

### AGENDA

<b>Meeting:</b>	SEND Programme Board	
<b>Purpose or Mandate:</b>	To provide strategic oversight and direction for the implementation of the SEND reforms	
<b>Date:</b>	25 January 2024	
<b>Place:</b>	<b>Teams Meeting</b>	
<b>Times:</b>	10:00 – 13.00	
<b>Members:</b>	<p><b>Lisa Nobes (LN) (Joint Chair)</b>  <b>EI Mayhew (EM) (Joint Chair)</b>  Ros Somerville (RS) (Joint SRO)  Wendy Allen (WA)  Lawrence Chapman (LC)  Codrutza Oros-Marsh (COM)  Nicki Howlett (NH)  Paul Hill (PH)/Sarah Gibbs (SG)  Nicki Cooper (NC)  Adrian Orr (AO) - Julia Grainger rep  Rebecca Hulme (RH)  Nic Smith-Howell (NSH)  Garry Joyce (GJ) (SRO)  Nicola Roper (NR)  Rowena Mackie (RM)  Claire Smith (CS)</p>	<p>Chief Nursing Officer, East and West ICBs  Interim Director CYP, SCC  AD, Inclusion (CHW, SCC)  SEND Programme Manager  CEO SENDAT  AD Children’s Social Care  SENDIASS  CFYP Suffolk NSFT  Public Health  AD, Education, Skills &amp; Learning (CHW, SCC)  Great Yarmouth &amp; Waveney ICB  AD of Integrated Community Paediatric Svcs  AD Children’s Transformation (SCC/ICBs)  AD, ACS  <i>Head Teacher Northgate School</i>  SPCF Chair</p>
<b>Invited to Attend</b>	<p>Izzy Connell (IC), Headteacher SES – Priority Lead  Mark Gower (MG), GY&amp;W ICB DCO  Kathryn Searle (KS) IES/WS ICB  Clare Besley (CB), Integrated Service Manager - Priority Lead  Fran Arnold (FAR), Head of Children Social Care Field Work  Francesca Alexander (FA)– Head of SEND  Hannah Holder (HH) – DCSSO  Jack Walker (JW) – DCO  Michael Hattrell (MH) NSFT – In place of Nicki Cooper  Anna Butcher AB (Project Manager) – <b>Programme Coordinator in WA absence</b>  Sophie Cooke (Project Lead Officer) – <b>Note taker</b></p>	
<b>Invited Guests:</b>	<p>Claire Darwin, Principal Psychologist (case study), Imogen Howarth, Deputy Principal Educational Psychologist, Lucy Wells Inclusion Facilitator, (case study)</p>	

**PART A – contains items that could be disclosed in full to the public and staff**

Item No	Estimated Timing	Item Description	Lead Officer	Attachment *To be provided at meeting
1.	10:00 - 10:05	Welcome & Introductions.	EM	-
2.	10:05 – 10:45	Case Study	IH/LW	Item 2a – SEND Case Study P&TS2 2024  Item 2b - SEND Case Study P&TS2 2024 ii
3.	10:45 – 11:45	SEND Integrated Strategy Update KPI's & Health Dashboard	GJ/RS	Item 3a SEND Programme – workstreams.  Item 3b SEND Programme Summary  Item 3c -Suffolk SEND Health Dashboard  Item 3d - SEND Programme Board KPI's
4.	11:45 – 11:55	Break		
5.	11:55 – 12:05	Consultation – Approach and timeline update	AB	SEND Strategy Working group
6.	12:05 – 12:30	NSFT CAMHS – Timeline and Trajectory update	SG	Presentation*
7.	12:30 – 12:45	Agree minutes and action log	EM	Item 8a - Minutes November-23 Item 8b Action Log
8.	12:45– 12:55	Forward Plan	EM	Item 9 - Forward Plan
9.	12.55– 13:00	Any Other Business	All	

Item No	Estimated Timing	Item Description	Lead Officer	Attachment *To be provided at meeting
		Next Meetings scheduled for 28 March 2024 1pm – 4pm 23 May 2024 10am – 1pm 18 July 2024 10am – 1pm 26 September 10am – 1pm 28 November 10am – 1pm		



## Izzy's View

- I like reading, baking, listening to music, and watching TV.
- I love animals and working with them.
- I like when people speak to me like an adult.
- When I become overwhelmed, I like to be left alone.



## Challenges

- School didn't offer support with online learning.
- Mum was struggling with Izzy being at home and felt as though other professionals were not being supportive whenever concerns were raised.
- Izzy was unable to attend doctor's appointments, so getting medical evidence was tricky.
- Izzy struggled to leave the house without Mum.



## About Izzy

Izzy is 16 years old and currently lives with her Mum, younger brother and three dogs. Izzy also has two older siblings who have moved out.

When Izzy was a young child, her father passed away very suddenly. This was hard for Izzy as they had an extremely close relationship. Following on from this, Izzy experienced a significant amount of loss and trauma throughout her childhood.

When Izzy started to attend High School, she struggled with her feelings and emotions. Around four months into Year 7, there was another traumatic event, which in turn meant that Izzy refused to attend school. Izzy would cry, shake and go into a state of panic when she attempted to leave the house.

Izzy has a close relationship with Mum and became really attached to her in the time she spent at home. Izzy was helpful around the house, doing chores whilst her Mum was at work, such as walking to dogs, doing the cleaning and cooking dinner for everyone.

When Izzy turned 15, she was offered a Saturday job working at a local tearoom. Izzy admitted that the only reason she was able to take this job on was because her brother's girlfriend worked there at the time and offered her support in leaving the house.

## What Happened next?

Izzy worked with an Inclusion Facilitator (IF) for a year, completing person-centred, therapeutic tasks, which in turn helped her to build on her self-esteem and understand her own emotions and feelings better. Izzy also worked on ways to communicate her thoughts and feelings with adults.

Mum gained support from professionals so that she could receive the relevant medical notes needed for ATS (Alternative Tuition Service) to become involved and support Izzy with learning.

Professionals' meetings with ATS, school, family, and IF were held every six weeks to discuss progress and any updates.

Izzy met online with an Educational Psychologist to complete an EHCNA. Head of Year started to attend joint sessions with the Inclusion Facilitator to help with the relationship between home and school.

Izzy was able to sit her GCSEs at home after building a relationship with school and was also able to apply to college.

Izzy started to trust in professionals again and in turn agreed to work with a Young Person's Worker when thinking about POST-16 options.

Izzy was able to attend taster sessions at college with trusted professionals.

## Joined up Working With Izzy

- Family
- Inclusion Facilitation Service
- High school
- Educational Psychologist
- Family Services
- Young Person's Worker



## How is Izzy Now?

- Izzy managed to sit her GCSEs at home and passed two out of the three subjects she studied with ATS – she is looking to re-sit.
- Izzy is currently studying catering at college where they are able to provide smaller classrooms and a good amount of pastoral support.
- Izzy has now been through the EHCNA process.
- Izzy is supported by a Young Person's worker.

## Izzy's View Now

- I would like to continue to focus on baking and work towards owning my own bakery one day.
- I want to re-sit the exams that I didn't pass.
- Now have a clear picture for what September looks like.
- Have become more confident over the time I have spent with the Inclusion Facilitator.
- It does definitely feel good to have somebody in your corner and be supported throughout what is happening in that moment of your life. Especially when she (IF) helped things to start moving so I would be able to do the things I needed to do, like GCSEs and things for the future.



# Tori's Views



- I love to be creative, and I enjoy singing and playing guitar.
- I like to be organised and tidy, but this can be difficult sometimes.
- I love spending time outside, especially when it's raining.
- I'd like a career in something creative, like interior design.

# About Tori

Tori is 17 years old and lives at home with the support of residential carers. She has a good relationship with her mum.

Tori has been out of an educational setting for the past two years, due to difficulties with her mental health. She has previously accessed alternative educational provision and volunteering but is not in education currently.

# Challenges

Tori finds it difficult to be alone in crowded places with lots of uncontrollable noise for an extended period.

Tori finds herself feeling overwhelmed, stressed and anxious because of her sensory experiences.

# What Happened Next?

Tori worked with an Inclusion Facilitator to complete a person-centred, bespoke Sensory Profile: meeting face-to-face to complete a sensory questionnaire, with the support of her mum.

The Inclusion Facilitator used Tori's answers to write a detailed sensory report, accompanied with appropriate strategies for support.

Once the report was completed, Tori met with the Inclusion Facilitator again to create a bespoke Sensory One Page Plan, as well as a Sensory Routine that was accessible and adapted appropriately to suit the Tori's lifestyle. She was able to share her voice and discuss strategies to support her sensory needs with the Inclusion Facilitator.

Tori assented for this information to be shared with professionals involved in supporting her, such as her Social Worker, Educational Psychologist and colleagues from Family Services as part of the Education, Health and Care Plan process.



## Joined up Working with Tori

- Inclusion Facilitator
- Social Worker
- Family Services
- Educational Psychologist
- Residential Carers
- Family

## Learning Points & Questions

How is Tori being supported by other professionals using her Sensory One Page Plan alongside her Education, Health and Care Plan?



## How is Tori Now?

Tori can use her bespoke Sensory One Page Plan within her everyday life, to further encourage independence and personal agency as she prepares to move into adulthood, whilst she continues to be supported by residential carers, family and social worker.

Tori can consider strategies that have already worked for her in a new way, whilst also starting to incorporate some new sensory experiences that were previously out of her comfort zone.

## Tori's View Now



- I can consider using strategies to support me that I had not thought about before.
- I can use the routine to help me feel more organised and help me get things done throughout the day.
- It is good that the adults that work with me can see this and know what I need and how I feel.

## SEND Programme Progress Tracker 2023-24

This is a summary of the status of SEND Programme deliverables that are:

- i. directly improving outcomes for children
- ii. putting in place enablers so the system works more effectively

It is intended as an Appendix to SEND Programme Board Summary report which will focus on key projects within this Programme

**Key** Blue Complete/BAU Green On Track Amber Delay/Issues Red Significant challenge

#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
<b>SEND Strategy Priority 1 Communication</b> <i>(Pending new strategy)</i>				
1	Improve the Local Offer website, enabling easier navigation and search functionality for families.	Jul 23 – Refresh of the Source Website for Young People	Lead: Maddie Pawloisc	Jul 23 – Refreshed Source Website live <b>Measures:</b> User stats
		Nov 23 - Launch new LO Website	SRO: RS Lead: Review: Qtrly Project Board	Sep 23 New LO Website On Track Nov-23 Launched <b>Measures:</b> User stats
2	Obtain feedback from parents/carers post EHCP to determine satisfaction and to help improve process and avoid escalation to formal routes	Apr 23 – Process for phone call to parents/carers following EHCP to gather feedback  <b>Mar 24 Start work with QA team on how this is used and evidence impact and change, will move to part of wider QA workstream.</b>	Lead: Stacy Baker/Hannah Fisk	Apr 23 Process in place. Oct 23 Jackie Daniels undertaking. To Transfer to SEND QA Nov 23 Transfer to QA now BAU <b>Measures:</b> Feedbacks: Sep 23 200+ responses received
3	Local Offer Helpline to improve timely access to information for parents/carers	In LT paper agreed milestones will be 1) Set up 8x8 2) Recruit new BSO 3) Train BSO on using 8x8 4) Track and monitor call volumes and responses	Lead: Wendy/Carole	Mar-23 Established Sep 23 Periodic difficulties adequately staffing this Nov-23 – Under review due to significant call volume and nature of calls Dec-23 – paper being drafted for LT to request change to approach and move staffing



#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
				Jan-24 LT paper postponed awaiting new date  <b>Measures:</b> Call volumes/ Mark Friedman questions
4	Develop the Safe and Supported network of places in the community where young people feel safe and supported	<a href="http://suffolklocaloffer.org.uk">Welcoming places - Suffolk SEND Local Offer (suffolklocaloffer.org.uk)</a>	Lead: Susie McIvor	In place, young people continue to contribute to development of  <b>Measures:</b> Number of Safe & Supported spaces identified:/Hits on webpage on LO?
5	Improvement in communication / coproduction between Family Services & Parents/Carers - Case-holding / Capacity - Training	Aug-22 All family services completed signs of inclusion training. Dec-22 Increase in coordinators in Family Services to support in capacity to coproduce. Apr-23 Launched case management system and portal Aug-23 Feedback from EHCP form shows that more families views are included in EHCP's Jan-24 linked to 3 above paper to LT to improve calls being answered	Lead: FA	Levels of case-holding are high Objectives and action plan will be developed as part of SEND Strategy Jan-24 analysis of SEND Consultation this is a priority to SEND Families.  <b>Measures:</b> On-going Feedback survey TBA Waiting times – use DFE report Termly communications – open letter
<b>SEND Strategy Priority 2 CYP Journey</b>				
1	Graduated Response embedded to provide early support and prevent needs escalating both from SEN Support to EHCP and escalation of need / escalation to very high cost provision of children with EHCP	Inclusion Support Line	Lead Izzy Connell	In place, only 1 member of staff Nov-23 – Recruitment live interviews due 15/11/23 Replacement officer starts 03/01/24 Completed – Jan-24 <b>Measures:</b> Call volumes
		Inclusion Roadshows 2023	Lead: RS	Completed

#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
				<b>Measures:</b> Number completed:3
		Continue to communicate Suffolk Inclusion Toolkit	SRO: CD/IC Lead: Sonia Carrington	In place <b>Measures:</b> Uptake of AANT, Solution Circles, VSEND, Inclusion Helpline into Inclusion Toolkit Governance Group
		What is Ordinarily Available co-produced and communicated Launch date – Feb-24 Review group -	Lead: IC	Due to launch soft launch Feb-24.
2	New SEND Decision Making Panel to ensure effective and timely multi-agency decisions	Define Purpose Produce & Communicate Operational Processes Launch Review	Lead: RS	In place
3	DCO and DSCO in place to improve SEND operational practice		Lead: RS	DCOs in place Deputy DCOs in place DSCO in place
4	Increase inclusive practice in schools and reduce exclusions of children with SEND	Whole School Inclusion Team Education Access Team	Lead: Jason Moores	In place <b>Measures:</b> Rescinded PEX Impact in reducing PEX:
		Expansion of the Inclusion Quality Mark to support more inclusive practice in all schools  <b>Increase awareness and governance</b>	Lead: Jamie Hudson	Mar 23 13 Schools achieved, 27 schools in progress Sept-23 – Linked in with Suffolk Education Partnership.
5	Recovery Plan to improve the timeliness of EHCPs	Recruit to full establishment Training EHCNA decision within 6 weeks Operational dashboard for tracking New external EP contract New external plan writing contract	Lead: Fran Alexander EP Lead: Claire Darwin	Phase 1 (£1.1m+£0.7m) staffing in place Operational dashboard in place Needs on-going oversight to ensure workflows are timely, including Liquid Logic recording

