evidence suggested that the current offer of post-16 education pathways was disjointed, and would benefit from closer joint working between schools, colleges and other providers to foster timely transition planning and more graduated transition from school to college and beyond.
- **Employment** – the offer of pathways into the world of work is developing in Derbyshire. For example, published data shows increasing numbers of young people with EHCPs in supported internships (eight), traineeships (one) and apprenticeships (six) in January 2018 compared to previous years, albeit from a low base. Given the value young people placed on moving into work, we would suggest that a key ongoing focus should be broadening the range of pathways for young people to move into the world of work. Colleagues suggested that this could be done by collating information about young people's aspirations and then approaching specific local employers with a concrete ask about providing pathways into work for an identified cohort of young people. Colleagues also argued that Derbyshire County Council needed to play a key role in this, as a significant local employer, by acting as a beacon of good practice in supporting employment opportunities for young people with SEND and high needs. These aims would be consistent with those of Derbyshire's disability employment strategy, launched in 2017.

**Care** – colleagues considered the offer of social care in Derbyshire was too heavily focused on day-care, and, responding to the feedback from young people, needed to focus much more clearly on fostering independence and resilience, and supporting young people in their own communities. Second, this will require the offer within individual services to be much more integrated and joined-up. As we noted above, concerns were raised during the review about inappropriate placements being sought due to a lack of bespoke local alternative options. The evidence we gathered suggested that there is a lack of understanding within individual services about what other services are able to offer, and a lack of co-ordinating capacity and processes for bringing together elements from different services to offer bespoke packages of support to give young people greater choice.

This is all the more important as the data we have gathered during this review suggest that numbers of young people with EHCPs aged 16+ have increased and are likely to continue to do so. Furthermore, published data suggest that, while Derbyshire's young people with SEN achieve at levels similar to their peers with SEN nationally at Key Stages 2 and 4, fewer Derbyshire young people with SEN overall (EHCPs and SEN support) aged 19 achieve level 3 qualifications, and fewer young people with EHCPs achieve level 2 qualifications relative to their peers nationally. In 2017, Derbyshire's disability employment strategy noted that:

- a disabled person in Derbyshire is eight times more likely to be unemployed than a non-disabled person, which is larger than the gap nationally (a disabled person is five times more likely to be unemployed);

- in 2015/16, only 1.7% of adults with learning disabilities known to adult care in Derbyshire were in employment, compared to 5.8% nationally;
- in March 2017, 3.59% of Derbyshire County Council's workforce declared a disability, compared to population survey data that suggests closer to 12.7% of the LA's workforce may have a disability (these figures should be treated with caution, however, since they do not account for people who may choose not to declare a disability).

## Recommendations

### Recommendation 6.1: Set out a shared vision about the aspirations and opportunities that should be open to all young people with SEND and high needs in Derbyshire

The colleagues we engaged during the review, and specifically those from across education and care services we brought together to focus on the theme of preparation for adulthood, argued strongly that partners across Derbyshire should set out an unapologetically ambitious vision for young people with SEND and high needs. They argued that this should include the core principles and expectations that young people with SEND and high needs should:

- have the same opportunities and take part in the same rites of passage as their peers;
- expect that they will have the opportunity to move into the world of work, and in most cases paid employment, when they move into adult life;
- be able to live as independently as possible; and
- have the opportunity to live within and be an active part of their local community, with strong networks, friendship groups and family around them.

Colleagues recognised that every young person would have different needs and aspirations, and would make their own choices. The aim here was not to *prescribe* what young people should aspire to, but rather to set an overall ambition for the local system within which young people could form their aspirations, exercise their choices and pursue their goals. Colleagues note that setting aspirations for young people to move into independent adulthood and paid work would shift the culture of support, and would necessitate professionals having very different conversations with young people and their families – conversations focused on long-term outcomes and ambitions. Colleagues also noted that this would require the local system itself to be clear on what good preparation for adulthood would look like in Derbyshire, and what outcomes would indicate whether this was being achieved.

### Recommendation 6.2: Develop explicit processes for planning long-term outcomes and pathways for young people, and embed these in young people's plans and the day-to-day work of all services and provisions

Colleagues argued that a bold vision for preparing young people for adulthood would require key processes to be strengthened, specifically:

- capturing systematically the aspirations of young people, collating these and using them to shape individual support plans and the overall offer of support;
- providing families with effective, early advice about opportunities and pathways, as well as about what support could (and could not) be offered, and having "realistically ambitious" conversations with young people and their parents about long-term aspirations;
- developing a robust and early transition planning process for young people likely to require some ongoing support from adult services after they turn 18; and
- enabling professionals to draw on a range of support options to plan bespoke packages of support.

## Recommendation 6.3: Develop a broader and more integrated offer to widen the range of pathways open to young people with SEND and high needs

This review has identified areas within existing support pathways where there are opportunities to strengthen the current offer. These include:

- **within education** – fostering greater connections between schools and colleges, so that there is a coherent pathway and approach to support across all post-16 and post-19 education providers that is preparing young people for adult life, not just for the next transition;
- **concerning employment** – continuing to develop a range of pathways into the world of work for young people with SEND and high needs, including engaging individual employers (large local employers, the Council and others) to develop offers for specific, identified cohorts of young people, and with the LA acting as a leading employer of young people with high needs; and
- **in relation to care** – bringing together existing options, ensuring this is well understood within SEN services, and refocusing support more around supporting young people's independence and resilience.

This offer must not, however, be seen as a fixed set of pathways into which young people should fit. Instead, these should be seen as part of a broad and flexible menu of support that could be used to support a young person to make the transition to adulthood. This will require that this is agenda is driven forward at senior leadership level within the LA, but also that there is capacity to collate and co-ordinate the offer, and to be pro-active in engaging employers, working with providers to shape a more joined-up set of education pathways, and to help draw together support from children's and adult social care. It will also require a commitment from services to work together to ensure professionals working with young people and families understand the overall offer, not just what is offered by their service.



# Conclusion

## Overarching themes from this strategic review

Local systems of support for children and young people with SEND and high needs are necessarily complex. The needs of young people that the system is seeking to support are varied, highly specific to each young person and their family and community context, and constantly changing. What is required to support young people successfully and to adapt to changing demands on local services requires contributions from a range of different professionals and agencies, all of whom have other, equally important priorities to manage and equally significant pressures with which to contend. As is well known, and as we have detailed in our national research, demands on local systems in terms of how they support young people with SEND and high needs are increasing and financial resources are stretched increasingly thinly. This is the context in which the colleagues who have contributed to this review of high needs in Derbyshire are operating.

Within this, the review has found positive developments that should be built upon. As we noted at the outset, there have been a number of promising ideas that have been developed in the context of the previous strategy that need to be retained, in some cases refined, and built upon. The review has also heard some strong messages from colleagues about how the day-to-day experience of working within the system in Derbyshire, particularly the need to strengthen communication, create a culture of professionals working together to find solutions, rather than one that colleagues perceive can be unnecessarily adversarial and focused on gatekeeping, and ensure swift, timely and effective access to consistently effective support. The findings in this report are set out around six overarching themes, under which we have made a total of 17 recommendations. Put simply, these focus on what we called out the outset of this report three key “building blocks”:

- embedding core systems and processes – concerning things like the identification of need, assessments, plans, reviews, placement decisions, funding, access to support and commissioning of services – so that they are working consistently effectively and transparently across the county;
- ensuring that there is a “strategic blueprint” providing clarity about current and future needs, how these are to be met and the role of specific services and provisions in doing so; and
- encouraging services to work together in ways that enable young people to articulate a set of meaningful, long-term aspirations for adulthood and to pursue those successfully.

In short, the key messages from this review support the importance of partners working together in a spirit of co-production – sharing and solving problems transparently and collaboratively – ensuring that there is a strong, shared vision and strategic plan for how the system will support young people with SEND and high needs, that the core systems that underpin the system work smoothly and effectively, and young people achieve good long-term outcomes.

## The future direction of travel

Few of the recommendations we have made require fundamental reorganisation of services – although there are some implications for how some services are arranged and how some provisions are commissioned to ensure these match current and anticipated future needs. We recognise that the context for this review is one where there remains considerable pressure on public finances – the budgets of councils, CCGs, schools, settings and colleges. We also recognise that there is limited scope for increasing resources in the high needs block, and little prospect of the quantum of high needs block resources available in the medium term.<sup>19</sup>

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<sup>19</sup> Derbyshire previously re-baselined the high needs block to reflect what was being spent on supporting young people with additional needs. The current formula for distributing high needs funding to local areas is significantly weighted to past spend, which is protected against sudden reductions. Nevertheless, this means it is unlikely that Derbyshire will receive more resources in the high needs block unless there is a significant overall increase in funding for high needs at national level.