Commented [WA1]: Requested Jamie Hudson

#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
		Trajectory Planning for EHCP timeliness improvement		<p>Sep 23 EHCNA decisions consistently made within 6 weeks Only circa 1 per weeks EHCP s within 20 weeks</p> <p>Nov-23 Impact from external contracts is starting to improve timeliness.</p> <p>Jan-24 EHCNA continue to be assessed within 6 weeks As at 15 Jan the service timeliness to issue EHCP is at 19%.</p>
6	Recovery Plan to improve the timeliness of Annual Reviews	<p>April-23 Annual Review Triage Team</p> <p>Catching up Backlog Priority Groups EHE Vulnerable children</p>	Lead: Fran Alexander	<p>AR Triage Team in place Oct 23 - Half overdue, Nov-23 – Number outstanding has dropped by over 1000 due to the improved timeliness of the front end. Jan-24 Outstanding AR are down to 40% (from 50%). Historic annual reviews over a year old 1905, request for dedicated resource within the recovery ask</p>
7	Roll-out of Valuing SEND (VSEND) to schools. This is an assessment approach for all children and young people with SEND to identify need and match with provision	<p>Nov-23 Appointed new Inclusion Lead officer Jan-24 New Inclusion Lead Officer started</p>	Lead: Claire Darwin Support in interim to Jan 24: Sonia Carrington	<p>Aug 23 264 schools completed the first stage of training, 156 setting readiness assessments completed. Jan-24 Change team supporting in setting up project approach and action plan for Phase 2 of VSEND.</p> <p><b>Impact Measures: - To be agreed at Inclusion toolkit governance group</b></p>

#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
8	(DBV) programme that will support schools to deliver evidence-based interventions for children with SEND to improve their skills and confidence at an early stage and, in turn, prevent needs escalating	Sep 23 – Dec 23 Programme Setup Jan 24 – Go Live	Setup Lead: Graham Beamish Operational Lead: Louise Babbs from Jan 24	Sep 23 Delay in recruiting a Programme Manager, now achieved. Team advert out Jan-24 Team induction commenced, project action plan and implementation being drafted.  <b>Impact Measures:</b> Progress of individual children against baseline
9	Strengthened audit processes to continue to assure the quality (including holistic plans, joined up delivery, family voice), and impact of support for children with SEND	Nov 23 – Team within wider CYP QA Team TBA – Staged Development Plan <b>Terms of Reference</b> <b>Audit tool kit and cycle of reports, articulate record keeping, outcomes, coproduction – look at audit at AR point not after plan is written – Loretta/Stacy/Ros meeting to agree what is required.</b>	Lead: Loretta	SEND QA Team to transfer into wider QA infrastructure under Loretta from 1 Nov 23
10	Letter for not recently know to social care to reach out to people that may need support at an earlier stage	Oct 23 – Start pilot of letter for 2 months	Lead: Graham Beamish Support Hannah / Drew	Sep 23 Drafted Oct 23 Legal has suggested addendum questionnaire Oct 23 Consulting Stakeholders
11	Establish a complaints dashboard that can track themes trends and support learning	Oct-23 Dashboard developed  Feb-23 QA team will set up use dashboard for learning and development of team – This will move to QA workstream BAU.	Lead: Wendy Allen	Sept-23 Launched Oct – 23 Continued testing and cleansing of data Nov-23 – IT issue referred to IT to resolve Dec-24 Issues with updates now resolved Jan-24 Dashboard to be moved to I Hub, training to be provided to service for weekly data cleansing
<b>SEND Strategy Priority 3 Commissioning and Services</b>				

#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
1	Refresh SEND Sufficiency Plan	Produce and agree new Education Sufficiency Plan	Lead: GM	July-22 Refreshed SEND Educational Sufficiency Plan published
		Produce and agree new joint Sufficiency Plan	Lead: GJ (TBA)	TBA
	Subject to discussion – Establish a specific AP / PRU / ATS Sufficiency Plan to help ensure the range of needs can be met in the right provision in a timely way	Dec-24 AP/IYFAP steering group in place Jan-24 Additional resource as part of the recovery ask	SRO – Fran/Izzy/Gemma	
2	SEND Capital Programme to deliver more specialist places to meet need across Suffolk	Phase 1,2, 3	Lead: Gemma Morgan	Sep 23 741 of 1113 New Places Delivered
3	Redesign Mental Health Services to improve timely access to support and support while waiting	Stabilise EWB Hub following Covid		Sep 23 – Waiting list down from 3000 following Covid to circa 200 'Green' cases. Nov 23 – Waiting times increasing
		Launch CHRIS Service		Feb-22 Launched Children supported:
		Launch CATAT Service		Jul-22 Launched Children supported:
		Recovery Plan in place for CAMHS	Lead: Sarah Gibbs	Plan for managing how Waiting Lists and support while waiting in place but waiting list currently substantial Jan-24 Update due at SEND Programme Board Waiting list reduction:
4	New Neurodevelopmental Pathway to improve timely access to support and support while waiting	Apr 23 New Pathway in place	Lead: Jamie Mills	Apr 23 New Pathway Launched
		Sep-23 New referral form and guidance document.		May-23 Deep Dive into Pathway completed

#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
				Sep 23 New Referral Process in place
				Packs distributed: Dec-23
		New neurodevelopmental Resource Pack		Jan-24 Joined up work across WSFT, NSFT and ICB to resolve the current backlog of referrals.
		Reduce outstanding referrals recover strategy		Total O/S referrals 13/12/23 - 1382
5	Increase Respite/Short Breaks so more families and young people benefit	New RAS and Banding for AU to increase number of Families Supported		[Date] RAS Banding Agreed and launched. 2,515 children currently receive personal budgets for short breaks in comparison to 2,281 in 2022
		Reduce process for families by roll over assessment other than Transition years Launch April-25	SRO – Gemma Morgan Lead – Paula Benneworth Project Support – Anna Butcher	Oct 23 – Agreed at LT Jan-24 Change team supporting in the quality assurance of the enrolment form as phase 1, Phase 2 will commence in April 24 to plan when enrol renewals are required.
		Use the DFE Wave 2 Respite Grant successfully won to provide 180 children in 23/24 with day activities / overnight breaks to support re-engagement with school	Qtly Project Board SRO – Izzy Connell/Maria Hough Project Lead – Lauren Flood	Sep 23 Delays getting team in place, now fully staffed Children on programme Children completed programme
		Bid for the DFE Wave 3 Respite Grant to provide 180 children in 24/25 with day activities / overnight breaks to support re-engagement with school	Lauren Flood Graham Beamish	Sep 23 – Wave 3 bid submitted Achieved further £900k
<b>SEND Strategy Priority 4 Preparing for Adulthood</b>				
1	Extend the local learning offer for 16-25 year olds to address gaps identified in SEND Sufficiency		PFA	
2	Refresh Transitions Guide as a collated, accessible resource that can id young people and family transition to adulthood	Sep 23 Refreshed Transitions Guide published	PFA	Sep 23 – Published

#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
3	Provide Supported Internships for 20 young people with SEND		Owner – Michael Gray Project Lead Leeann Ling	Jan-24 concerns shared with SEND Programme Manager, action taken to meet with NDTI to relook at project plan and ensure actions are being taken in accordance with project spec and grant.
4	PfA Leadership to develop this priority	Review scope to employ PFA lead As part of 'Recovery-ask' Reissue practice guidance to schools Work with QA team to improve the use of PfA forms in schools Coordinate support and offer of PfA across Suffolk	Lead: TBA	
<b>Resilience of SEND Family Services</b>				
1	Resilient SEND Family Services Establishment	Phase 1 - SEND Family Services fully recruit to the establishment supported by the additional £1.7m p.a. investment to improve EHCP, Annual Review and Phase Transfer Timeliness and agreement of education placements Phase 2 – Resilient Service Structure from recovery ask.	Lead: Fran Alexander Project Lead: Wendy Allen	Phase 1 – complete Phase 2 – Recovery Ask in process of consideration. Initial agreement for recovery ask. Awaiting confirmation on next steps Jan-24
2	Migration from Capita to the Liquid Logic case management system for Family Services data which will progressively improve the experience, and direct access to information, for families.	Apr 24 Liquid Logic go Live for SEND Family Services	Lead: Harriet/Fran	Apr 24 – Liquid Logic go live for Family Services
		Apr-23 Parent portal for EHCNA	Lead: Sophie Cooke	Families signed up
		Oct 23 pilot professional portal for schools for use in Annual Reviews	LL Programme Board	Oct 23 milestone had to be postponed as Liquid Logic upgrade not ready
		Apr 24 launch professional portal for schools for initial 20 schools Annual Reviews COCOs / ISAs Support Wrap		
		Apr-23 EHCNA Progress Dashboard		April-23
		Annual Review PfA form finalised		Jan-24 – Coproduction sessions completed for PfA, data cleansing

#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
				is underway for early adopters, looking at support wrap for when this is launched.
		Training and comms		
3	Establish a suite of Dashboards to enable detailed tracking and oversight of SEND Process	Family Services Operational Tracker	Owner: Fran Developer: Graham Ling	Live
		PT Timetable Tracker	Owner: Matthew Cooke Developer: Elliot Reynolds	Live
		Suffolk PRU and AP Tracker	Developer: Elliot Reynolds	Live
		Inclusion Dashboard (PEX, Suspension)		
<b>Regulatory Oversight</b>				
1	Prepare for 2023 Area SEND Ofsted Inspection	Self Evaluation collated Summary Self Evaluation published Annex A documents and date Contextual Presentation drafted	Lead: Graham Beamish	Sep 23 – In place Nov 23 – Inspection took place
2	Prepare for DFE Accelerated Progress Plan Review		Lead: Wendy Allen	Negated due to new Ofsted Inspection
3	Local Area SEND Inspection – next steps		Lead: Ros Support: Graham/Wendy	
<b>SEND Strategic</b>				
1	Governance that drives the achievement of the SEND Strategy		Support: Graham/Wendy	Dec-23 – Initial meeting agreed governance structure Jan-24 re purpose SEND Accountability Board
2	Consultation on and Development of new SEND Strategy 2024-29	Oct 23 Information gathering survey Feb-24 Draft Strategy Mar-24 Consult on Strategy	SRO: Ros/Garry Project Lead: Anna Butcher	Consultation survey live October 23 School visits arranged during Oct/Nov-23 Dec/Jan – Thematic Analysis completed
3.	Prime Performance development - Outcomes - Experience	March-24 Agree metrics with SLT April-24 Establish process of oversight and recording	SRO: Ros Lead: Wendy Allen/Harriet Wakeling	Jan-24 Initial meetings set up with SLT inclusion



#	Key Deliverables & Target Outcomes	Key Actions & Milestones	Lead & Governance	Progress Update & Measure
4	DSG Management	Deficit Management Plan in place, annual updates provided by Finance and GM	Lead: Gemma Morgan	Ongoing monitoring.
5	SEND Travel Budget overspend		SRO: Adrian/Transport Lead: In development	

## CYP NDD Transformation update January 2024

### Key headlines

The neurodevelopmental disorder pathway for ASD and ADHD continues to remain a significant concern, with a number of priority areas.

Focus on addressing the significant backlog in referrals currently held within the Barnardo's coordination function has continued to remain priority. As part of this process a new referral form and accompanying guidance document were developed and fully integrated as of the 25<sup>th</sup> September 2023.

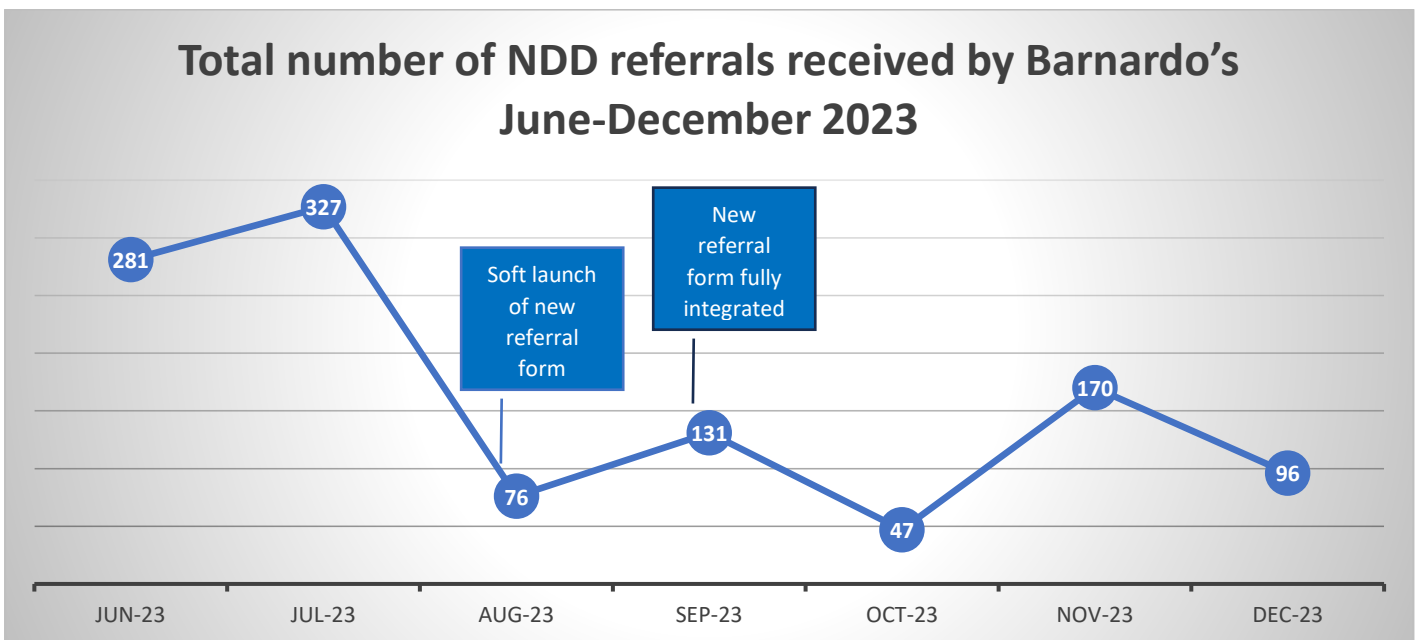
<b>Total number of CYP waiting for NDD assessment by service providers- November 2023</b>			
	<b>Total number</b>	<b>Longest wait (weeks)</b>	<b>Average wait (weeks)</b>
<b>WSFT</b>	381	58	14
<b>ADHD</b>	280	84	23
<b>ADYSS</b>	381	90	69

Despite investment from the ICB, referrals persistently were not being processed or shared with NSFT and WSFT in an efficient and timely manner. This in turn has generated additional wait times for CYP and families, additional pressures of system partners, but more importantly delays in CYP accessing the appropriate service for their needs.