As such, we recognise that where the local system in Derbyshire is facing challenges, the solutions do not lie in simply creating more services or more provision. Instead, the solutions must come from more systemic approaches, which recognise the interconnections between different parts of the local system – across the age-ranges, between mainstream and specialist, between early support and statutory provision, between education, health and care. Such solutions must necessarily take a “whole system” perspective, must foster shared understanding, collective ownership and collaborative work, and must be pro-active in responding to trends and building capacity so that the system is well equipped to support young people across the county.

This is easier said than done, and it would be misleading to suggest that there are guarantees that the pressures being experienced by the system and on high needs resources in Derbyshire can be avoided altogether. There is work ongoing to make the case to national government about what is needed to address the root causes of these pressures. In the meantime, however, our work nationally and with colleagues in Derbyshire shows that there are ways of operating and embedding effective, system-wide approaches to supporting young people with SEND and high needs at local level. As we have set out in this report, these approaches will require:

- a shared ethos and strategic blueprint for how the local system will support young people with SEND and high needs;
- a commitment to working transparently, formatively and co-productively with families and partners;
- collective leadership, oversight of the local system, and ownership of high needs resources;
- a commitment to inclusion and a pro-active approach to build capacity for inclusive practice across mainstream settings and universal services;
- effective, responsive, flexible and sharp commissioning of targeted services and specialist provision to enable and equip providers to responding to changing needs; and
- a forensic and rigorous approach to targeting, avoiding or planning to redress instances where more specialist services or placements have been required when more less specialist solutions could have been put in place as an alternative.

In a Derbyshire context, the aim must be to create a more flexible, responsive system that provides the right support for young people, families and providers at the right time. The ambition must be to create some “headroom” in the system, but seeking to build the capacity and put in place pro-active solutions to meet the needs of some young people at less specialist and more cost-effective level. This “headroom” within the local system and its high needs resources could then be used to continue to strengthen approaches focused on early support and prevention and on building capacity for inclusion across mainstream and universal services. In practice, this might include:

- building mainstream capacity by supporting the development of effective inclusive practice, providing swift access to additional support when it is required, and developing a strong, holistic offer of targeted support and inclusion services to ensure a high proportion of young people with SEND and high needs are and continue to be well supported in mainstream schools in the future;
- strengthening the process for reintegrating young people placed in specialist settings (special schools, ERSs and AP) into mainstream schools to ensure that specialist provision is in a position to respond swiftly where placements are required and is in a position to meet the most complex local needs;
- empowering special school leaders to work collectively and with partner agencies to put in place alternative bespoke solutions to avoid the need for out-of-area placements where these may not be necessary and where local alternatives could be developed, so as over time to reduce the number of young people placed outside local, state-funded provision where this would not be the appropriate placement (there are currently more than 130 school-age children placed outside local, state-funded specialist provision; the evidence we have gathered suggest the ambition might be to reduce this to 70-80 over time);
- likewise, fostering collective responsibility among schools for the use of AP within their locality, and shift the balance of AP towards more preventative and turnaround provision, but with appropriate capacity for longer-term placements where required, in order to reduce exclusions and unnecessary longer-term placements in AP, and ensure the system was in a position to use resources to foster inclusion and preventative support; and
- focus on progression and transition for young people post-16 and post-19, with the aim of increasing the numbers of young people moving into college at 16, routes into work / employment post-16 and post-19.

There are a number of ways this could be achieved. In setting out our recommendations, we have deliberately not gone into the territory of stating what proportion of the high needs block should be spent and where. These are rightly decisions for local leaders to take together, in a spirit of co-production. What we have done, however, is set out alongside this report a pack summarising the analysis we have done of the available national and local data concerning current needs and what the future trends may look like based on these. The pack we have developed sets out:

- numbers of young people with EHCPs (which we expect will remain largely around 3,000, with a slight decrease in line with the local 0-25 population), as well as those requiring support from the high needs block (e.g. through GRIP);
- the breakdown of this cohort of young people with EHCPs by age (which we suggest could move towards a position where roughly a third of young people with EHCPs are in the primary phase, the secondary phase, and in the 16-25 cohort);
- the profile of placement types (where we anticipate a small growth in post-16 and post-19 placements, but largely steady proportions of young people with EHCPs in mainstream and special schools); and
- the profile of primary need (where the data suggests an increase in the proportion of young people with communication & interaction needs, but where we also know future trends are likely to be based around complex combinations of needs, including communication & interaction, emotional wellbeing and mental health, and cognition & learning).

The analysis we have offered is not in the form of a set of predictions. Instead, we have developed a set of analyses that draw on current trends and strategic priorities, and make a set of transparent assumptions about how this could develop in the future. The aim is to provide a point-of-comparison by which leaders of the local system in Derbyshire could check if they are largely where they expected to be at a given point in the future, or whether the assumptions underpinning these analyses may need to be revised. We hope that this helps to inform the planning of services and the commissioning of provision, so that the whole continuum can respond swiftly and effectively to current and future needs, thus helping to create the “headroom”, flexibility and pro-activity in the local system required to provide early support and avoid the need for more specialist and statutory provision further down the line.

## Next steps

One of the things that was most valuable to us when carrying out this review was the spirit of co-production and willingness to work collaboratively that we were able to draw upon during each of the phases of our work. Young people, parents and carers, practitioners and strategic partners have been unstinting in the generosity with which they have contributed ideas and suggestions, as well as constructive critiques, to the review. This report contains 17 recommendations. The strategic planning framework, that has been (co-)produced to be read alongside this report contains 23 actions that partners across Derbyshire have helped to shape and have committed to taking forward. Taken together, the findings, recommendations and actions captured through this review represent an ambitious agenda – suitably aspirational, but nonetheless ambitious in its scope. This aspirations and ambitious that underpin this agenda cannot be accomplished by any one agency, actor or aspect of the local system in Derbyshire. Making progress on these aims and goals will require the collaborative work of all partners who have been involved in this review. It will require genuine, informed co-productive working to become the norm across all activity aimed at supporting young people with SEND and high needs within the local system. In the strategic planning framework, we have set out some of the ways in which colleagues can be engaged in shaping how this review is taken forward and its recommendations implemented, how they can be kept informed about and connected to developments across the system, and how partners can collectively maintain oversight and leadership of the system.

Taken together, we hope that this report, the strategic planning framework, and our underpinning analysis provide an accessible summary of the wealth of material and feedback we have gathered during this process, as well as a practically oriented roadmap for continuing to foster effective support for young people with SEND and high needs. Most importantly, however, we hope that through the review we have provided a means for colleagues to reflect on how the local system in Derbyshire supports young people with SEND and high needs, some of ideas that can be taken

and adapted from other local areas, and how to continue to foster a spirit of collaboration, partnership and co-production in taking this important agenda forward.

\* \* \*

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# Strategic review of high needs provision in Derbyshire

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## Final presentation to the SEND Strategic Board

23 May 2019

Project commissioned by **Derbyshire County Council**

Project undertaken by **Isos Partnership**



## Aims of the project

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1

To gather evidence and views on the current needs, trends and likely future demands for support, services and provision.

2

To shape options and recommendations for meeting the needs of young people and their families in Derbyshire in the future.

3

To work collaboratively, iteratively and in a spirit of co-production with partners to identify key findings, shape options and build consensus.

# The approach to the review

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Page 109

## Phase 1: Where are we now?

In-depth evidence  
quantitative and  
qualitative gathering  
(Sept-Nov 2018)

## Phase 2: Where do we want to be?

Testing key findings and  
shaping  
recommendations  
through co-productive  
workshops  
(Nov-Jan 2019)

## Phase 3: How do we get there?

Developing a roadmap  
for how the  
recommendations are  
put into practice over  
the next two years  
(Jan-April 2019)

## Our six review themes

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- ① **Co-production with parents / carers and young people**
- ② **Partnership working and joint commissioning across education, health and care**
- ③ **Identification, assessment and access to support**
- ④ **Building inclusive capacity in mainstream schools and settings, and providing targeted support for inclusion**
- ⑤ **Developing responsive, effective local specialist provision**
- ⑥ **Preparation for adulthood**



## FINDINGS AND RECOMMENDATIONS



### Findings

- There are strong, co-productive relationships with parents and young people.
- Likewise, young people with SEND are well-represented on youth councils at county and district level. Nevertheless, there is both the necessity and opportunities to build on these relationships through new co-productive activities to broaden engagement with parents and young people.

### Recs

1. Build on existing strong strategic relationships with parents of young people with SEND by broadening strategic engagements and participation.
2. Identify and develop specific co-production projects with parents (local offer, mainstream).
3. Develop a framework / network for engaging young people in strategic initiatives.

### Actions

1. We will map out existing groups for parents of children with SEND and bring these into a strong and broad parent and carer network.
2. We will work with DPCV and other parent groups to consider and agree how existing funding should be used to foster participation in collaborative, co-productive working of parents and carers of children with SEND.
3. We will launch a network for engaging young people with SEND.

### Outcomes

1. Increased rates of participation from parents and young people.
2. Parents and young people are more involved in shaping strategic developments across the local system.

## FINDINGS AND RECOMMENDATIONS



### Findings

- A number of positive developments have been taken forward in relation to joint working across agencies.
- Concerns about some of the pathways of support (emotional wellbeing and mental health, early help).
- Need to re-launch the SEND commissioning hub as the vehicle for strategic joint commissioning.
- Need to ensure consistent messages about the local SEND system from frontline professionals across agencies, and to re-articulate how agencies will contribute to EHC assessments and plans.

### Recs

1. Revisit the purpose of the SEND commissioning hub – focused on taking a system-level view of current and future needs, and how these are met through joint commissioning.
2. Identify some specific priorities for joint commissioning – SEMH, C&I, autism.
3. Continue to work with frontline professionals to ensure consistent understanding of SEND.

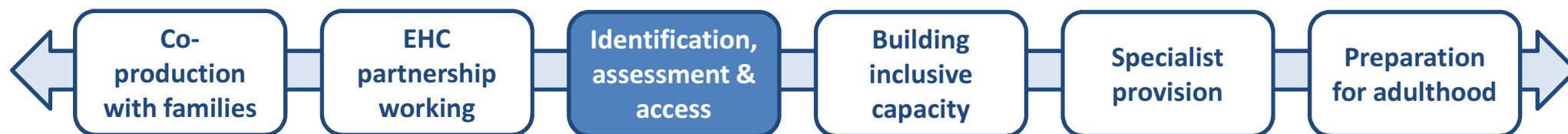
### Actions

1. We will re-launch SEND commissioning hub.
2. We will refresh individual placement commissioning.
3. We will ensure there are clearer processes across education, health and social care (children's and adult) that set out how we agree they should be involved with EHC assessments, plans and annual reviews.
4. We will continue to communicate the "core" messages about how the SEND system seeks to meet needs.
5. We will develop arrangements for enabling strategic liaison between education, health and care colleagues.

### Outcomes

1. There are a clear set of pathways in place for areas identified in the first twelve months as priority areas.
2. Feedback shows that the right agencies are contributing in the right way and at the right time to the EHC assessment, planning and review process.
3. Evaluation evidence shows that newly designed, jointly-commissioning services and pathways are delivering better outcomes and more timely support.

## FINDINGS AND RECOMMENDATIONS



### Findings

- Information – it depends on whether you know what you are looking for; need for strategic overview.
- Access to support – strong concerns about processes for accessing support – feels overly adversarial, focused on gatekeeping – particularly GRIP.
- Assessment – concerns about the quality of assessment, specificity of plans and outcomes, meaningfulness of engagements with families, annual reviews, contributions from agencies, capacity.

### Recs

1. Update and refine the local offer to provide a clear overview, introduction and practical tool for parents, providers and professionals.
2. Address the concerns raised about the day-to-day operation of GRIP so that it delivers swift, pupil-centred high needs support for schools consistently effectively.
3. Refine core processes related to EHC assessments and plans to address concerns about consistency, quality and specificity of outcomes.

### Actions

1. We will continue to refine and improve the local offer.
2. We will ensure that we have the right operating model, processes and capacity within our SEN services.
3. We will relaunch an updated and improved GRIP process.
4. We will revisit how we arrange top-up funding.
5. We will strengthen the way data on the local SEND system are captured and collated.

### Outcomes

1. The local offer provides a clear introduction, a strategic overview of and accessible navigable tool.
2. Local SEN services provide effective and timely assessments, plans and reviews.
3. EHCs and plans relating to GRIP and EYIF support are of a consistently high quality.
4. Providers and parents consider that the GRIP and EHC processes are timely, fair and transparent.

## FINDINGS AND RECOMMENDATIONS



### Findings

- Derbyshire has some of the hallmarks of an inclusive local system.
- This is not consistent across the county, and inclusion across Derbyshire is coming under pressure.
- Derbyshire has a broad and comprehensive offer of targeted inclusion support, which is highly regarded. There were concerns about variable quality, duplication and the lack of a consistent, joined-up offer.

### Recs

1. Continue to develop, support and strengthen inclusive capacity in mainstream education settings.
2. Refocus the offer of targeted services in a more holistic, strategic way so that they provide a coherent, consistent and responsive offer across the county.

### Actions

1. We will co-produce a set of clear expectations about what good mainstream inclusion should look like in all schools across Derbyshire and we will shape an offer of training for SENCOs / SEN leads and for whole-school improvement with a focus on inclusion.
2. We will re-establish and re-launch SENCO networks on a non-traded basis.
3. We will work with SENCOs and others to define a core offer of targeted support and mechanism for requesting support.

### Outcomes

1. Derbyshire continues to be an inclusive local education system.
2. The Derbyshire offer of targeted inclusion support services is achieving its strategic aims.
3. Pupils with SEND in Derbyshire make good progress and achieve good development outcomes.

## FINDINGS AND RECOMMENDATIONS



### Findings

- ERS – key role, but opportunity to redefine the “core ERS offer”. Ensure ERS role is clearly understood.
- Special schools – opportunity to revisit and redefine the “core special school offer”, enable special schools to be part of strategic planning and complex needs placement decisions. Strengthen core processes.
- AP – need to redefine the pathway of support for pupils at risk of exclusion / requiring AP, and foster school responsibility for pupils placed in AP in light of the Timpson Review recommendations.

### Recs

1. Rearticulate a clear offer of ERS support based on current and future needs that is equitable across localities and consistent across phases.
2. Rearticulate the offer of special school provision, ensure the offer and core processes are informed by current and future needs.
3. Work with school and AP leaders to develop responsibility-based models of inclusion support and AP.

### Actions

1. Using projections data and intelligence, we will map out and define the core principles of the offer of the specialist provision that should be accessible in each locality across Derbyshire.
2. We will develop a collaborative process for considering potential out-of-area placements and developing bespoke, local alternatives.
3. We will work with special schools to develop new funding and admissions processes.
4. We will work with school leaders in localities to develop new, responsibility-based models of decision-making, responsibility and funding for pupils placed in AP to ensure a rich and effective offer.

### Outcomes

1. Derbyshire continues to be an inclusive local education system.
2. There is a reduction in out-of-county placements and transport costs.
3. There is an equitable offer of specialist provision by locality in place.
4. There is a reduction in exclusions and indicators that children are exiting mainstream ed. inappropriately.

## FINDINGS AND RECOMMENDATIONS



### Findings

- Preparing young people for adulthood needs to be an underpinning principle of all support and services.
- Achieving this will require arrangements for capturing young people's aspirations, framing "realistically ambitious" goals, defining long-term outcomes with them, and planning support to be strengthened.
- It will also require a more joined-up and jointly owned offer of support for young people moving into adult life across all agencies involved – education, care, health, employers and others.

### Recs

1. Set out a shared vision of the opportunities to be open to all young people with SEND and high needs.
2. Develop explicit processes for planning long-term outcomes and pathways for young people, and embed these in young people's plans and the work of all services.
3. Develop a broader and more integrated offer of pathways open to young people with SEND and high needs.

### Actions

1. We will co-produce a shared strategic vision for enabling young people with SEND to make a successful transition to adult life.
2. We will collate, map and develop the existing offer of post-16 pathways.
3. We will strengthen processes for capturing young people's aspirations and planning the support that young people with SEND may need to make a successful transition to adult life.

### Outcomes

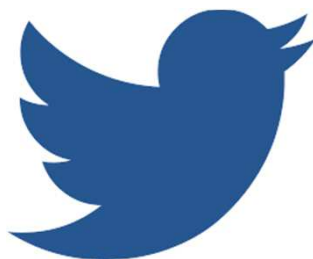
1. Young people in Derbyshire move into good destinations after they complete their formal education.
2. The processes for capturing a young person's aspirations are embedded and driving decisions and the planning of services.