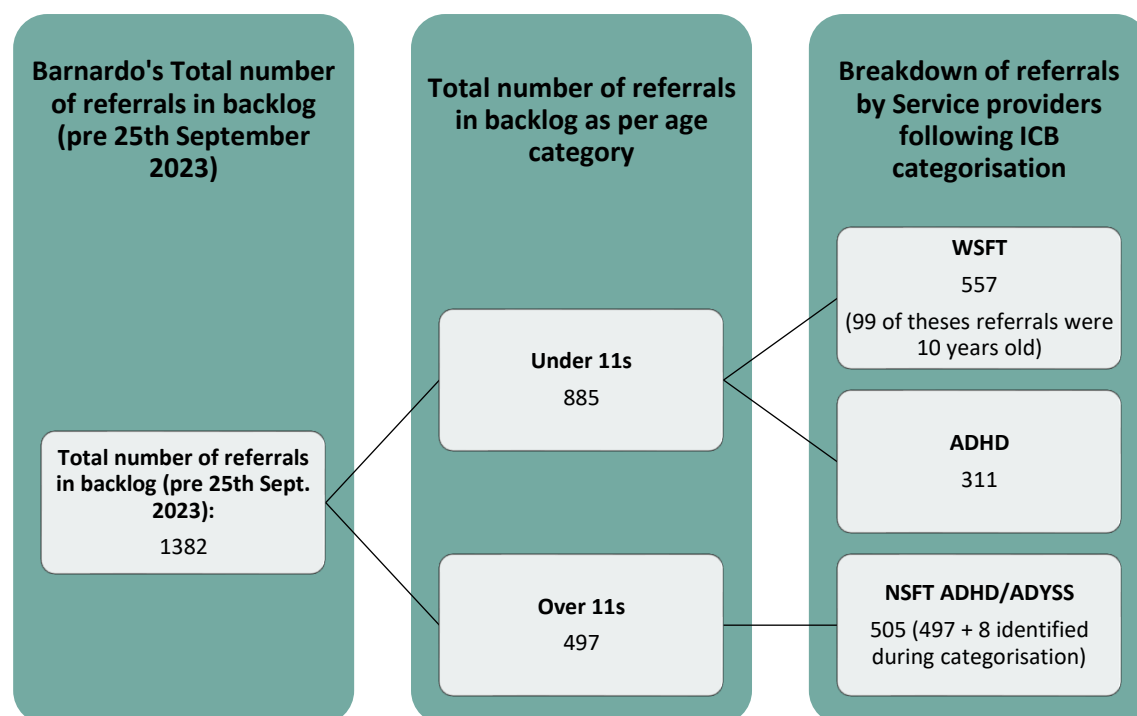
To understand the demand for each individual service, it was agreed by system partners that a boundary should be set. This was aligned to the introduction of the new referral form, with all referrals pre-25<sup>th</sup> September being considered as the 'backlog', and those referrals post-25<sup>th</sup> September 2023, being seen as new referrals. This was decided due to difference in information provided and processing time of the different referral forms.

<b>Total number of CYP in Backlog as of 13<sup>th</sup> December 2023</b>		
<b>Total number of backlog referrals with Barnardo's</b>	<b>1382</b>	
<b>Breakdown of total number of referrals</b>		
<b>Categorised by Barnardo's:</b>	<b>Under 11's</b>	<b>Over 11's</b>
	885	497
<b>Longest waits (weeks)</b>	57	34
<b>Breakdown of referrals received by month (June-13<sup>th</sup> December 2023)</b>		
	<b>Month</b>	<b>Number of referrals</b>
<b>Backlog referrals (pre-25<sup>th</sup> September 2023)</b>	<b>June</b>	<b>281</b>
	<b>July</b>	<b>327</b>

	August	76 <i>*Expected lower numbers due to school holidays and soft launch of new referral form</i>
	September	131 <i>**new form fully integrated from 25<sup>th</sup> September</i>
New referrals (post-25 <sup>th</sup> September 2023)	October	47
	November	170
	December	96



To aid recovery planning and to understand the demand for respective service providers, a categorisation task was undertaken by the ICB Quality Team of under 11s referrals within this backlog. This role looked to direct the referrals to the most appropriate NDD service provider as guided by the information provided in the referral. No clinical decision making was undertaken in relation to the appropriateness of the referral.



#### Recovery action plan to date is as follows:

- Categorisation of backlog under 11s referrals was completed on the 21<sup>st</sup> of December 2023. Barnardo's to signpost referrals through to respective services for consideration of assessment.
- A new data sharing agreement is currently being drafted between Barnardo's, NSFT and WSFT to allow this information to be shared in an agreed format. This to include the transferring of referrals in both the backlog and new referrals. As per the agreement, providers will access and extract referrals from a service-specific SharePoint. This will enable a more efficient and secure method of data mitigation between Barnardo's and service providers systems.
- Data Sharing agreement is due to be signed off by 11<sup>th</sup> Jan, to allow information to be shared in a format agreeable to both NSFT and WSFT. This will most likely be in batches.
- To address the pressure this backlog will place upon NSFT and WSFT, each service will be providing a recovery plan to minimise the impact upon day-to-day work.

#### WSFT recovery

- Due to the significant numbers involved consideration is being to the possibility of outsourcing those backlog referrals to a third party who would work with WSFT. This may include triaging referrals re appropriateness and/or assessments as well. At present a costed proposal is currently being drafted, which sets out how those cases can be managed with all options being considered.
- Proposal will be developed in collaboration with the ICB, and to consider any additional internal resources that may support, with the timeframe of the third week in January. This proposal will be framed to ensure it can be used for both WSFT internal governance processes and ICB consideration.

#### NSFT recovery

- Recovery plan is being taken forward for internal consideration 10 January. ICB have offered to provide any support required. Once plan has been agreed internally it will be shared with the ICB as a matter of urgency for consideration

#### **Other updates**

- Working with both NSFT and WSFT to agree a position when referrals can be sent directly to providers, rather than going through Barnardo's. Providers will work in collaboration to ensure this date is agreed by both parties with the necessary infrastructure arrangements.
- When this date is agreed communications with all key stakeholders will take place to minimise any potential confusion and frustration. This will include education, social care and SPCF.
- Working with colleagues from NSFT to develop the programme developed re the *Childhood Neurodiversity parent/carer workshop 'What you need to know as a parent/carer'* currently being delivered by Beth Mosley.
- Continue to develop the Local offer website.
- Continue to work closely with our system partners in the voluntary support sector.

# SEND Programme Update Summary – Jan-24



# Ongoing SEND Programme

Project/Programme	Progress	Status
Replatform of Local Offer Website	Launched Nov-23	
Refresh Source Website	Launched Sep-23	
Parent/carer feedback following an EHCP	Launched Nov-22	
Local Offer Helpline	Launched Mar-23, ongoing challenges due to capacity	Reviewing Local Offer line and family services calls due to hi-volume (8k in 6 months), paper postponed at LT Jan-24
Safe and Supported Network	Launched Apr-23	
Improvement of communication with CYPF and Family Services	Ongoing challenges due to capacity	Reviewing Local Offer line and family services calls due to hi-volume (8k in 6 months)
Embed graduated response	Launched Sept-22	
What is Ordinarily Available	Soft launch in Feb-24	Coproduced with Schools Sep-22 – Dec-23
SEND Decision Making Panels	Launched Sept-22	
DCO & DCSSO Joint working	All in place Jan-22	
Reduce Exclusions and increase inclusion in schools	Sept-22 Education Access Team in place	

# Ongoing SEND Programme

Project/Programme	Progress	Status – Jan-24
Reduce Exclusions and increase inclusion in schools	Sept-22 Education Access Team in place	
	Expansion of Inclusion Quality Mark	Now supported by SEP, 26 schools have achieved IQM at present.
Recovery plan for Education, Health and Care plans (timeliness)	Contracts in place for EP & Plan writing	22% January 24
Recovery plan for Annual Reviews (timeliness)	Recruiting recovery resource, improvements in the new annual reviews, recovery is needed for the outstanding backlog	40% of annual reviews outstanding, (reduction from 50%). 1905 annual reviews are historic over 1 year old.
Valuing SEND	Governance group in place, new project lead start Jan-24	New Inclusion Lead Officer started, project plan and phase 2 of VSEND is being planned
Delivering Better Value	Project due to start Jan-24	New team in place, planning and implementation stage has commenced
Strengthen Quality Assurance Audit	Realigned team with QEPD	Development of this workstream is identified in the new SEND Strategy
Complaints Dashboard	Dashboard is in place, Training and cleansing of data system is in progression Jan-24	Dashboard is live, data cleansing is required for reporting.



# Ongoing SEND Programme

Project/Programme	Progress	Status
SEND Sufficiency	Education Sufficiency completed Aug-22	Completed and used to inform phase 2 & 3 capital
	Joint Sufficiency	Work has commenced
SEND Capital Programme	Stage 1 complete, stage 2 & 3 in progress	
Activities Unlimited	Improve enrolment and reassessment Jan-24 enrolment form has been reviewed for changes, working group now in place to make changes.	Project is in infancy, phase 1 QA of form, phase 2 changing of frequency of enrolment.
Families and Network	Project now up and running, triage function in place, and CYP are now being placed with provider to support	
SEND Transition Guide	Relaunched Sept-23, review Oct-Jan-24	
Improve Learning Offers for Post 16	Further resource required to lead	
Supported Internship	New coordinator appointed working with P16 settings	Concerns shared regarding Suffolk approach to project. SEND Programme manager is meeting with NDTI and Skills to review
Review of Preparing for Adulthood form (part of LL)	Coproduced form to develop within liquid logic portal. Feedback being incorporated as possible due to restrictions of LL.	Progress well, some delays due to officers emergency support for specialist admissions

# Ongoing SEND Programme

Project/Programme	Progress	Status
Recovery Staffing Establishment	Recovery ask, has been reviewed by ECS committee and will be reviewed by Cabinet. Full cabinet paper has been drafted for March Cabinet.	This is awaiting approval, it is hoped recruitment can start asap to have post holders in place for April-24.
Liquid Logic	Migration and EHCNA portal Launched Apr-23	On track with early adopters
	Annual Review Portal – Delayed	Delays due to LL provider and upgrade required
Development of SEND Dashboard	Launched Apr-23	
	Data cleansing ongoing	Ongoing within service
Review of SEND Partnership governance	In progress	Initial meeting agreed, framework of governance, awaiting further instruction
Consultation and Development of Strategy	Consultation survey coproduced Sept-23 Survey live Oct-Dec-23 Thematic Analysis Dec-Jan-24 Share finding Jan-24 Draft strategy Feb-24 Reconsult Feb-24-March-24	Strategy is in progress, areas still to address are aligning with Ofsted outcome once know.
Prime Performance	Due to commence Jan-24	Initial meetings with Inclusion SLT
AP Strategy Review	Dec-23 Working group commenced	Work is underway however further capacity is required
Phased Transfer/Specialist Admissions	Placements meetings have taken place W/C 15/01	Significant resource is supporting.

# Ongoing SEND Programme

Project/Programme	Progress	Status
All Age Autism Strategy		Jan-24 – Agreed for Local Offer to host autism resources for 0-25 and update we requested by steering group. Concerns shared, on who will be owning to delivering of the strategy and coordinating this across the all-age autism strategy.



# SEND - Suffolk

A breakdown of various SEND related data and general activity linked to young people. This includes nationally published data by NHS Digital and also local NSFT, Suffolk County Council and Norfolk & Waveney ICB reporting.

If you require a demo of the dashboards please contact a member of the team via the link below.

[Contact Us](#)

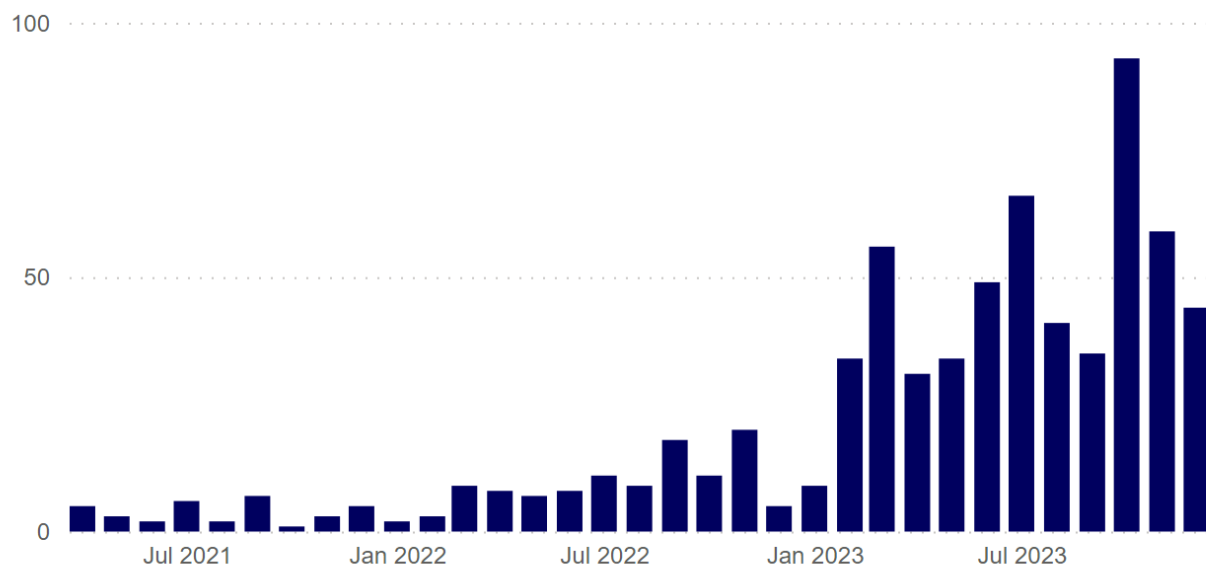
- 1.0 SEND Identified (Section 23)
- 2.0 EHCNA Advice Requests
- 5.0 Emotional Wellbeing IAPT Outcomes
- 6.0 LD Annual Health Checks
- 7.0 NSFT Waiting Times
- 8.0 SNEE ADHD Assessment Waiting Times
- 8.1 SNEE ADHD Treatment Waiting Times
- 8.2 SNEE ASD Assessment Waiting Times
- 8.3 Waveney NDD Waiting Times
- 9.0 RTT Paediatric Services
- 9.1 Community Paediatric Contacts
- 9.2 Community Paediatric Waiting Times
- 9.3 Waveney SLT Waiting Times
- 9.4 Waveney OT Waiting Times
- 9.5 Waveney Physio Waiting Times
- 10.0 Dynamic Support Registers (DSR)
- 10.1 Tier 4 Admissions
- 11.0 Personal Health Budgets

1.0 Health services are required to make a Section 23 notification to the Local Authority if they believe a child under school age has, or is likely to have, special educational needs or a disability (SEND)

Data Source: Suffolk County Council

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/22	5	3	2	6	2	7	1	3	5	2	3	9	48
2022/23	8	7	8	11	9	18	11	20	5	9	34	56	196
2023/24	31	34	49	66	41	35	93	59	44				452

Total S23s Submitted



Organisation	2021/22	2022/23	2023/24
Suffolk County Council		90	200
ICPS	16	50	58
Health Visiting Team		12	76
Thurston Health Visiting		5	21
Children and Young People			24
Forest Heath Health & Childrens Centre		6	9
Stowmarket Health Visiting Team		1	12
CYP Health		2	10
Butterflies Children's Centre	7	3	
Newberry Child Development Centre	9	1	
Bury Health Visiting Team		5	3
High Suffolk Family Hub		5	1
South Suffolk Health Visiting Team			6
<b>Total</b>	<b>48</b>	<b>196</b>	<b>452</b>