With many thanks to all those who contributed to the review.

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[www.isospartnership.com](http://www.isospartnership.com)



[@Isospartnership](https://twitter.com/Isospartnership)



E: [Ben.Bryant@isospartnership.com](mailto:Ben.Bryant@isospartnership.com)

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Agenda item 7

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**3 October 2019**

**Report of the Director of Public Health**

**Tobacco Control in Derbyshire**

**1. Purpose of the Report**

To provide an update to the Health and Wellbeing Board on tobacco use in Derbyshire, and seek approval for proposed steps to further reduce the impact tobacco use has within Derbyshire.

**2. Supporting Information**

Tobacco remains the single-most harmful legal substance to health. It is the leading cause of preventable deaths in Derbyshire, and is a major cause of ill health. Approximately 1 million cigarettes are smoked each and every day in Derbyshire, and tobacco use is responsible for 6 deaths a day in Derbyshire.

Key tobacco use statistics:
<ul style="list-style-type: none"><li>Nearly 90,000 adults across Derbyshire smoke (13.9% of the population) with higher rates amongst routine and manual workers (23.3%), and those with a serious mental illness (39.9%)</li></ul>
<ul style="list-style-type: none"><li>Approximately 1,100 pregnant women smoke at the time of delivery (15.4%)</li></ul>
<ul style="list-style-type: none"><li>1 in 4 young people in year 10 in Derbyshire have tried a cigarette and 7% are regular smokers</li></ul>
<ul style="list-style-type: none"><li>Approximately 2,200 deaths each year are caused by smoking</li></ul>
<ul style="list-style-type: none"><li>Tobacco use is responsible for approximately half the difference in life expectancy between the most and least affluent communities, and if 5 out of every 100 smokers quit then healthy life expectancy figures would rise by more than 3 years</li></ul>
<ul style="list-style-type: none"><li>Smoking costs local NHS organisations £40m annually through treating smoking-related illnesses in hospitals and primary care</li></ul>
<ul style="list-style-type: none"><li>Over 4 million illicit cigarettes and nearly 2 tonnes of illicit hand-rolling tobacco has been seized in Derbyshire since 2011/12</li></ul>
<ul style="list-style-type: none"><li>The wider cost across health and care, fire service, and impact on productivity in Derbyshire is calculated to be £175m each year, almost double the estimated amount collected in duty on tobacco products (£91m)</li></ul>

Smoking rates have been declined in Derbyshire over recent years, and if the current trend continues then prevalence is likely to fall below 10% by 2024. However, smoking remains concentrated among people from more deprived communities, with

smoking prevalence among adults in routine and manual workers projected to remain above 15% by 2024.

There is an extensive programme of work in place across the county to reduce the harm caused by tobacco use, but a recent Health Needs Assessment has highlighted opportunities to strengthen efforts to reduce the harms further.

The rationale for increasing efforts on tobacco control in Derbyshire is grounded in clear health and economic arguments. Preventing uptake, promoting quitting and treating dependence, and reducing availability of illicit tobacco will reduce the number of smokers, and impact associated with using tobacco.

## **2.1 Current tobacco control work**

### **Prevention First**

Derbyshire is taking a system-wide approach to tackling smoking in pregnancy across the Local Maternity Services footprint. The recently established Smoking in Pregnancy Implementation Group (SIPIG) will deliver a coordinated approach to reducing smoking in pregnancy across the pregnancy pathway, both ante- and post-natally. As part of this work, Smoking in Pregnancy champion midwife posts have been created for both University Hospitals of Derby and Burton and Chesterfield Royal Hospital. A partnership team from Derbyshire was successful in applying to the Design in the Public Sector programme in 2018, and this has allowed an innovative approach to be adapted to tackling smoking in pregnancy, and this is informing local action.

Derbyshire Trading Standards carry out visits to assess due diligence and risk of under-age tobacco sales, based on information received on premises of concern.

### **Supporting smokers to quit**

Live Life Better Derbyshire (LLBD) offers community-based stop smoking services across Derbyshire. In 2018/19 LLBD helped approximately 850 people across Derbyshire achieve a successful quit, including people in routine and manual occupations and those with serious mental illness.

LLBD has an active communications campaign to raise awareness of the stop smoking service and is working with non-traditional partners such as Housing Associations, food banks and the Probation Service to ensure that services are promoted and easily accessible, especially to disadvantaged communities and groups.

### **Eliminating variation in smoking rates (including increasing public awareness and smokefree places)**

The For you and Baby Campaign is currently running a targeted social media campaign focusing on lifestyle choices for women in Derbyshire. One of its main focuses is smoking in pregnancy and it aims to dispel myths surrounding the effects of smoking in pregnancy and raise the profile of local non-judgemental support available across the footprint.

During the summer of 2019, Derbyshire County Council consulted with the public to find out their views on creating additional smokefree public spaces. The results of the consultation were overwhelmingly positive in supporting the creation of additional smokefree public spaces, especially premises frequented by children and young people. The initial focus will be creation of smokefree school gates across Derbyshire.

### **Regulation and enforcement**

Derbyshire Trading Standards, in conjunction with Derbyshire police and HMRC, respond with test purchasing and enforcement operations on received intelligence on illicit and illegal tobacco. Trading Standards continues to receive a substantial number of complaints about illicit tobacco. In 2018/19 the retail value of seized illicit tobacco in Derbyshire was in excess of £180,000.

## **2.2 Next steps**

There is a need to strengthen local work to further reduce the impact of tobacco use on local communities and organisations. Further success will be had through adopting a strategic approach to tobacco control, with a focus on the following key priorities:

- Recognise that the use of tobacco is an addiction, that needs treatment like other addictions
- Reduce uptake amongst young people
- Support smoke-free pregnancies
- Support smokers to quit, with a focus on those population groups with the highest rates
- Ensure staff who have contact with smokers have the skills and knowledge to advise them to stop using tobacco products, using consistent messages
- Increase public awareness of the harms of tobacco-use and support available to quit
- Reduce the impact of illicit and illegal tobacco

Derbyshire's Health and Wellbeing Strategy and Joined Up Care Derbyshire Prevention Plan state a level of ambition in Derbyshire to take further steps to becoming smokefree. However, there is no Tobacco Control Strategic Group in Derbyshire to bring together system partners to oversee work and co-ordinate

efforts. While there is committed work happening across different organisations, the impact of these efforts is happening in isolation, without the benefits of amplification that partnership working can bring. The Health and Wellbeing Board are asked to support the establishment of a multi-agency Tobacco Control Strategic Group to lead and co-ordinate tobacco control work across Derbyshire.

### **Derbyshire's Ambition**

Current projections suggest that by 2024, smoking prevalence in adults in Derbyshire will reduce to below 10%, but remain at 15% in routine and manual occupation groups, and 13% among pregnant women.

Action on Smoking and Health have called on local areas to reduce smoking prevalence to below 5% in all socio-economic groups by 2029. In addition, the national government have an ambition to reduce the smoking in pregnancy rate to less than 6% by 2022.

A stated ambition would provide focus for tobacco control work in Derbyshire, and secure a shared commitment from all partners to work collaboratively to achieve it. Health and Wellbeing Board members are invited to recommend what Derbyshire's ambition should be.

.

### **3. Recommendation**

That Health and Wellbeing Board members:

- Note the continued impact of tobacco use in Derbyshire
- Note the current work planned to reduce the impact of tobacco use in Derbyshire, and support implementation of new work
- Support a collaborative whole-systems approach to tobacco control, with strategic responsibility overseen by a newly-established group
- Agree an ambition to provide a focus and shared commitment for tobacco control efforts

**Dean Wallace**  
**Director of Public Health**  
**Derbyshire County Council**

**Agenda item 8**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**3 October 2019**

**Report of the Director of Public Health**

**HEALTH PROTECTION BOARD UPDATE**

**1. Purpose of the Report**

To provide an overview of the key messages arising from the Derbyshire Health Protection Board, which met on the 2<sup>nd</sup> July 2019. The Board is a formal sub group of the Derbyshire County Health and Wellbeing Board and the Derby City Health and Wellbeing Board.

**2. Performance Update**

**2.1 Emergency Preparedness, Resilience and Response (EPRR)**

- (a) Derbyshire Health Protection Response Group discussed the following:
- Terms of reference reviewed and agreed.
  - Review of organisational contacts pathway
  - Group to reissue guidance to care settings around influenza
  - Review of outbreaks and themes

**2.2 Screening and Immunisation Programs**

The board received update and assurance report from the Screening and Immunisation team, which included:

- The Screening and Immunisation Team (SIT) continues to work with stakeholders to develop initiatives to increase uptake as part of the North Midlands MMR Elimination Action Plan.
- The next Seasonal Flu Planning Group will meet in July 2019 to discuss and review provider preparations and readiness before the start of influenza season.
- Shingles Working Group – holding quarterly meetings.
- Screening Programmes Performance – Bowel cancer screening hubs would switch from Faecal Occult Blood test to Faecal Immunochemical Test with effect from 7<sup>th</sup> June 2019.

**(b) Cervical Screening Program Detailed Report**

- The Screening Quality Assurance Service (SQAS) visit had been undertaken at the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT).
- Primary HPV screening work had continued across Derbyshire and Nottinghamshire.
- Stakeholders should continue to work collaboratively to address inequalities to ensure that all patients eligible to attend screening are supported to engage with the cervical cancer screening program.

### 2.3 Infection Prevention and Control (IP&C)

The Health protection board received a summary report of IPC assurance by the CCG including updates on the following:

- MRSA Bacteraemia
- Clostridium difficile
- E.coli blood stream infections
- Meticillin Sensitive Staphylococcus Aureus (MSSA)

### 2.4 Inequalities

#### (a) Hepatitis C

- The Operational Delivery Network continued to meet quarterly and treatment rates were currently being met.
- Chesterfield Royal Hospital continued to increase treatment and capacity.
- Peer educators were in place in North Derbyshire and facilitating treatment engagement.
- Pilot testing in the pharmacy needle exchange was in progress but uptake was still low.
- An initiative was planned in partnership with Pathways, a service for the homeless in Chesterfield, to work with the Hepatitis C Trust to promote and facilitate testing.

### 2.6 Emerging and Recent incidents

- The board discussed recent incidents and outbreaks taking into account any lessons learnt. The group agreed to look at communication with new community groups around vaccination and the process for rapid communication with GP practices.

## **3. Recommendation**

The Health and Wellbeing Board are asked to note this update report from the Health Protection Board.

**Dean Wallace**  
**Director of Public Health**  
**Derbyshire County Council**



# Intelligence Report

September 2019

Please direct enquiries to: Hannah Morton, Intelligence and Insight Manager:  
[hannah@healthwatchderbyshire.co.uk](mailto:hannah@healthwatchderbyshire.co.uk) or 01773 880786

All our reports can be found on our website:  
<http://www.healthwatchderbyshire.co.uk/category/our-work/>

## Contents:

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  - Domiciliary Care
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  - Creative engagement with Children and Young People (CAYP)
  - NHS Long Term Plan (LTP)
  - Carers engagement
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  - Chesterfield Royal Hospital (CRH) Mystery Shop
  - Orthotics at London Road Community Hospital (LRCH)
  - Experiences of discharge at the RDH and Queen's Hospital Burton (QHB)
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  - STOP! I have a Learning Disability
  - Top Tips for Carers
  - Good Practice Guide to Consultation.

### Our most recent work:

#### Ex-offender engagement

During April to July 2019 we engaged with ex-offenders to explore their use of health services. We asked people about their experiences of using health services and if they had encountered any difficulties with knowing where to go and/or how to access a service.

We also wanted to find out about what information, help and support ex-offenders received whilst in prison, and what information they received on release.

The information gathered will be shared with those who run, choose and buy health services in Derbyshire to help ensure services provided are easy to use and of good quality.

We are currently in the process of analysing the findings from this engagement.

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**Next steps:** The full report will be available on our website once complete and responses have been received.

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#### Domiciliary Care

Between August and December 2019, Healthwatch volunteers will be gathering experiences of homecare services (domiciliary care Services) in Derbyshire to make sure people are receiving a good quality of care and support.

The information gathered, along with any recommendations will be shared with the relevant service providers, the Care Quality Commission (CQC) and the commissioners in Derbyshire.

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**Next steps:** The full report will be available on our website once complete and responses have been received.

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## Responses received to reports:

### Rural engagement

The summary of findings from this report was featured in the May 2019 edition of the intelligence report and is now available on our website:

<https://healthwatchderbyshire.co.uk/2019/07/experiences-of-using-health-and-social-care-services-in-derbyshire/>

The report was shared with the Place Board Chair in April 2019 and will be shared at the Place Alliance Leadership meeting. We are still in regular contact with the chair with regards to a response, but due to the nature of Place, and the variation with how it is currently operating within the different areas, it will be best to delay a response until Place is fully established.

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**Next steps:** The full response will be made available on our website once received.

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### Creative engagement with Children and Young People (CAYP)

In June 2018, HWD met with commissioners for children's services, who explained they would be keen to find out what helps CAYP to make healthy lifestyle choices. Their information suggested that in Derbyshire being a healthy weight, low exercise levels, tooth decay, teenage pregnancy, smoking, drugs and alcohol are real issues and challenges within the county.

We spoke to approximately 900 CAYP and their parent/carers about the barriers to making healthy lifestyle choices, and we asked how they felt this could be improved. We ran interactive sessions and encouraged CAYP to share their thoughts through writing, drawing and art. The report was delivered to the Children's STP Board on Friday 12th April 2019 and the Board were asked to make pledges/comments in response to the report.

### **Summary of findings:**

1. The need for more education around oral hygiene
2. More training for dentists to reduce anxiety in CAYP and know how to put them at ease
3. More opportunities for parent/carers and CAYP to learn how to cook fresh meals
4. Encourage people to make their own healthy choices as people have a responsibility to look after their own health
5. To promote the 'mile a day' within schools
6. To offer more affordable group exercises and activities for CAYP to do in the evenings/weekends which are inclusive of all abilities

7. Improve access to mental health services for CAYP
8. To have more education and honest communication around substance use
9. Improve sex education within schools by having smaller groups and for it to be delivered by an outside agency
10. For all schools to be part of the C-Card scheme and for there to be more discreet ways of accessing contraception (drop in services).

**Summary of response provided by the Children's STP Board:**

- There is an oral health promotion team in the county who focus on training staff who work with children around the importance of good oral health routines from birth
- The oral health promotion service encourages the use of a 'toothbrush DJ' to make teeth brushing fun
- The Derbyshire Healthy Family Service provides education and support for parents to establish healthy eating behaviours from the start
- The Derbyshire school nursing service provides advice to pupils on diet, exercise and weight in the 1:1 clinics
- Active Derbyshire has a priority to support people to become active, the feedback around the promotion of the daily mile will be fed back
- There is a lot of work underway across Derby to improve mental health and wellbeing for children and young people including awareness raising and supporting schools
- The Public Health Nursing Service offer a drop in service in every senior school in the county
- There is a self-help website called Kooth which all schools and young people have access to which has a range of services and support listed. This can be found at <https://www.kooth.com/>
- Public Health is trialling a new way to improve Relationship and Sex Education (RSE) within schools. They hope to support young people to become RSE champions and to work with parents and train staff
- The C-Card scheme is under review to ensure improved access.

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**Next steps:** We will request an update of the response in January 2020

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NHS Long Term Plan (LTP)

The NHS has written a LTP so it can be fit for the future and it is based on the experiences of patients and staff. For more information on the NHS LTP please visit: <https://www.england.nhs.uk/long-term-plan/>

Healthwatch England (HWE) was commissioned by NHS England (NHSE) to support public engagement around the plan across the 42 Sustainable Transformation Partnership (STP) areas. Derbyshire's STP is called Joined Up Care Derbyshire (JUCD), which brings together health and social care organisation across the county. For more information please visit: <https://www.joinedupcarederbyshire.co.uk/>

The engagement phase took place between March and April 2019 and we were tasked to complete 250 surveys and facilitate two focus groups around how people think the NHS should change, including how people think support for long term conditions could be improved.

### Summary of findings:

1. People want to feel listened to by professionals when they first raise concerns about their health
2. Carers want to feel listened to, and included in early conversations (where appropriate), about their loved one's health
3. People felt education should be increased around where people can go to access information and advice, as it isn't always necessary to book a GP appointment (i.e. could visit a pharmacy first)
4. Quick and easy access to the relevant help and treatment was seen to be vital
5. It was felt that patients and professionals should make joint decisions on any health or care treatment
6. People should receive sufficient information in an understandable format to help them make choices about their health and care treatment
7. A high proportion of people found it difficult to access ongoing support once they received their diagnosis
8. Support from specialist professionals was highly valued i.e. Macmillan nurses
9. Most people explained seeking help for more than one condition was much harder
10. The importance of timely communication was seen to be paramount
11. It was seen to be important for people to have the confidence to know their personal data is managed well and kept secure
12. People want to be able to stay in their own home for as long as possible with the right support
13. People want to feel well supported at the end of life.