Child primary area of need	2021/22	2022/23	2023/24
Speech Language Communication	10	144	179
Speech Language & Communication Need (SLCN)			78
Specific Learning Difficulties	1	1	1
Social, Emotional, Mental health Difficulties		2	10
Social & Emotional Difficulties			8
Physical Needs			2
Moderate Learning Dificulties		1	
Moderate Learning Difficulties (MLD)			1
Hearing Impairment			
<b>Total</b>	<b>48</b>	<b>196</b>	<b>452</b>

Note: this data is sourced from Suffolk County Council and therefore covers the full Suffolk area, including Waveney

1.0 Health services are required to make a Section 23 notification to the Local Authority if they believe a child under school age has, or is likely to have, special educational needs or a disability (SEND)

## Commentary

### Section 23 notifications

Community Health Children and Young People, Suffolk County Council:

The spike in Section 23 referrals from February 22 onwards, was the result of a change in process for the School Nursing team, where staff were required to automatically complete a Section 23 referral following a Schedule of Growing Skills (SOGS) assessment. The introduction of this methodology vastly improved the Pathway for families in the following ways:

- Access to 3-6 monthly contact
- Access to the Little Stars Group
- Support to go to school placements
- Increased visibility for vulnerable children
- Early Years Advisors to help access specialist provision
- Children are seen at 2-year check stage
- Signposting - Literacy Trust, CBeebies resources, Infolink, Suffolk Local Offer
- Earlier recognition of additional needs

This has led to the total number of referrals in the first six months of the 2023/24 year surpassing the total for the previous year – 196 for 12 months vs 256 for 6 months. The data also shows the shift from Section 23 referrals primarily coming from specialist services in 21/22 to almost exclusively emanating from Suffolk County Council and Health Visiting Teams in 23/24, allowing earlier intervention. The key areas of need have shifted away from Complex Health Needs and Global Developmental Delay to Speech Language and Communication, and this is likely due to identifying difficulties in these areas at the 2-year stage – which gives time for interventions prior to attending school. Although referrals for Autistic Spectrum Disorder were high in 21/22, the figures show double the referrals made already in the first 6 months of 23/24, which may indicate that teams are becoming more attuned to recognising additional needs. The new online process for making Section 23 notifications is now live.

## 2.0 Report of number of EHCNA advice requests received by health provider responded to within 6 weeks of receipt

Data Source: Suffolk Community Services Monthly Report Pack/NSFT

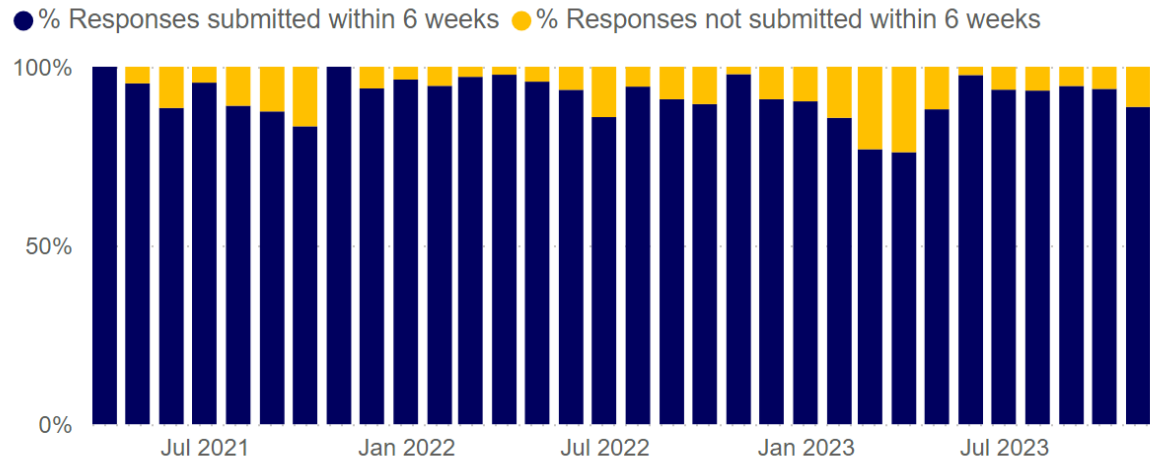
### Integrated Community Paediatric Services SEND Advice Requests

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/22	84	95	90	105	79	62	43	11	80	113	57	100	919
2022/23	94	89	102	81	125	76	85	109	114	99	50	76	1,100
2023/24	29	144	145	102	153	158	139	135					1,005

### Integrated Community Paediatric Services SEND Advice Responses

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/22	59	43	52	45	55	48	48	26	66	56	75	71	644
2022/23	45	72	62	71	72	66	67	48	77	62	49	52	743
2023/24	46	42	86	78	90	93	113	79					627

### ICPS Advice Responses



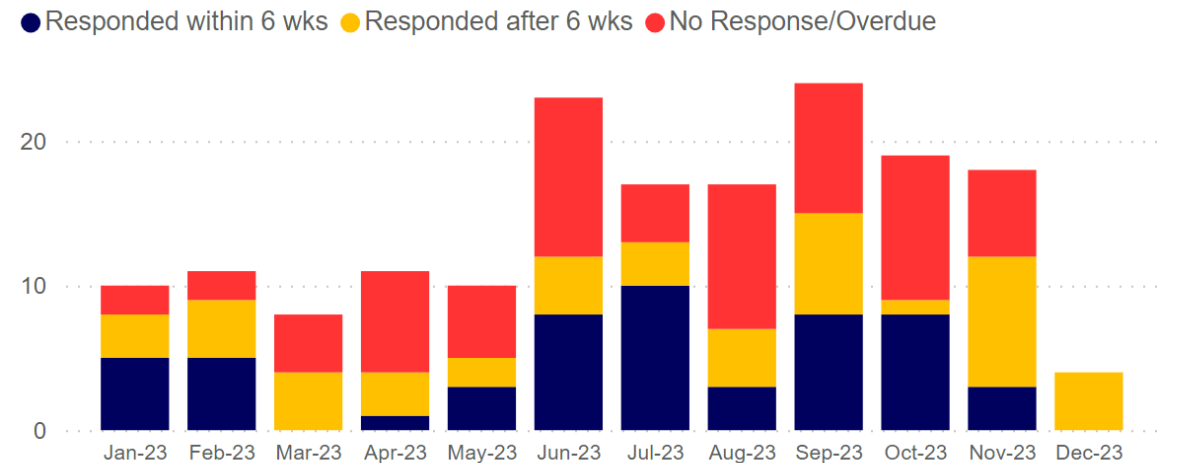
### NSFT SEND Advice Requests

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022/23										10	11	8	29
2023/24	11	10	23	17	17	24	19	30	12				163

### NSFT SEND Advice Responses

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022/23										8	9	4	21
2023/24	4	5	12	13	7	15	9	12	4				81

### NSFT Advice Responses



Note: NSFT advice request data contains incomplete response dates and hence may change over time as responses are sent and dataset is updated

## 2.0 Report of number of EHCNA advice requests received by health provider responded to within 6 weeks of receipt

*Data Source: Suffolk Community Services Monthly Report Pack/NSFT*

### Commentary

#### Education, Health and Care Plan Needs Assessment (EHCNA) Advice Requests

##### Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- There is an increasing number of requests coming through to ICPS teams, in addition to the team receiving all EHCNA early warning notifications which places additional burden on the clinical team admin staff locally.
- Compliance has dropped when there has been a higher number of requests sent to teams. Most ICPS services are compliant with 6 weeks with challenges to meet full compliance seen in Medical and Paediatric Speech and Language teams. SLT and Paediatricians receive more advice requests and are the services under most operational pressure currently with high service demand.

##### Norfolk and Suffolk NHS Foundation Trust (SNEE):

- NSFT have revised the process for EHCNA advice requests and have now managed to commit clinical time to the management alongside dedicated admin in order to embed the revised process.
- ADHD team have developed a new care plan which will support the timely response to requests in their service which represents a significant proportion.
- Approx 50 Suffolk CFYP staff attended workshop with DCO team in Sept 23 focussed upon health advice, including quality and timeliness
- Most of the outstanding requests relate to one specific team where additional support is being offered to increase compliance and workshop has helped in understanding requests and processes. Service lead continues to monitor capacity issues which has impacted on timeliness of response.



## 5.0 Emotional wellbeing and mental health services have a positive impact for SEND

Next quarterly data due 8th Feb 2024

Data Source: NHS Digital - Quarterly Talking Therapies data/local Waveney data

Alliance	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
<b>Ipswich &amp; East Suffolk</b>											
<b>16 to 17</b>											
Percentage Deterioration			15						18		
Percentage Improvement	42	62	46	41	72	62	51	53	57	57	55
Percentage Recovery		38		34	56	34	34	42	39	29	31
Percentage Reliable Recovery		38	34	34	56	28	31	33	36	29	29
<b>18 to 25</b>											
Percentage Deterioration	4	6	5	5	7	8	6	6	7	9	5
Percentage Improvement	66	64	57	62	66	60	63	60	67	71	63
Percentage Recovery	45	47		42	47	41	42	40	48	46	39
Percentage Reliable Recovery	44	45	39	38	45	39	40	36	45	43	37
<b>Waveney</b>											
<b>16 to 17</b>											
Percentage Improvement	33	56	63	43	57	50	38	25	30	67	40
Percentage Recovery	67	33	50	20	43	22	50	50	29	50	33
<b>18 to 25</b>											
Percentage Improvement	36	30	26	25	21	22	16	12	18	17	14
Percentage Recovery	57	33	44	40	36	40	36	46	30	45	40
<b>West Suffolk</b>											
<b>16 to 17</b>											
Percentage Deterioration				22	24						
Percentage Improvement	45	69	57	61	44	59	61	54	57	67	67
Percentage Recovery		44		36	29	53	50	28	41	40	30
Percentage Reliable Recovery		31	41	36	25	47	44	28	33	35	26
<b>18 to 25</b>											
Percentage Deterioration	10	6	5	7	6	11	11	6	7	6	6
Percentage Improvement	68	60	66	66	60	56	62	66	66	71	63
Percentage Recovery	51	42		45	43	43	39	50	47	46	45
Percentage Reliable Recovery	49	39	45	42	39	40	37	46	44	43	40

### Definitions

#### Deterioration

The number of referrals ending the period having finished the course of treatment where the following is true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as 'paired scores').
- where there is an increase from the first to the last score on either the PHQ-9 measure or the ADSM measure, or both, that is greater than the reliable change threshold for that measure.
- neither the PHQ-9 measure nor the ADSM measure has a decrease from the first to the last score that is greater than the reliable change threshold for that measure.

#### Improvement

There is a clinically significant improvement in condition following the course of treatment. Measured based on first and last scores on patient questionnaire

#### Recovery

A referral has moved to recovery if they were defined as a clinical case at the start of their treatment (at 'caseness') but not when they finish the course of treatment

#### Reliable Recovery

A referral is reliably recovered if they meet the criteria for both the improvement and recovery measures

*Note: the above percentages are calculated from figures where those lower than 5 have been suppressed and should therefore be applied cautiously  
Percentages within given groups will not add up to 100 as a single patient may have one or all three of improvement, recovery and reliable recovery recorded*

## 6.0 Number of young people aged 14-25 with learning disability receiving annual health check

Data Source: NHS Digital

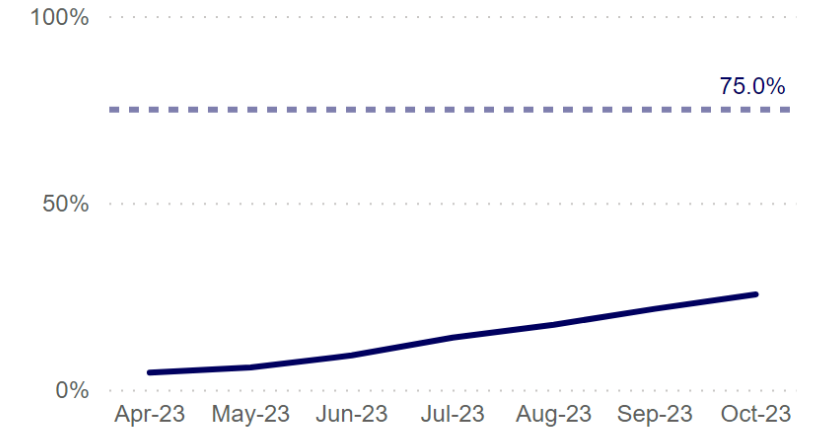
### Summary - 14 to 17 Year Olds

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Checks (Cumulative)	16	21	33	51	64	81	98
Register	347	352	359	365	368	374	384
Uptake	4.6%	6.0%	9.2%	14.0%	17.4%	21.7%	25.5%
Declined (Cumulative)	0	0	1	3	2	2	3
Action Plan Achievement	100.0%	100.0%	90.9%	92.2%	92.2%	92.6%	92.9%

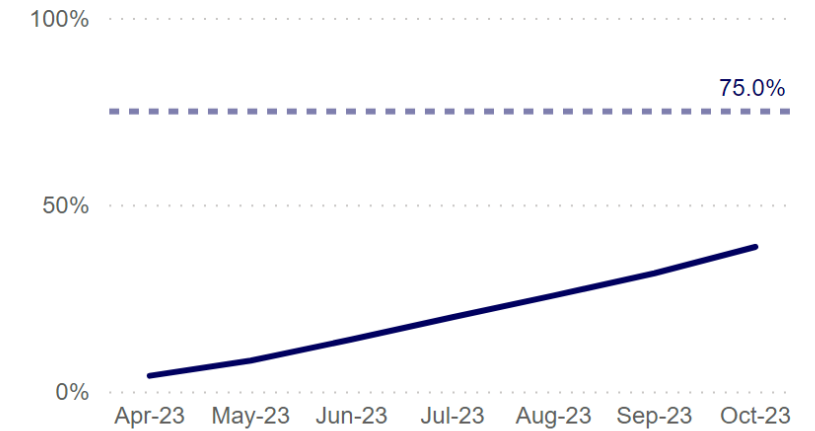
### Summary - 18+ Year Olds

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Checks (Cumulative)	177	348	589	841	1,085	1,341	1,642
Register	4,200	4,207	4,219	4,223	4,227	4,237	4,240
Uptake	4.2%	8.3%	14.0%	19.9%	25.7%	31.6%	38.7%
Declined (Cumulative)	2	4	11	19	28	35	54
Action Plan Achievement	82.5%	87.4%	90.0%	91.3%	90.5%	90.8%	90.9%