### Response provided by the Joined Up Care Derbyshire (JUCD):

*"We would like to thank Healthwatch Derbyshire and Derby for conducting their public engagement around the NHS Long Term Plan to support Joined Up Care Derbyshire, Derbyshire and Derby's Sustainability and Transformation Plan (STP) to consider 'what matters most to the residents of Derby and Derbyshire' in relation to health and care services.*

*"Joined Up Care Derbyshire has a number of different work streams, each of which is considering how best to implement the ambitions outlined in the NHS Long Term Plan, and take forward current priorities to improve the health and care of Derbyshire's residents, to ensure they have the best start in life, stay well, age well and die well. To do this each workstream is currently talking to a wide range of stakeholders and drawing on existing intelligence, which will then feed into a refreshed STP which will reflect*

*feedback from a wide range of stakeholders, including patients, carers, young people, and the general public.*

*“The report produced by Healthwatch significantly adds to this intelligence and the findings are currently being considered by the programme leads for each workstream to inform their submissions to the refreshed STP.*

*“We would particularly like to say that we found the structure of the report helpful in terms of identifying key areas for focus in each of the programme areas, as this will support the programme leads to incorporate the findings into their final plans.*

*“A draft STP covering our local ambitions for health and care services in Derbyshire and Derby for the next five years, is due to be submitted to NHS England on the 27th September and the final version is expected to be published on the 15th November following extensive stakeholder/public engagement.”*

Vikki Taylor  
STP Director  
Joined Up Care Derbyshire

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**Next steps:** To monitor the implementation of the plan post November 2019.

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### Carers engagement

During January to March 2019, we engaged with carers around their experiences of health and social care services.

Derbyshire County Council (DCC) undertake a regular Survey of Adult Carers (SACE) which had left DCC with gaps in their knowledge and understanding around the quality of life for carers. Their survey indicated a decline in satisfaction, and nationally the survey suggested there had been little movement in terms of improving outcomes for carers.

As a result, HWD was asked to talk with carers both in, and not in, receipt of services to explore their views and experiences around the themes known to DCC. It was hoped the information would help DCC to understand the challenges faced by carers and how they could best respond to them as an authority.

### **Summary of findings:**

1. The role of a carer often impacts negatively on an individual's quality of life
2. Carers have had to make sacrifices in order to carer for their loved one, for example having to give up work completely or reduce their hours
3. Most carers felt their health was affected, due to not having the time to book/attend appointments and for some, their caring responsibilities had impacted upon their mental health
4. Being a carer is a 24/7 job and this should be acknowledged by professionals
5. A huge proportion of carers explained they had very little, or no time at all for themselves and felt they had no control over their daily lives

6. Social contact and the ability for carers to have a 'break' was often reduced due to time, finances and unpredictability of the cared for
7. Peer support was described as invaluable and many carers felt support groups should be promoted more
8. Mental health carers explained they did not know where to go for support, which was often made worse because of the stigma of mental health and people not wanting to talk about it
9. Many carers explained difficulties of finding the right information at the right time and felt a 'one-stop shop' would be a huge benefit
10. The majority of the carers we spoke to had not had a carer's assessment, many carers were not aware that they were entitled to an assessment of their needs
11. A number of carers felt the assessments were focused more towards caring for people with a physical illness and not a mental illness
12. Carers want professionals to take the time to listen to them and offer support when it is needed
13. A high proportion of carers explained they did not feel their views or opinions were considered or valued by professionals. However, carers of people living with dementia felt very involved with their loved ones care
14. A large proportion of carers were unaware of their rights, and were unsure how to find out about them.

#### Summary of response provided by Derbyshire Carers Association (DCA):

- Derbyshire Carers Association (DCA) aims to complete the assessments in the most appropriate way for the carer
- All assessment workers are extremely knowledgeable, they undertake a thorough induction and a graduated period of shadowing ... The triage team work to allocate assessments to the most appropriate worker for each unique situation
- DCA introduced a telephone befriending service in May 2019
- DCA are encouraging GP surgeries to sign up to the Carer's Pledge which asks surgeries to ensure there is accessible, quality information available to carers
- DCA are developing new support groups in areas where previously none existed.

#### Summary of response provided by Derbyshire County Council (DCC):

- DCC are aware that telephone assessments are unpopular with many carers and are working on ways to maximise capacity within the service
- Improving the awareness and identification of carers will be one of the priorities within the refresh of the Carers Strategy
- DCC have commissioned a single point of access to provide information, advice and guidance as part of the carers contract with DCA, they will look at how they can raise the profile of the service in order for carers to be able to obtain information when they need it

- DCC will continue to work with carers, council staff and DCA to ensure that carers have the right information and opportunities to access a break from caring
- Improving the recognition and respect of carers will be included as one of the priorities within the refresh of the Carers Strategy.

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**Next steps:** We will request an update on actions in January 2020.

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### Update on actions received to reports:

A summary of findings for both the Royal Derby Hospital (RDH) Mystery Shop and the Mental Health Information and Signposting in Erewash reports, along with the provider and commissioner responses were featured in the May edition of the intelligence report, which stated we would follow up on the actions taken against the recommendations in August 2019. The below provides a summary of both updates.

#### **RDH Mystery Shop:**

In partnership with RDH, HWD volunteers tested the journey patients would follow when visiting the hospitals for an outpatient appointment. Volunteers commented on their experiences from receiving a patient letter inviting them to a fictitious outpatient appointments at the hospitals, to travelling to the hospitals for that appointment and navigating the hospital sites in order to find the correct departments.

#### **Summary of update:**

One of our HWD staff members made a personal visit to RDH last week and was able to feedback as to the changes the Trust has made since our mystery shop in 2018.

- Navigation around the one-way system was found to be easy and the road markings were clearly painted
- In terms of car park 6, the signage displaying parking fees which was previously displayed on the right-hand side of the barrier entrance had been moved to the left side. This made it more prominent to drivers entering the car park
- There was additional signage showing the positioning of the exit, which has eased confusion around navigating car park 6
- The parking fees were clearly displayed on the payment machine and it was felt this could be helping to speed up the payment process as there were no queues for payments and users appeared to use the machine without any delays
- At one of the main entrances to the hospital there was a sign prominently advertising the weekly/monthly car park pass.

## Reports which require further updates:

### **Dementia Services:**

An update of actions pledged in response to our report were highlighted in the December edition of the intelligence report. We will request a further update on actions pledged against the recommendation made in response to this report later in 2019.

In the meantime, we will continue to monitor the implementation of the Derbyshire Dementia Well Pathway as well as hear from people about their experiences of using services to ensure improvements are being made.

To view a copy of our Dementia Report and the update on actions please visit:

<https://healthwatchderbyshire.co.uk/2018/05/dementia-report/>

### **Chesterfield Royal Hospital (CRH) Mystery Shop:**

In partnership with the RDH and CRH, HWD volunteers tested the journey patients would follow when visiting the hospitals for an outpatient appointment. A summary of findings and the provider's response were highlighted in the May edition of the intelligence report. We will request a further update on actions pledged against the recommendation made in response to this report in October 2019.

To view the report and the full CRH response please visit:

<https://healthwatchderbyshire.co.uk/2019/05/mystery-shop-exercise-completed-atchesterfield-royal-hospital/>

### **Orthotics at London Road Community Hospital (LRCH):**

Between November 2018 and January 2019 we visited a number of orthotic clinics at LRCH and spoke to a total of 60 patients about their experiences of the service. A summary of findings and the provider's response were highlighted in the May edition of the intelligence report. We will request a further update on actions pledged against the recommendations made in response to this report in October 2019.

To view the full report and the provider response please visit:

<https://healthwatchderbyshire.co.uk/2019/04/orthotics-report/>

### **Experiences of discharge at the Royal Derby Hospital (RDH) and Queen's Hospital Burton (QHB):**

During February 2019, HWD and Staffordshire undertook a total of four engagements at the RDH and QHB discharge lounges to find out about people's experiences of being discharged from hospital. A summary of findings and the provider's response were highlighted in the May edition of the intelligence report. We will request a further update



on actions pledged against the recommendations made in response to this report in September 2019.

### **Improving Access to Psychologies Therapies (IAPT):**

Mental Health Together (MHT) was approached by the CCG to undertake a piece of work to support the recommissioning of IAPT services in 2020 as they want a new model which is more locality based and providers fairer access for those most in need. We were asked to gather the views of past and potential users of the service to feed into the service specification. Procurement is due to take place in 2019, we will soon request an update on progress.

### **Mental Health Information and Signposting in Erewash:**

The report captured the views of 105 mental health service receiver's and carers in Erewash around their experiences of accessing information on mental health services. An update has been requested and will be made available on our website once it has been received.

### **Enter and View (E&V) Reports:**

HWD maintains a statutory responsibility to undertake E&V visits to a variety of NHS and social care adult services which receive any income from public funding. An E&V visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the Care Quality Commission.

For more information on our E&V programme please visit <https://healthwatchderbyshire.co.uk/about/about-enter-and-view/>

### **Thornhill House:**

The E&V visit was arranged to explore the quality of life and quality of care of people using the service. In addition, we also explored some specific themes that emerged as part of our intelligence gathering, these include:

1. Developments and improvements made to standards and services over the last two years
2. The suitability, frequency and personalisation of activities offered
3. How residents are included in the local community.

### **Summary of findings:**

- The ARs spoke to five residents, five staff members (including the manager) and three relatives during the visit
- The home was nicely presented, it was clean and well maintained



- The provision of care was praised by residents and relatives
- A seasonal menu which rotates every six weeks, providing good quality food for resident with varying preferences
- There are a broad range of activities offered to residents
- There were some repairs required to flagstones on the patio as these presented a trip hazard.

To view the full report and the providers responses please visit:

<https://healthwatchderbyshire.co.uk/2019/07/thornhill-house/>

## **Mental Health Together (MHT):**

### **Physical health for people living with a serious mental illness:**

MHT has received funding from Health Education England to find out how services can best support people to stay physically healthy as well as mentally healthy. MHT would like to hear the views and voices of people living with schizophrenia, bipolar disorder and psychosis about their thoughts on health checks and experiences of accessing any service that supports them to be healthy. If people have not accessed such a service, MHT would like to understand why so they can help to improve provision of services in the future.

## **Current and future engagement priorities:**

### **Homelessness:**

Healthwatch Derby and Derbyshire are in the process of planning a project to be run as a joint venture, aiming to investigate single homeless people's experiences of health and social care in Derbyshire, including Derby city. This will include people who are homeless or at risk of being homeless. We will be asking what experiences people have of using health services (including mental health services) and if they have encountered any difficulties in accessing services and treatment.

We will then be able to share those experiences gathered, together with their key recommendations, to health care providers, the Care Quality Commission (CQC) and commissioners in Derbyshire.

The engagement is envisaged to take place October/November 2019.

## **Useful tools and resources:**

### **STOP! I have a Learning Disability:**

HWD and the Good Health Group (part of Derbyshire County's Learning Disability Partnership Board) have developed a poster entitled - STOP! I have a learning disability.

It can be given to people with learning disabilities to take to appointments and can also be displayed in GPs, dentists and hospitals.

The poster includes prompts for practitioners and patients to agree non-verbal signals if they are in pain, want to ask a question or need further support at the beginning of treatment or a consultation.

To view the poster please visit: <https://healthwatchderbyshire.co.uk/2018/01/stop-i-learning-disability/>

### **Top Tips for Learning Disability Carers:**

This leaflet is intended to provide information for learning disability carers regarding access to health and social care services for the cared for person and some additional information about carers' rights and support.

To view the leaflet please visit: <https://www.healthwatchderbyshire.co.uk/wp-content/uploads/2015/08/Top-tips-for-LD-Carers.pdf>

### **Good Practice Guide to Consultation and Checklist:**

This has been produced to ensure meaningful and lawful public engagement in changes to health and social care services.

To view the guide please visit: <https://healthwatchderbyshire.co.uk/stp-derbyshire-joined-care/best-practice-guidance-consultation/>

**Agenda item 10**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**03 October 2019**

**Report of the Director of Public Health**

**Update to the process for changes to the pharmaceutical list in the Health and Wellbeing area**

**1. Purpose of the report:**

To enable the HWB to come to a considered representation on pharmaceutical applications to NHS England within the required timeframes.

**2. Information and Analysis:**

**Background**

The NHS (Pharmaceutical Services, Charges and Prescribing Amendment) Regulations 2016 requires the Health and Wellbeing Board (HWB) to make representations on applications to NHS England for changes to the pharmaceutical list. The HWB representations must be submitted to NHS England within 45 days of the date of the letter received. NHS England consider all representations that are received before deciding on whether the application is granted.

Applications to NHS England can include:

- Consolidations; community pharmacies on two or more sites propose to consolidate to a single site.
- Relocations; proposals to move premises
- Additions; proposals for new pharmaceutical services

In addition to any other matter about which the HWB wishes to make representations, in the case of consolidations and relocations the response must indicate whether in the opinion of the HWB the proposal would or would not create a gap in pharmaceutical services if the application were granted.

**Current Process**

As a response to an application within the requirement timescales is unlikely to be achieved within the routine schedule of HWB meetings the following process was agreed.

1. Notification letter received from NHSE requesting HWB representation (45 days to respond)

2. Population Knowledge and Intelligence Team (KIT) undertake analysis of key considerations
3. Draft recommendation sent to Director of Public Health for review and decision
4. Director of Public Health has delegated responsibility from the HWB to sign off representation
5. Subsequent NHS England decision recorded in the quarterly Pharmaceutical Needs Assessment (PNA) supplementary statement (accessed here: <https://observatory.derbyshire.gov.uk/pna/>) and noted in the HWB round up report

### **Update to Current Process**

Following review, the following changes are proposed to incorporate a notification to HWB members via email that an application has been received and invite comments on the analysis and recommendation.

1. Notification letter received from NHSE requesting HWB representation
2. KIT undertake analysis of key considerations and complete template (see Appendix 1)
3. Analysis and draft recommendation circulated to HWB members (*aiming to allow 20 days for consideration*)
4. Following review of any feedback received the Director of Public Health is given delegated authority to sign off the HWB representation
5. Subsequent NHS England decision recorded in the quarterly Pharmaceutical Needs Assessment (PNA) supplementary statement and noted in the HWB round up report

If any application is considered particularly contentious or any notable risks are identified, a meeting to consider the key issues and any comments received on the proposal will be arranged. The meeting will consist of: the HWB Chair, Vice Chair and Director of Public Health and other officers/ members as appropriate. This group shall agree the response to be made to NHS England.

### **3. Links to the Health and Wellbeing Strategy**

The PNA is a statutory responsibility of the Health and Wellbeing Board, which has been delegated to the Director of Public Health

### **RECOMMENDATION**

The Health & Wellbeing Board is asked to approve the proposed update to the process for HWB representations on changes to the pharmaceutical list

Dean Wallace  
Director of Public Health  
Derbyshire County Council

## Appendix 1 – Analysis and Recommendation Template

**DERBYSHIRE HEALTH AND WELLBEING BOARD:**  
**Consideration of application for changes to the pharmaceutical list**

**Date request to HWB received from NHS England:**  
 Letter dated:  
 Letter received via email:  
**Reference:** PCC-  
**Application for:**  
 Consolidation/Relocation/Addition  
**HWB required to respond by:**  
**Date analysis and recommendation circulated to HWB members:**  
**Date response sent to NHS England:**

## Recommendation to the Health and Wellbeing Board

<input type="checkbox"/>	The proposed change to the pharmaceutical list <b>would</b> create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.
<input type="checkbox"/>	The proposed change to the pharmaceutical list <b>would not</b> create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.
<input type="checkbox"/>	The HWB would note additional comments in relation to the application as per summary analysis

Recommendation based on analysis of the key considerations as set out in Section 2. A summary of the analysis and reason for the recommendation to the HWB is set out below:

## Summary of analysis

[illegible]

## Section 2 – Analysis of key considerations

<b>Key considerations</b>
<b>Pharmaceutical Needs Assessment Statement of Provision 2018-2021 (District)</b>
<b>Change in pharmacies/ 100,000 population</b>
<b>Changes to the current service provision</b>
<i>Note: Only access to NHS commissioned service is considered under regulations. Local authority public health services and CCG are not a consideration.</i>
<b>Opening hours:</b>
<i>To consider: is existing availability sufficient? An addition may improve availability of services whilst a consolidation could result in a discrepancy in opening hours (Supplementary hours can be withdrawn by giving 3 months' notice, without any restriction)</i>
<b>Access:</b>
<i>To consider: Percentage of the local population within 'accessible distance' (one mile) of community pharmacy services? Rurality and transport links?</i>
<b>Accessibility (on-site facilities):</b>
<i>To consider: Will there be any impact on groups with protected characteristics as defined in 2010 Equality Act (i.e. age, gender, race, disability, marital status, religion, sexual orientation)?</i>
<b>Choice:</b>
<i>To consider: Will there be sufficient choice of operating providers in the locality?</i>
<b>Service Provision:</b>
<i>To consider: Will there be changes to provision of advanced and enhanced services, specialist services or equipment?</i>
<b>Are there any future proposals e.g. housing developments that could be impacted by the proposed changes?</b>

## Agenda Item 11

**DERBYSHIRE HEALTH AND WELLBEING BOARD****3 October 2019****Report of the Executive Director for Adult Social Care and Health Derbyshire  
County Council****HEALTH AND WELLBEING BOARD ROUND-UP REPORT****1. Purpose of the report**

To provide the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

**2. Round-Up****Primary Care Networks and Community Pharmacists**

The Royal Pharmaceutical Society, BMA and Royal College of General Practitioners have published Primary Care Networks and Community Pharmacists. This [statement](#) sets out the opportunities for community pharmacists and Primary Care Networks to work together effectively.