### Health Checks Uptake % (cumulative)



### Health Checks Uptake % (cumulative)



## 6.0 Number of young people aged 14-25 with learning disability receiving annual health check

Data Source: NHS Digital

Commentary Page 1 of 2

### Learning Disability Annual Health Checks

#### SNEE ICB:

- The SNEE LD AHC patient experience survey is currently being co-produced. The aim is to push this out through practices via the 'Let's Talk SNEE' platform so that people receive a link after they have had their LD Annual Health Check
- DCO attendance at Suffolk SENCO Forum to promote LD AHCs and new comms from the SNEE LD AHC Steering Group with links to LD Liaison Nurses
- A dedicated learning disability health check support area for primary care health professionals is now live on the SNEE ICB website. A collection of nationally produced and locally adapted easy read documents, videos, toolkits, guidance documents and links and contact details to the Suffolk LD Liaison team
- SNEE LD annual health check steering group has been established and has developed a 'Don't miss out' poster which highlights annual health checks and health action plans. Digital copies and posters have been distributed, and the DCO team have ensured this information has made its way to Education colleagues via SENCO Forum, Local Offer and 'Suffolk Headlines' website
- Several quality improvement projects are underway. These include the LD friendly practice pilot with 3 GP surgeries in Ipswich & East Suffolk and West Suffolk, and the LD deep dive into GP registers
- Peer educator programme continues whereby peer educators (people with a learning disability) talk to their peers through annual health check workshop about the importance of an annual health check. The peer educators will start visiting special schools/colleges in 2023/24 with the school nursing team

## 6.0 Number of young people aged 14-25 with learning disability receiving annual health check

*Data Source: NHS Digital*

Commentary Page 2 of 2

### Learning Disability Annual Health Checks

#### N&W ICB:

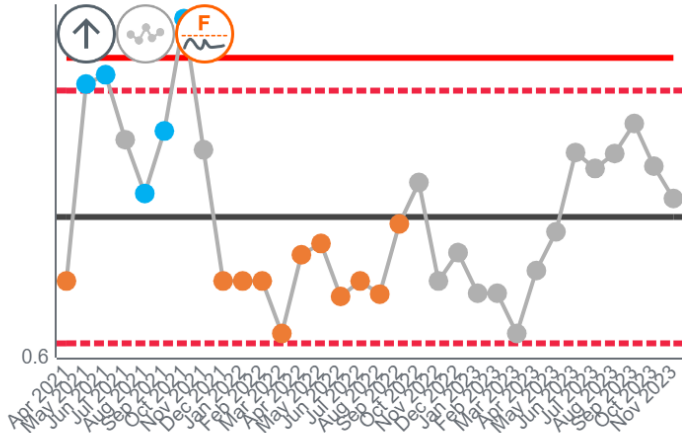
- We are working with Opening Doors to introduce a pathway for LD AHC patient feedback and will probably include a paper and electronic version.
- A survey of General Practice staff regarding their experience of delivering LD AHCs is taking place which will be is planned to be feedback in the November LD&A Board.
- Working closely with ICB primary care locality colleagues in GY&W to provide a detailed breakdown of performance data by Practice and targeted additional support that is available
- DCO attendance at SENCO Forum in North Suffolk to discuss and promote LD AHCs

## 7.0 Children and young people have access to emotional wellbeing and mental health services within expected time frames

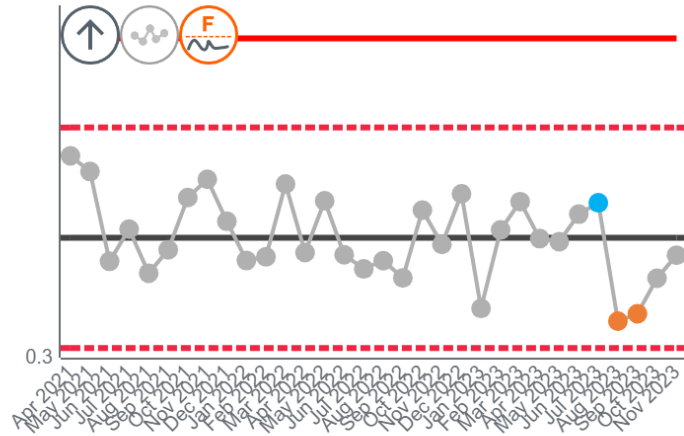
Data Source: NSFT

Indicator Name	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Under 18 Emergency referrals assessed within 4 Hours	68.0%	72.9%	83.0%	81.0%	82.9%	86.7%	81.3%	77.1%
Under 18 Routine referrals assessed within 28 days	52.4%	51.7%	57.6%	60.0%	34.8%	36.4%	43.9%	48.8%
Under 18 Referrals treated within standard (18 weeks)	56.8%	47.7%	66.3%	75.4%	61.7%	58.3%	54.5%	69.0%
Referrals for service users aged 18 and over treated within standard: CFYP Service Line	90.0%	50.0%	76.3%	95.2%	84.0%	75.0%	96.6%	82.8%

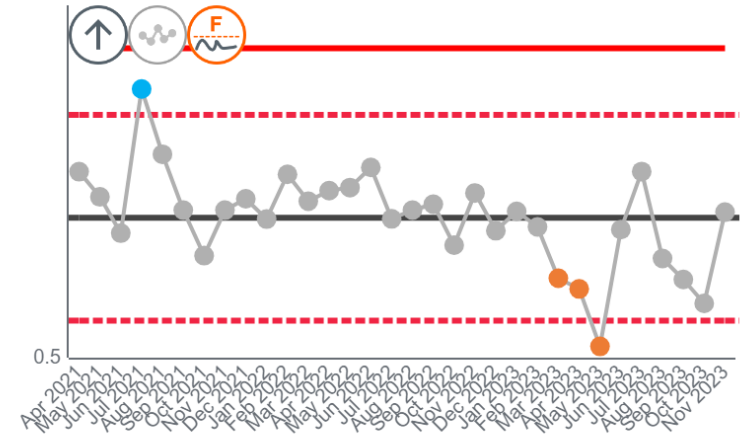
Emergency Referrals <4hrs (U18s)



Routine Referrals <28 days (U18s)



Referrals within standard (U18s)



## 7.0 Children and young people have access to emotional wellbeing and mental health services within expected time frames

Data Source: NSFT

### Commentary Page 1 of 2

#### Suffolk CFYP, Norfolk and Suffolk NHS Foundation Trust (SNEE ICB):

- The Crisis offer is provided by the all-age crisis service including FRS and not the Suffolk CFYP Service.
- Under 18 Performance in the number of under 18 emergency referrals being assessed within 4 hours continues to fluctuate due to the low number of service users within this metric. Referral information identified as not always being accurate in being able to determine the correct priority for the referral which.
- Under 18 routine referrals performance increased significantly in September 2023 compared with August 2023. The CAMHS Teams have been reviewing their processes and caseload to increase effectiveness. Vacancy rates in this team have impacted on the waiting lists, weekly recruitment review providing focused support from the specialist recruitment team.
- Under 18 routine referrals treated within standard- The CAMHS Team have implemented the use of proformas to support the working of the treatment pathways which continues to provide a more structured approach to the appropriate treatment pathways.
- Senior clinical leadership driving focused clinic and caseload initiatives with intensive recovery exercise planned.
- Review of current processes within ADHD, exploring future ways of working that maximise the clinical potential of the team to better meet the needs of the cohort.
- CYP referrals over 18 year treated within standard- Review of caseloads has seen a decrease in caseload totals due to service user reaching 25 years or no longer requiring a service. This has provided more resource to treatment and assessment of service users and an overall increase in performance. The YAMHS service has a 17% vacancy rate which has impacted on activity in recent months.
- Recovery plans and monthly reporting in place to the ICB to monitor the recovery of these services.

## 7.0 Children and young people have access to emotional wellbeing and mental health services within expected time frames

### Commentary Page 2 of 2

#### Norfolk and Waveney ICB:

##### **Under 18 Emergency referrals assessed within 4 Hours**

Emergency referrals are assessed by CAIST (Children's Assessment and Intensive Support Team) in Waveney. Performance has steadily improved across N&W over the last 6 months from 65% to 81%. Over the last 18 months the CAIST team has had significant pressures with increased acuity and complexity of referrals and a significant increase in number of referrals during and post covid. As a result the ICB invested an additional £400K to increase senior leadership within the team to ensure clinicians felt supported and safe. To protect team members from burn out, the decision was made to reduce service delivery from 8am – 8pm 7 days a week to 9-5 Monday to Friday. CAIST has made great progress over the last 6 months, the team has filled many vacancies and will return to standard hours in January 2024.

##### **Under 18 Routine referrals assessed with 28 days**

Performance against this standard in Norfolk and Waveney is 43% (July 23). A significant number of referrals for people into NSFT across Norfolk and Waveney could have their needs met by other providers within the system. As a result, the N&W system is developing an integrated front door (IFD) to ensure all requests for support are allocated to the right pathway and service provider to meet need the first time. This will ensure that NSFT has more capacity to assess all routine referrals within 28 days. The IFD is due to go fully live in April 2024 and the N&W system is currently exploring how the interim arrangements for the IFD can support the triaging function within NSFT prior to April 24.

##### **Under 18 referrals treated within standard (18 weeks)**

Great Yarmouth and Waveney performance August 2023 - 90%. The ICB has funded YMCA to support CYP and families on waiting lists to access appropriate support sooner. The ICB has also commissioned a professional therapeutic pathway, which provides a range of alternative therapeutic treatments to support system waits.

##### **Referrals for service users aged 18 and over treated within standard: CFYP service line**

Great Yarmouth and Waveney performance August 2023 - 66%. NSFT and the ICB has funded a range of waiting list initiatives to provide access to therapeutic interventions, including Think CBT, UKCN and The Matthew Project. There has also been a focus on improving access to Talking Therapies for CYP aged 16-25 and 16-25 year olds accessing support within primary care through the roll out of enhanced recovery workers and Primary Care Workers, funded by Adult Community Transformation.

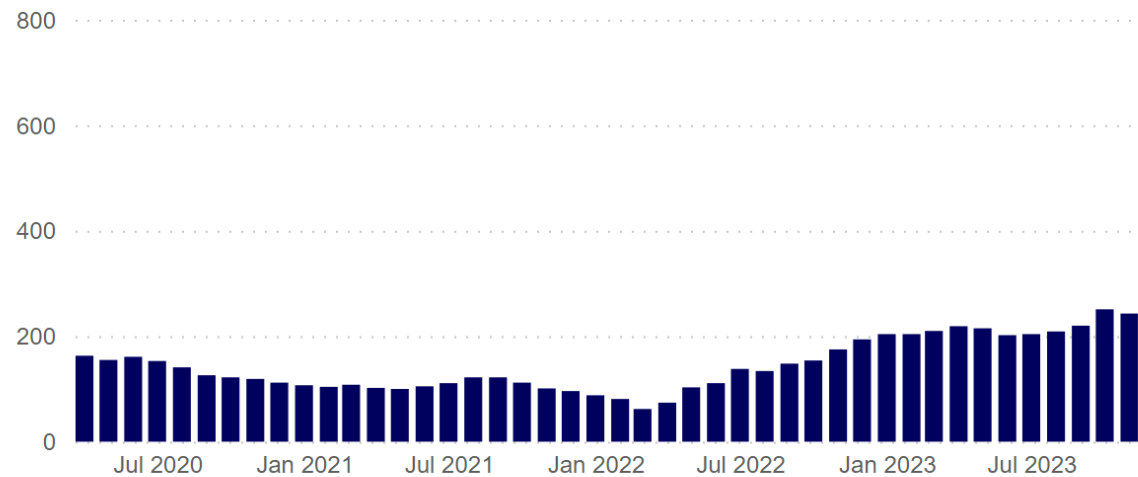
## 8.0 Children and young people have access to ADHD assessment within expected timeframes

Data Source: NSFT

### ADHD (RTA) - Under 25s

Age Band		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
5-9	RTA - Incomplete	124	125	118	117	121	115	113	108
	Average Weeks Waited	20.9	21.5	22.3	22.1	25.0	28.2	30.7	31.1
10-15	RTA - Incomplete	86	81	78	80	82	95	121	114
	Average Weeks Waited	18.8	20.6	21.5	23.0	25.0	22.6	19.1	20.9
16-17	RTA - Incomplete	9	9	6	7	6	10	17	21
	Average Weeks Waited	24.4	28.8	36.4	35.5	42.1	22.9	16.2	17.0
18-24	RTA - Incomplete	326	389	423	450	500	520	539	556
	Average Weeks Waited	27.1	26.2	27.7	30.0	31.0	32.9	35.0	37.7
<b>Total</b>	<b>RTA - Incomplete</b>	<b>545</b>	<b>604</b>	<b>625</b>	<b>654</b>	<b>709</b>	<b>740</b>	<b>790</b>	<b>799</b>
	<b>Average Weeks Waited</b>	<b>24.4</b>	<b>24.5</b>	<b>26.0</b>	<b>27.8</b>	<b>29.4</b>	<b>30.7</b>	<b>31.5</b>	<b>33.9</b>

### ADHD (RTA - Incomplete) - Under 18s



### ADHD (RTA - Incomplete) - Under 25s





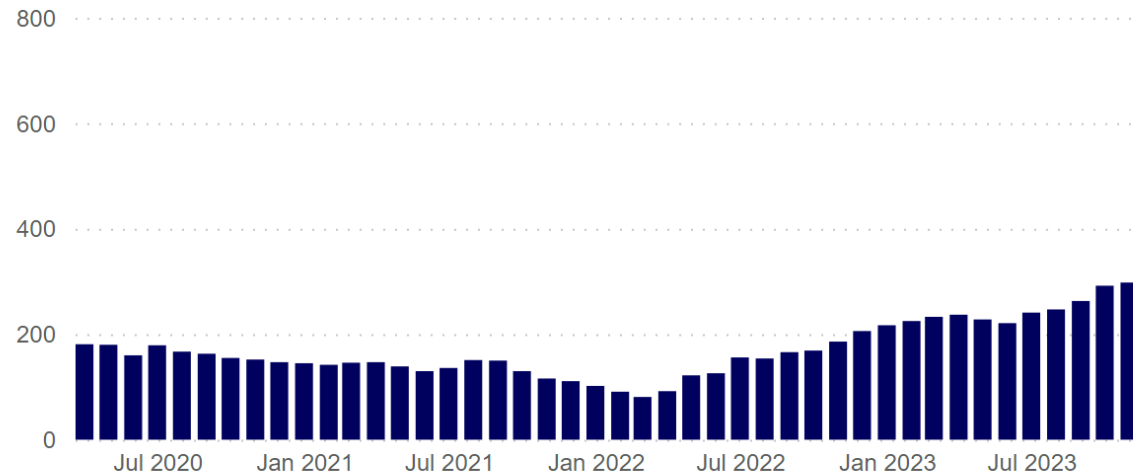
## 8.1 Children and young people have access to ADHD treatment within expected timeframes

Data Source: NSFT

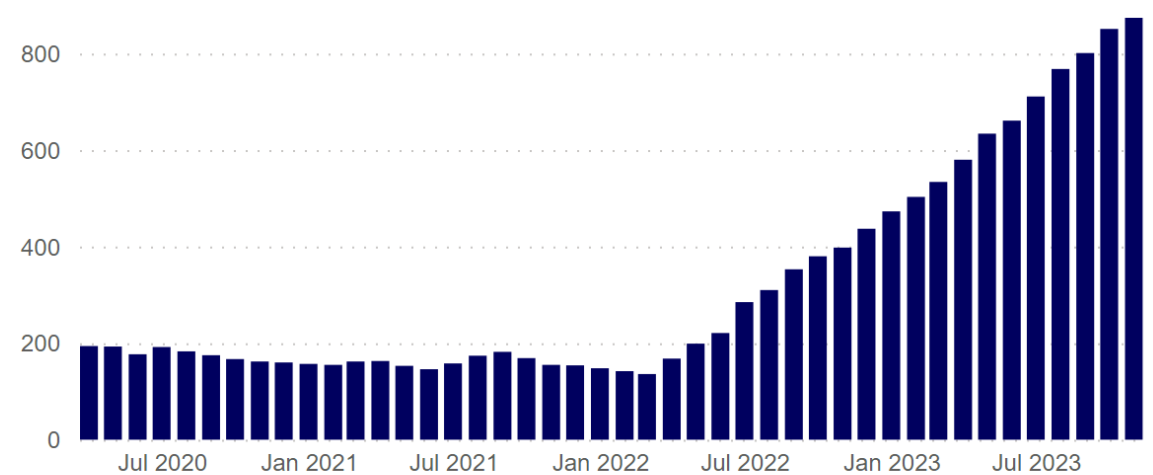
### ADHD (RTT) - Under 25s

Age Band		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
5-9	RTT - Incomplete	133	131	128	138	140	134	132	134
	Average Weeks Waited	21.6	22.0	23.8	25.6	28.2	31.7	33.8	35.8
10-15	RTT - Incomplete	93	87	85	94	98	117	141	141
	Average Weeks Waited	19.4	21.3	22.3	24.1	26.3	25.2	22.1	24.8
16-17	RTT - Incomplete	11	10	8	9	9	12	19	23
	Average Weeks Waited	22.6	27.5	31.0	31.9	35.6	23.7	17.9	18.7
18-24	RTT - Incomplete	343	406	440	470	521	538	559	576
	Average Weeks Waited	28.7	27.8	29.2	31.5	32.3	34.1	36.3	38.7
<b>Total</b>	<b>RTT - Incomplete</b>	<b>580</b>	<b>634</b>	<b>661</b>	<b>711</b>	<b>768</b>	<b>801</b>	<b>851</b>	<b>874</b>
	<b>Average Weeks Waited</b>	<b>25.5</b>	<b>25.7</b>	<b>27.3</b>	<b>29.4</b>	<b>30.8</b>	<b>32.3</b>	<b>33.1</b>	<b>35.5</b>

### ADHD (RTT - Incomplete) - Under 18s



### ADHD (RTT - Incomplete) - Under 25s



8.0 Children and young people have access to ADHD assessment within expected timeframes

8.1 Children and young people have access to ADHD treatment within expected timeframes

Commentary Page 1 of 2

Under 18's ADHD, Suffolk CFYP, Norfolk and Suffolk NHS Foundation Trust (SNEE):

- Online Conners screening now being mobilized in ADHD which will increase efficiency of collecting pre assessment data.
- ADHD team impacted by the system wide historical increase in referrals which are now in the pre-screening phase undertaken by the team.
- The ADHD team have a total 6.0 WTE clinical staff and a case load of 1026. The team provide a specialist service for ADHD assessment and diagnosis, who are also supporting a number of additional initiatives which are impacting on their capacity to complete new assessments.
- The ADHD team commenced triage of NDD cases as part of the Triage Panel NDD Recovery work. The team are accommodating this screening work alongside existing clinical assessments and outpatient appointments. The NDD pathway in Suffolk is under review which will be an integral part of completing this NDD recovery work, this work includes integrated work with the Paediatric service and ICB.
- The current national shortage of ADHD medication is impacting on the service with the provision of additional appointments required for medication reviews. The team is linking with the Chief Pharmacist at the ICB and NSFT Chief Pharmacist to support this work, mobilisation of daily huddles commenced and provided by the ADHD team to provide support to families and GPs with medication queries. In the ADHD caseload this impacts 461 patients which is 44% of the caseload. Current management strategies for treatment include daily huddles to prevent breaks in treatment and patient safety.
- Core care plan in use with treatment which includes a review of SEND needs and access to learning. If any concerns are highlighted the ADHD service contacts the education provider to ensure the young person's needs are met and reasonable adjustments are in place.

8.0 Children and young people have access to ADHD assessment within expected timeframes

8.1 Children and young people have access to ADHD treatment within expected timeframes

Commentary Page 2 of 2

Under 18's ADHD, Suffolk CFYP, Norfolk and Suffolk NHS Foundation Trust (contd.):

- Referral rates for ADHD have increased due to the recovery work being undertaken
- Weekend clinics were provided over the summer to address the waits for assessment and consequently treatment
- The provision of Non-Medical Prescriber roles within the team has increased the capacity for medication reviews

Adult ADHD Service, Suffolk Care Group, Norfolk and Suffolk NHS Foundation Trust (SNEE):

- The Adult ADHD Service continues to receive a high number of referrals for ADHD assessments. The service was due to explore options for outsourcing assessments with our ICB colleagues, but funding (amount to be agreed) will now be diverted to the recovery college
- The service is managing all waits via weekly reporting and meetings, providing assurance that we are aware of the current demand
- Ongoing ASD/ADHD adult oversight group working alongside the ICB, VCSE and those with lived experience to discuss and review current pathways to improve waiting times and discharge rates
- Extraordinary meeting to be held within NSFT on 16th January, to discuss capacity and demand, alongside options to address the waiting times

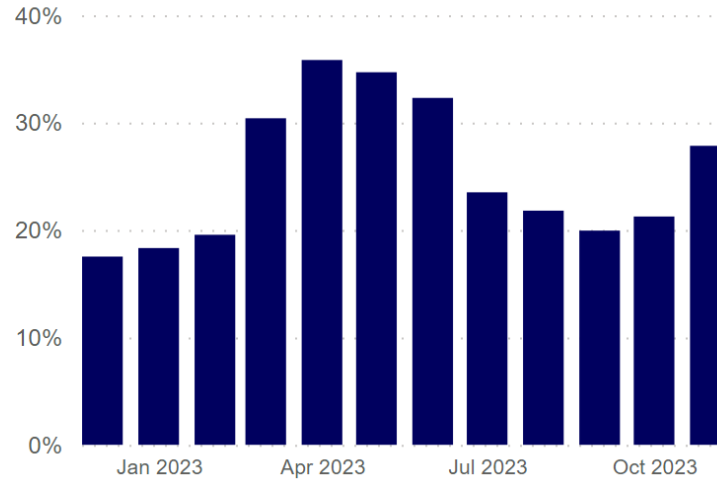
## 8.2 Children and young people have access to ASD assessment within expected timeframes

Data Source: Integrated Community Paediatric Services (ICPS)

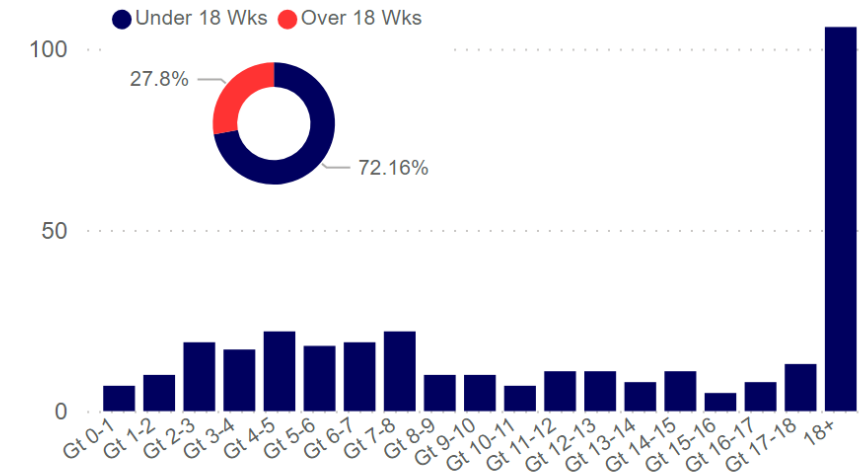
### Patients identified as having Socio-Communication difficulties (Under 11s)

Month	Total Waiting	Max Waiting Time (wks)	Average Waiting Time (wks)	No. Waiting over 18 Weeks	% Wait over 18 Weeks
Dec-22	348	54.7	10.8	61	17.5%
Jan-23	322	59.1	11.5	59	18.3%
Feb-23	317	63.1	12.7	62	19.6%
Mar-23	342	67.6	13.6	104	30.4%
Apr-23	360	47.6	14.6	129	35.8%
May-23	343	49.3	14.4	119	34.7%
Jun-23	356	50.0	14.5	115	32.3%
Jul-23	370	50.0	13.3	87	23.5%
Aug-23	399	54.4	13.7	87	21.8%
Sep-23	381	58.7	13.8	76	19.9%
Oct-23	381	50.0	13.1	81	21.3%
Nov-23	334	52.3	12.9	93	27.8%

% Waiting Over 18 Weeks



U11s Waits by Weeks (latest month)



Data Source: NSFT

### Youth Autism (11-17s) - Weeks Waiting for Assessment

Month	Current ASD Waitlist	Average Wait of those on the Waitlist not yet Assessed (weeks)	Maximum Wait in Weeks not yet Assessed	Average Wait Time from Referral to Assessment (weeks)	Maximum Wait in Weeks from Referral to Assessment
Sep-23	223	42	98	55	85
Oct-23	233	45	106	55	90

## 8.2 Children and young people have access to ASD assessment within expected timeframes

### Commentary

Under 11's ASD Assessment, Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- The graph reflects the number of children referred with socio-communication difficulties requiring formal assessment for possible ASD with Paediatrician or the multidisciplinary team
- The number of children waiting for formal assessment is reducing gradually as clinicians work through the waiting list as part of the NDD recovery work. This does not account for those children within the NDD coordination function that have not been triaged and this risk is acknowledged within the system.
- The community paediatricians and multidisciplinary team continue to focus on assessment backlog alongside other pathways and caseload management. The Paediatric medical team has completed a demand and capacity review and there is pressure across all clinical pathways due to growing demand, complexity and high caseload numbers.

ADYSS (11-17), Suffolk CFYP, Norfolk and Suffolk NHS Foundation Trust (SNEE):

- The numbers waiting remains high due to the impact of supporting the NDD pathway in Suffolk recovery work
- Assessments carried out by the multidisciplinary team. Referrals to the team from other NSFT services will have received an initial assessment by the referring team, which will be followed by the ASD assessment.
- Majority of referrals are now being received via the NDD Pathway and currently there are high rates of referral. The team joined Suffolk Childrens Families and Young People Care group in April 2023 from the Adult Care Group. This has enabled the team to refocus on children's services and be part of the wider NDD provision for the under 18 age group.
- There is currently review of processes, the team are exploring future ways of working that maximise the clinical potential of the team to better meet the needs of the NDD cohort but also the wider body of service users in SCFYP. The team are forward booking appointments for the initial contact to reduce the length of wait. The ADYSS team are reviewing their assessment process to see if this can be streamlined whilst maintaining the clinical rigour and quality.
- The team are also screening cases waiting with Barnardo's alongside the ADHD service.
- The service monitors and reviews the caseload weekly via Lorenzo and SUTL and weekly operation and business support meetings to ensure continuity of processes and address arising issues.

## 8.3 Children and young people have access to ASD assessment within expected timeframes

Data Source: Norfolk & Waveney ICB

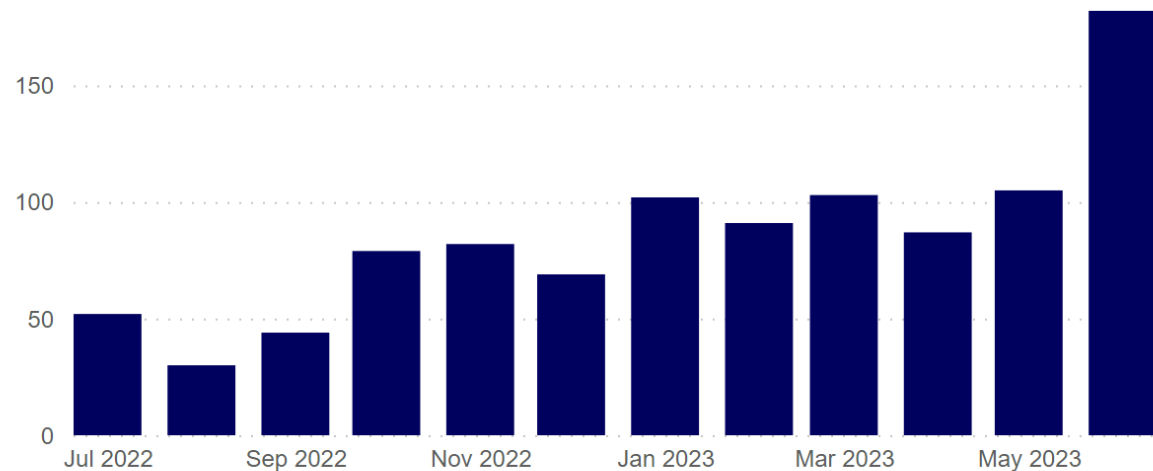
### Gt Yarmouth & Waveney NDD/Community Paediatric Service

Performance Indicator	Breakdown	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Total number of CYP waiting on the pathway		892	927	986	1043	1179	1121	1182	1249	1305	1344	1406	1408
	Waveney approximate 48%	428	445	473	501	566	538	567	600	626	645	675	676
Number of patients having their 1st action (where that action was during the month specified)	Total	79	36	58	103	113	82	119	101	122	110	119	209
	wait <18 weeks	27	6	14	24	31	13	17	10	19	23	14	27
	wait >=18 weeks	52	30	44	79	82	69	102	91	103	87	105	182
Number of patients being discharged (where discharge was during the month specified)	Total	28	44	24	24	39	34	40	26	18	35	38	59
	wait <18 weeks	0	1	1	0	1	1	5	3	1	1	1	3
	wait >=18 weeks	28	43	23	24	38	33	35	23	17	34	37	56

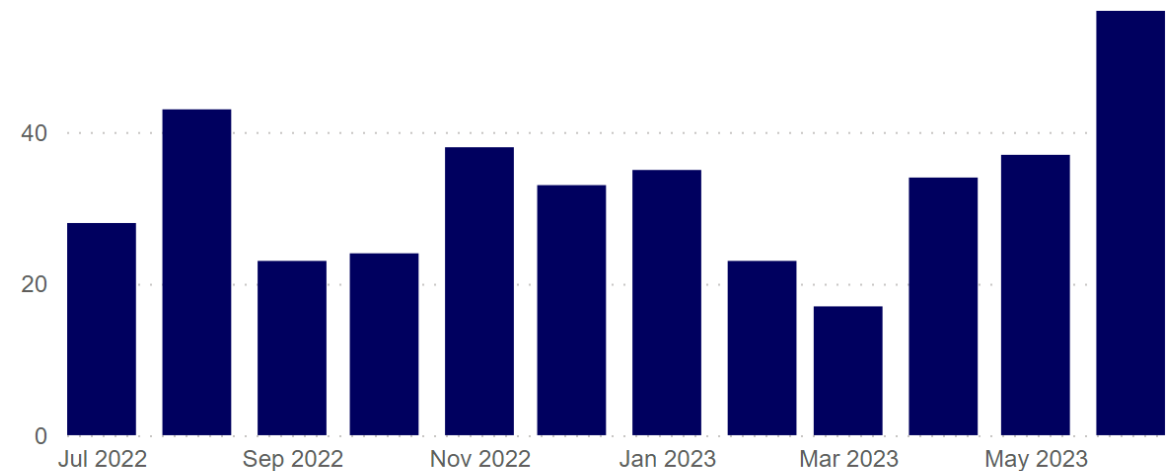
Number of patients having their 1st action - **wait is measured from referral date to date of first action on waiting list**

Number of patients being discharged - **wait is measured from referral date to close date of waiting list**

Number of patients having their 1st action - 18+ week waiters



Number of patients being discharged - 18+ week waiters



### 8.3 Children and young people have access to ASD assessment within expected timeframes

#### Commentary

#### Great Yarmouth & Waveney NDD Community Paediatric Service:

- Newberry clinic has observed a significant change to pathway performance since 2020/21.
- At that time, waits to discharge for ASD/ADHD diagnosis was 26 weeks. Following the retirement of the Community Paediatrician, a reduction in weekly clinics and a marked increase in monthly referrals, average waits to first appointment are 16 months with waits to discharge of up to 2.5 years.
- Newberry has recently commenced transfers to independent providers as part of a waiting list initiative and continues to work with the ICB on its transformation programme.