**The Autism Act, 10 years on: a report from the All Party Parliamentary Group on Autism on understanding, services and support for autistic people and their families in England**

This [report](#) is the result of a wide-ranging inquiry across all the areas the autism strategy covers and the issues that matter most to autistic people and their families. The Act has led to welcome improvements in some areas of support and there has been an increasing recognition of autism among commissioners and the public. However, there is still considerable unmet need.

**Healthier and happier: an analysis of the fiscal and wellbeing benefits of building more homes for later living**

This [report](#) commissioned by Homes for Later Living explores the wellbeing benefits of living in properties for later living and the significant fiscal savings they can deliver to the NHS and social care system. The report is the first of three papers making the case for building more homes for later living. Future studies will investigate the positive impact that more homes for later living would have on the wider housing market and will assess the significant benefits that local communities receive from building more homes for later living.

### **Routing out childhood obesity**

This [report](#) published by the Royal Society for Public Health outlines recommendations for transforming the street environment, particularly around schools, with the ambition that all children should have access to a healthy route home. During the small window of time that young people travel to and from school every day, the street environment around them has a disproportionate effect on their diet and lifestyle. Building healthy food environments in the school and home are crucial, but these efforts can to some extent be compromised by the world they experience between the school gates and the front door.

### **Creating healthy lives: a whole-government approach to long-term investment in the nation's health**

This [paper](#) from the Health Foundation makes the case for an ambitious, whole-government approach to long-term investment in the nation's health. It includes five big shifts needed to embed a shared goal to improve health across the whole of government.

### **Mental health and the journey to parenthood**

This [report](#) from Healthwatch shares what parents have said about their experiences of mental health problems during and after pregnancy, and calls on services to give people more opportunities to talk about their mental wellbeing. Over the last year, the Healthwatch network has gathered views and experiences from women and their partners. Each one of these stories was different and highlighted that every person's experience is unique to them.

### **Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight**

This [guidance](#) produced by Public Health England is intended for local authorities and partners, including the NHS, local businesses and the community and voluntary sector. The guide covers the role of local authorities, the benefits of taking a whole systems approach and the six-phase 'how to' process with each phase providing practical support.

### **Place-based approaches for reducing health inequalities: main report**

This [guidance](#) published by Public Health England aims to reinforce a common understanding of the complex causes and costs of health inequalities and provide a practical framework and tools for places to reduce health inequalities and provide a practical framework and tools for place to reduce health inequalities. The accompanying documents include a slide set providing a summary and examples of how to use a place-based approach to reduce health inequalities.

### **Public health apprenticeships**

Public Health England has launched a [consultation](#) asking for feedback from employers and front-line workers to inform the development of a public health apprenticeship at level three for community-centred roles such as social prescribers, link workers, community connectors and health trainers. The consultation closes on 1 November 2019.



### **Stoptober campaign**

Public Health England has launched this year's Stoptober stop smoking [campaign](#). PHE is encouraging all smokers to join in with the nation's biggest quit attempt, which begins on 1 October 2019. The campaign will target all smokers with new creative content highlighting the benefits of 'breaking up', urging them to re-evaluate their bad relationship with smoking and 'split up'. New data from a national smoking study indicates adult smoking rates fell 2.2% from January to July 2019 - equivalent to 200 fewer smokers every hour.

### **Mental Healthcare in Young People and Young Adults**

This [review](#) by the Healthcare Quality Improvement Partnership looks in detail at the mental healthcare provided to young people from the unique perspective of the overlap between physical and mental healthcare, the quality of physical and mental healthcare provided and how patients with mental health conditions use healthcare services. The aim of this study was to identify areas of care that can be improved for all patients aged between 11 and 25 years.

### **Physical activity guidelines: UK Chief Medical Officers' report**

This [report](#) presents an update to the 2011 physical activity guidelines issued by the four Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland. The UK CMOs draw upon global evidence to present guidelines for different age groups, covering the volume, duration, frequency and type of physical activity required across the life course to achieve health benefits.

### **Going the extra step: a compendium of best practice in dementia care**

This case study [report](#) by the Housing Learning and Improvement Network provides examples of extra care schemes and other housing-related community services supporting people with dementia to develop meaningful relationships to reduce social isolation and loneliness.

### **Preventing falls in people with learning disabilities**

This [guide](#) published by Public Health England is aimed at staff in public health, health services and social care to prevent falls in people with learning disabilities. It is also intended to help falls prevention services to provide support that is accessible to people with learning disabilities.

### **Notification of Pharmacy Applications**

Under the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the NHS Commissioning Board must notify the HWB of all relevant applications to provide pharmaceutical services, including the relocation of existing pharmacies. Notification of the following applications has been received:

Application received: No significant change of relocation of John Dents Chemists Ltd from 1 Windermere Road, Newbold, Chesterfield, S41 8DU to Newbold Surgery, 3 Windermere Road, Newbold, Chesterfield, S41 8DU.

Consolidation of the pharmacies at 4 Market Place, Wirksworth, Matlock, DE4 4ET (the remaining site) and Hannage Way, Wirksworth, Matlock, DE4 4JG (the closing site) will take effect from 5 August 2019.

Change to Supplementary Hours: from 19 August 2019, Lloyds Pharmacy, 18-20 The Green, Hasland, Chesterfield, S40 OLJ. On Saturday there will be no supplementary hours, instead of between 1pm – 4pm.

Change to Supplementary Hours: from 21 August 2019, Lloyds Pharmacy, 431, Sheffield Road, Chesterfield, S41 8LU. On Monday, Tuesday, Thursday and Friday they will provide supplementary hours from 8.30am – 9am and 1pm – 2pm, instead of 1pm – 2pm. On Wednesday they will provide supplementary hours of 8.30am – 9am, 1pm – 1.30pm and 5.30pm – 6pm, instead of 1pm – 1.30pm.

Application approved: Change of ownership application for Dean and Smedley Ltd at Newhall Pharmacy, High Street, Newhall, Swadlincote, DE11 0HU to United Health Care Group Ltd.

Application refused: Combined change of ownership and no significant change relocation application for L Rowland and Co (Retail) Ltd from Rowlands Pharmacy, Midland Street, Long Eaton, NG10 1NY to Midland Street, Long Eaton, NG10 1RY by Boots UK Ltd.

Change of Core Hours: from 9 September 2019, PCT Healthcare Ltd Trading as Peak Pharmacy of 25 Market Place, Chesterfield, S40 1PJ. The core hours on Monday to Friday inclusive will change from 9am – 1pm and 1.30pm – 5.30pm to 8.30am – 1pm and 1.30pm – 5.00pm. Change to Supplementary Hours with there being no supplementary hours Monday to Friday inclusive from 8.30am – 9am.

Change to Supplementary Hours: from 19 September 2019, Lloyds Pharmacy, Dronfield Medical Centre, Dronfield, S18 1PY. On Saturday there will be no supplementary hours, instead of between 9am – 4pm.

### **3. BACKGROUND PAPERS**

Pharmaceutical notifications are held electronically on file in the Policy and Research Service.

#### **4. RECOMMENDATION**

The Health and Wellbeing Board is asked to:

- Note the information contained in this round-up report.

**Helen Jones**  
**Executive Director for Adult Social Care and Health Derbyshire**  
**County Council**

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