## 9.0 Children and young people have access to Therapies and Community Paediatric Services

Data Source: Suffolk Community Services Monthly Report Pack

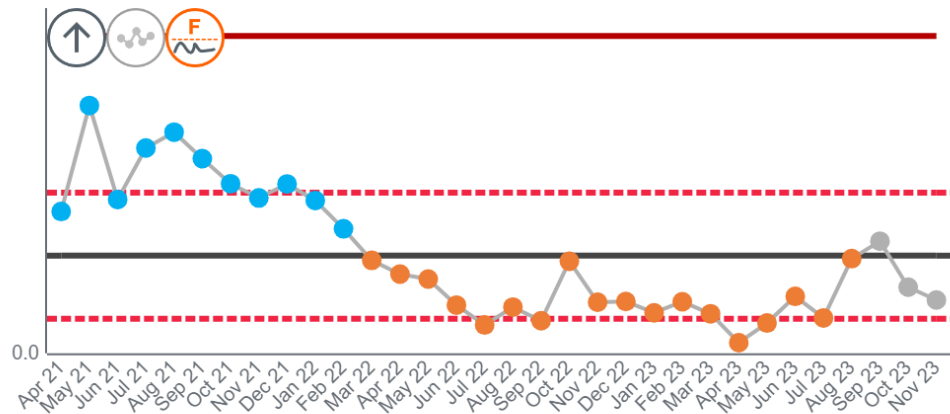
### Consultant-Led Paediatric Services (Target 95%)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Total
Seen within 18 weeks	3	9	15	12	21	28	17	18	<b>123</b>
Total Seen	45	73	75	87	68	78	75	95	<b>596</b>
% Seen within 18 weeks	6.67%	12.33%	20.00%	13.79%	30.88%	35.90%	22.67%	18.95%	<b>20.64%</b>

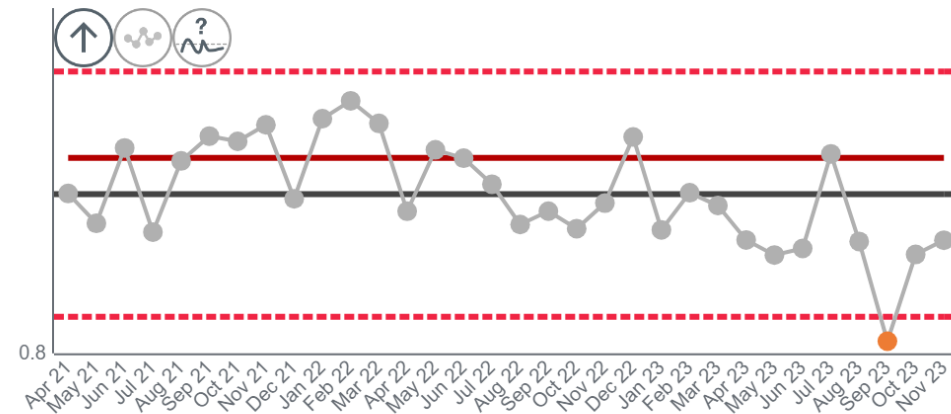
### Non-Consultant-Led Paediatric Services (Target 95%)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Total
Seen within 18 weeks	191	273	222	245	136	155	281	267	<b>1,770</b>
Total Seen	216	313	253	257	154	193	322	302	<b>2,010</b>
% Seen within 18 weeks	88.43%	87.22%	87.75%	95.33%	88.31%	80.31%	87.27%	88.41%	<b>88.06%</b>

### Consultant-Led Referrals (% within weeks)



### Non-Consultant-Led Referrals (% within weeks)



Note: Please note the figures presented relate to all paediatric contacts regardless of whether the patient has SEND identified



## 9.0 Children and young people have access to Therapies and Community Paediatric Services

*Data Source: Suffolk Community Services Monthly Report Pack*

### Commentary

Paediatric Medical Team (Consultant-led Paediatric Services), Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- Paediatric capacity continues to be impacted by sustained demand and high caseload numbers requiring medical management of complex needs. There is a locum in place covering a vacancy. Additional capacity has been secured with a full-time specialist nurse to support the team in the West locality. A formal review of capacity and demand started in June to consider options to respond to current levels of service pressure. The findings of this are hoped to be presented to the CYP Committee and SEND Board.
- There is a gradual improvement in compliance with commencing assessment/care within paediatric medical but due to high demand this is likely to remain static at this level.

Commentary for non-consultant led services follows from 9.2

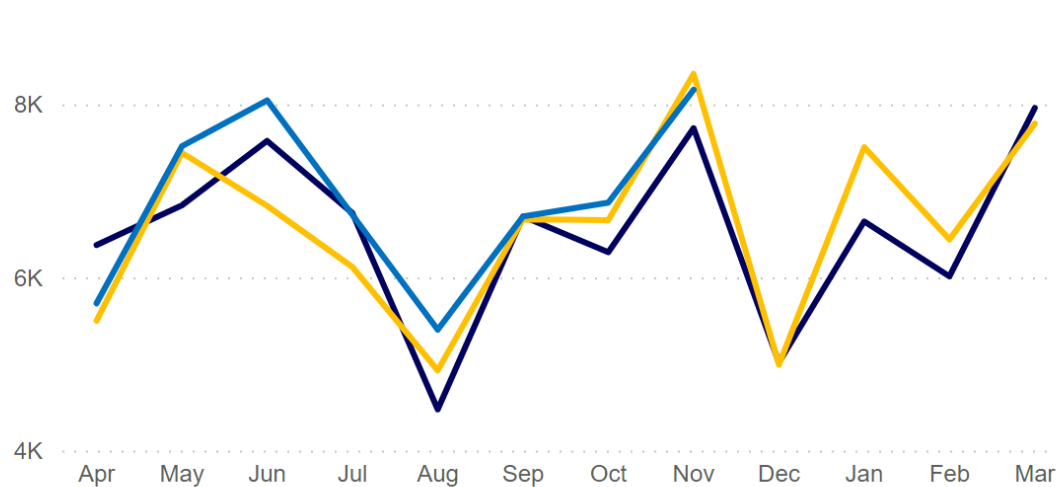
## 9.1 Contacts (number and method) of community paediatric services with children and young people

Data Source: Suffolk Community Services Monthly Report Pack

Service	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Total
Paediatric Speech & Language Therapy	2,067	3,111	3,699	2,708	1,720	2,708	2,970	3,913	<b>22,896</b>
Community Children's Nursing Team	1,747	1,951	1,911	1,792	1,867	1,575	1,819	1,876	<b>14,538</b>
Paediatric Physiotherapy	726	1,020	1,040	829	713	1,029	874	1,003	<b>7,234</b>
Paediatric Occupational Therapy	534	609	577	598	483	680	568	598	<b>4,647</b>
Audiology	349	409	481	382	389	307	223	299	<b>2,839</b>
Paediatric Psychology	233	349	283	353	197	354	341	444	<b>2,554</b>
Suffolk Communication Aids Resource Centre	45	66	56	59	27	52	69	36	<b>410</b>
<b>Total</b>	<b>5,701</b>	<b>7,515</b>	<b>8,047</b>	<b>6,721</b>	<b>5,396</b>	<b>6,705</b>	<b>6,864</b>	<b>8,169</b>	<b>55,118</b>

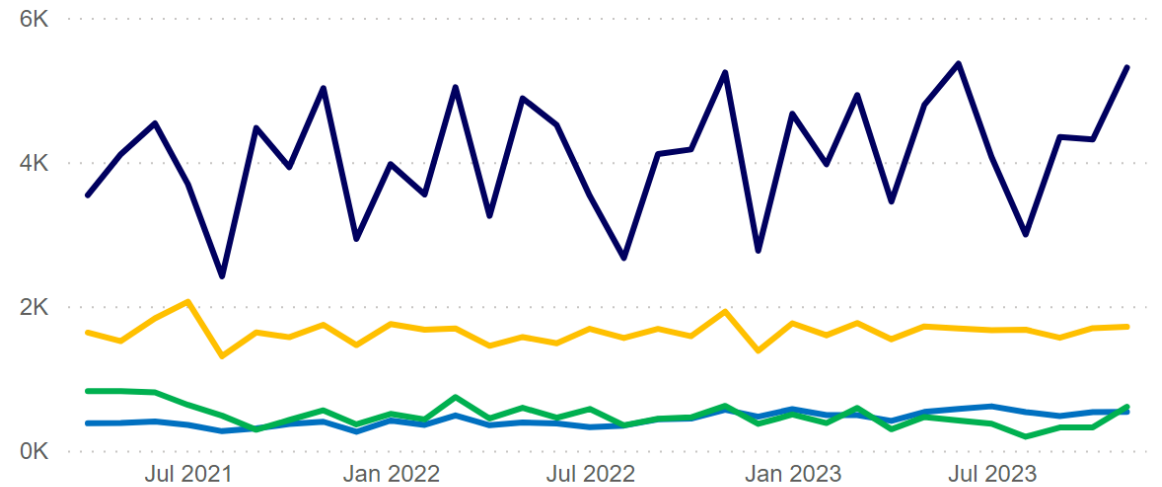
### Contacts by Year

● 2021/22 ● 2022/23 ● 2023/24



### Contacts by Method

● Email ● Face to Face ● Telephone ● Video



Note: Please note the figures presented relate to all paediatric contacts regardless of whether the patient has SEND identified

## 9.1 Contacts (number and method) of community paediatric services with children and young people

*Data Source: Suffolk Community Services Monthly Report Pack*

### Commentary

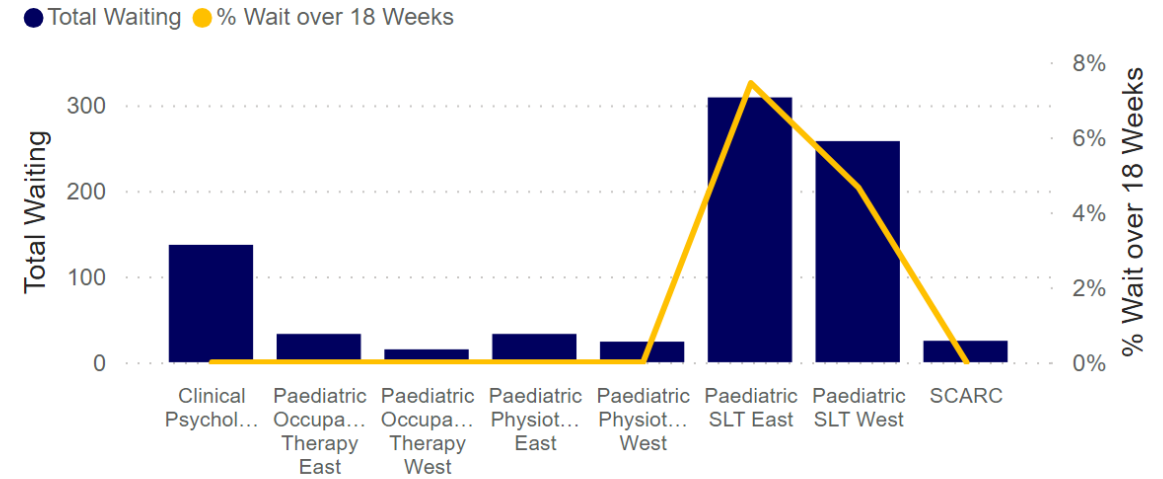
Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- This chart highlights all clinically relevant activity undertaken in the ICPS services, not only SEND
- Activity generally increasing across services

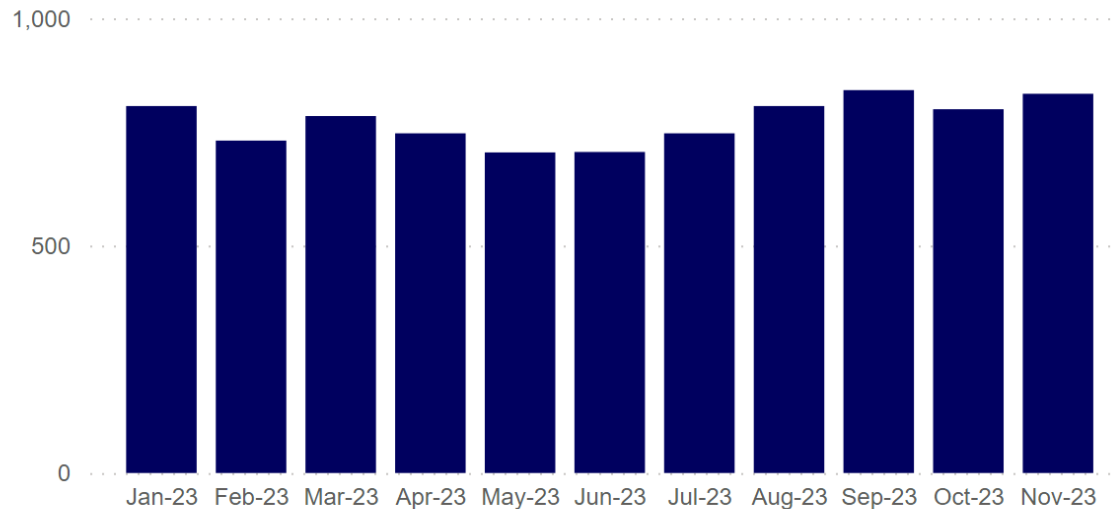
## 9.2 Children and young people have access to Therapies within expected timeframes

Data Source: Integrated Community Paediatric Services (ICPS)

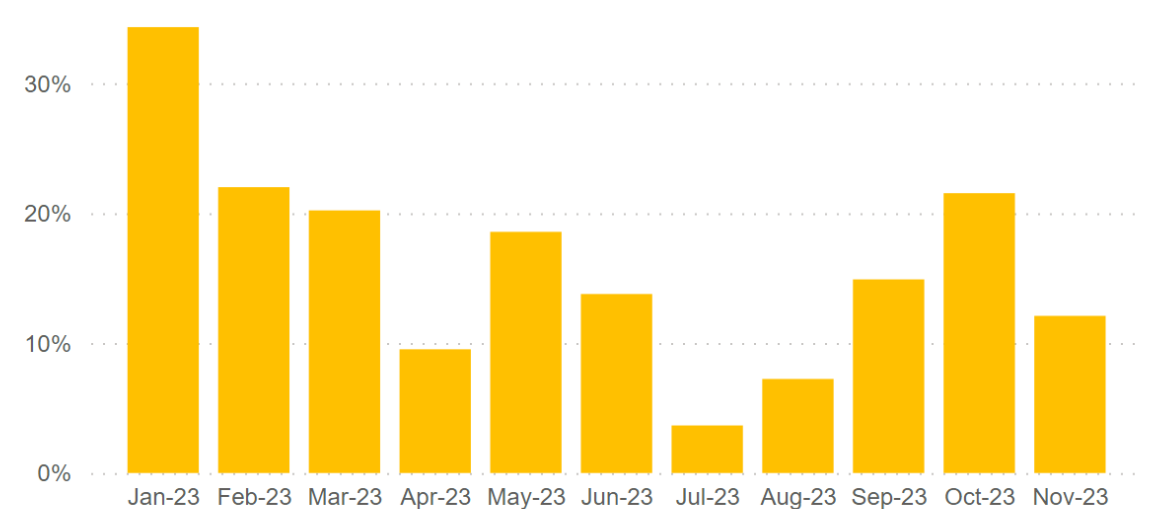
Therapy	Total Waiting	Max Waiting Time (wks)	Average Waiting Time (wks)	No. Waiting over 18 Weeks	% Wait over 18 Weeks
Clinical Psychology	137	19.14	5.58	0	0.00%
Paediatric Occupational Therapy East	33	12.86	4.82	0	0.00%
Paediatric Occupational Therapy West	15	17.86	5.66	0	0.00%
Paediatric Physiotherapy East	33	12.29	3.84	0	0.00%
Paediatric Physiotherapy West	24	15.14	5.49	0	0.00%
Paediatric SLT East	309	38.43	10.13	23	7.44%
Paediatric SLT West	258	31.29	9.80	12	4.65%
SCARC	25	16.29	4.55	0	0.00%



Total Waiting



% Waiting Over 18 Weeks



## 9.2 Children and young people have access to Therapies within expected timeframes

Data Source: Integrated Community Paediatric Services (ICPS)

### Commentary

Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- Therapy services are seeing sustained levels of activity and complexity, but most are meeting 18 weeks compliance levels. Compliance levels within Speech and Language Therapy are lower due to sustained referral rates, high caseloads which is exacerbated by vacancies (turnover and maternity leave) in some pathways. The Trust is working with Suffolk County Council to prioritise identified investment to increase capacity within special schools/specialist units (not reflected in this data).
- Therapy services compliance is primarily due to lower than target compliance levels within paediatric Speech and language therapy whilst all other disciplines are compliant.
- Speech Therapy caseload numbers and demand remain higher than expected and above capacity of the service. Analysis of demand and capacity almost completed and findings of this are hoped to be presented to the CYP Committee and SEND Board

## 9.3 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

### Norfolk & Waveney Speech and Language Therapy Service

Performance Indicator		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
% of CYP seen within 12 weeks of assessment for intervention	Numerator	3	9	4	2	1	1	6	7	5	8	5	5
	Denominator	3	9	4	2	2	2	7	9	5	10	5	8
	%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	85.7%	77.8%	100.0%	80.0%	100.0%	62.5%
% of CYP waiting <18 Weeks for a SaLT assessment	Numerator	9	68	52	57	47	50	59	50	43	74	87	75
	Denominator	124	157	149	146	151	144	163	150	126	169	181	180
	%	7.3%	43.3%	34.9%	39.0%	31.1%	34.7%	36.2%	33.3%	34.1%	43.8%	48.1%	41.7%
% of parents who report high level of satisfaction with elements of Specialist intervention delivered by the Service	Numerator	2	2	3	1	2	1	38	3	5	6	4	3
	Denominator	2	2	3	2	8	1	46	3	6	6	4	3
	%	100.0%	100.0%	100.0%	50.0%	25.0%	100.0%	82.6%	100.0%	83.3%	100.0%	100.0%	100.0%
Existing information for EHC needs assessment requests: within 2 weeks of request	Numerator	86	51	61	81	115	58	68	90	79	91	95	115
	Denominator	89	56	63	81	119	65	68	107	83	97	99	122
	%	96.6%	91.1%	96.8%	100.0%	96.6%	89.2%	100.0%	84.1%	95.2%	93.8%	96.0%	94.3%
New advice and information for the EHC needs assessment: within 6 weeks of request	Numerator	17	29	7	5	14	24	8	12	6	13	14	30
	Denominator	48	61	45	40	46	48	38	55	38	53	49	62
	%	35.4%	47.5%	15.6%	12.5%	30.4%	50.0%	21.1%	21.8%	15.8%	24.5%	28.6%	48.4%
Number of open referrals in service		384	391	363	380	372	349	387	406	369	418	413	384
Number of calls into the service		5	9	9	10	5	6	10	16	7	15	22	15

### 9.3 Children and young people have access to Therapies within expected timeframes

*Data Source: Norfolk & Waveney ICB*

#### Commentary

#### Norfolk and Waveney ICB, Speech and Language Therapy:

- Speech & Language Therapy Service waits to initial assessment and treatment are steadily increasing.
- In 2021, the average wait for a new referral was in excess of two years, reflective on multiple waiting lists and a legacy of conflicting contracts across the footprint. The shift to a single provider model has had a good impact on children and young people.
- Average waits in 2023 are now 15 months and although too long, show a positive change. From Q1 (August 23 onwards) CCS is doubling its target trajectory of waits under 18 weeks from 30% to 60% and will increase the treatment target from 50 to 70%. These temporary targets, which represent a natural conflict in managing new demand and meeting existing EHCP provision, will continue to increase over time.
- The recovery plan is working, although not as quickly as we would want.

## 9.4 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

### Gt Yarmouth & Waveney Occupational Therapy Service

Performance Indicator	Breakdown	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Total number of CYP waiting on the pathway		7	6	10	14	19	16	16	21	2	6	6	10
Number of patients having their 1st action (where that action was during the month specified)	Total	34	15	16	12	23	28	16	18	51	29	43	38
	wait <18 weeks	25	13	11	6	12	17	6	12	27	8	29	28
	wait >=18 weeks	9	2	5	6	11	11	10	6	24	21	14	10
Number of patients being discharged (where discharge was during the month specified)	Total	40	26	19	20	20	29	15	27	45	35	21	23
	wait <18 weeks	0	2	2	3	0	4	0	2	11	0	3	3
	wait >=18 weeks	40	24	17	17	20	25	15	25	34	35	18	20

Number of patients having their 1st action - **wait is measured from referral date to date of first action on waiting list**

Number of patients being discharged - **wait is measured from referral date to close date of waiting list**



#### 9.4 Children and young people have access to Therapies within expected timeframes

*Data Source: Norfolk & Waveney ICB*

##### Commentary

##### Norfolk and Waveney ICB, Occupational Therapy:

- Occupational Therapy Service - Newberry clinic has observed a significant change to pathway performance since 2020/21.
- Focus of work for 18 months has been creation of a digital universal library on JON. Professional platform went live in the Spring with Parent access to follow in the Autumn 23/24.
- Additional therapists are being recruited and staff trained in Sensory Integration Therapy. Families receive advice while waiting.

## 9.5 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

### Gt Yarmouth & Waveney Physiotherapy Therapy Service

Performance Indicator	Breakdown	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Total number of CYP waiting on the pathway		15	26	29	39	27	26	23	21	25	28	12	22
Number of patients having their 1st action (where that action was during the month specified)	Total	50	41	44	45	57	37	64	41	39	41	28	34
	wait <18 weeks	29	25	24	28	35	24	31	12	17	13	18	14
	wait >=18 weeks	21	16	20	17	22	13	33	29	22	28	10	20
Number of patients being discharged (where discharge was during the month specified)	Total	18	26	29	14	50	18	90	51	24	39	33	38
	wait <18 weeks	5	6	6	4	8	5	10	6	2	2	0	5
	wait >=18 weeks	13	20	23	10	42	13	80	45	22	37	33	33

Number of patients having their 1st action - **wait is measured from referral date to date of first action on waiting list**

Number of patients being discharged - **wait is measured from referral date to close date of waiting list**

## 9.5 Children and young people have access to Therapies within expected timeframes

*Data Source: Norfolk & Waveney ICB*

### Commentary

#### Norfolk and Waveney ICB, Physiotherapy:

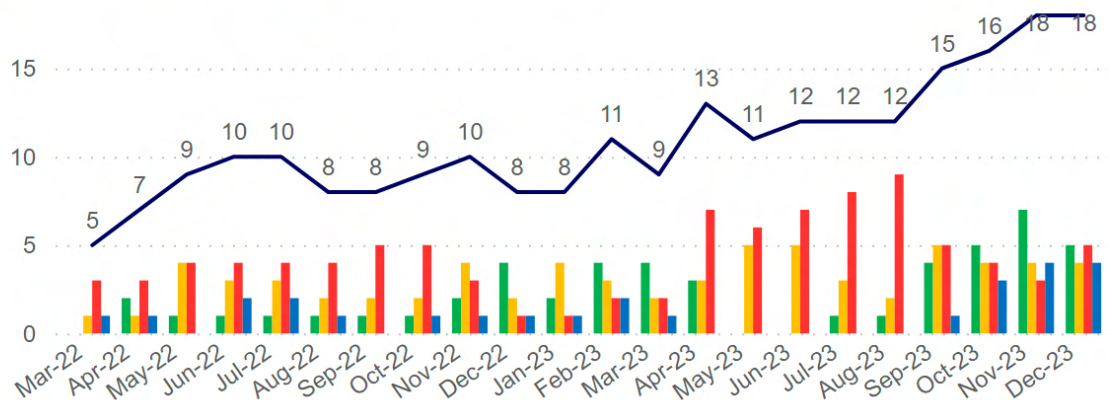
- Great Yarmouth & Waveney Physiotherapy Service has not been a key area of development although further co-production with families is planned to develop and create resources for families referred.

10.0 Children and young people (0-18) with SEND have a holistic and independently led review of their needs where accessing Tier 4 care

Data Source: SNEE ICB/Norfolk & Waveney ICB/NHS England

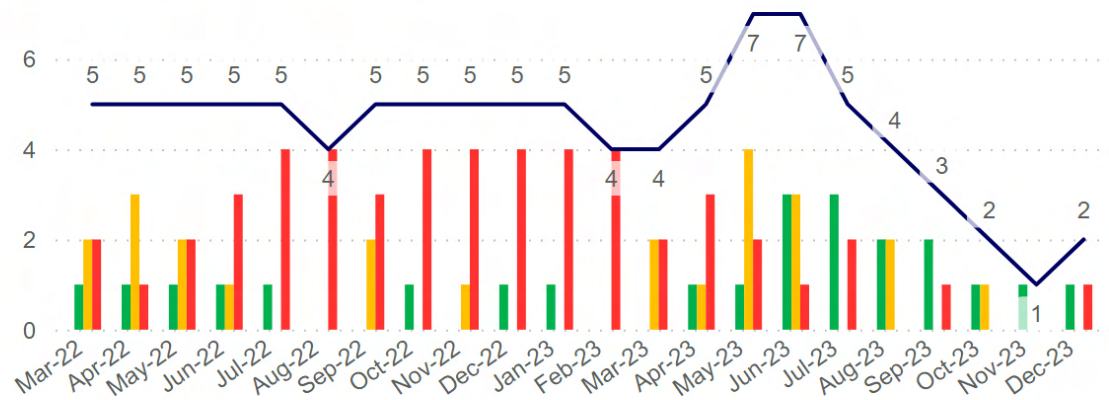
## Dynamic Support Register (DSR) RAG Ratings (Suffolk - SNEE)

● Green ● Amber ● Red ● Blue ● No. of CYP on DSR



## Dynamic Support Register (DSR) RAG Ratings (Waveney)

● Green ● Amber ● Red ● Blue ● No. of CYP on DSR



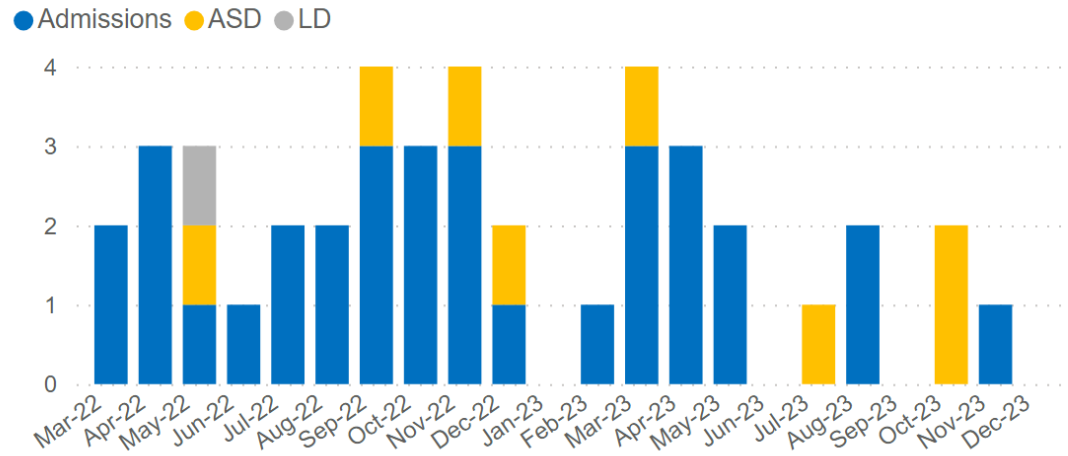
<b>Immediate risk of person being admitted to a mental health hospital.</b>	<ul style="list-style-type: none"> <li>• A C(E)TR must take place</li> <li>• Referral to the keyworker service for children and young people.</li> </ul>
<b>Immediate risk that the person will be admitted to a mental health hospital without urgent intervention.</b>	<ul style="list-style-type: none"> <li>• Multi-agency meeting and/or C(E)TR must take place</li> <li>• Referral to the keyworker service for children and young people.</li> </ul>
<b>Some risks that could lead to the person being admitted or re-admitted to a mental health hospital; but currently these risks are being effectively managed.</b>	<ul style="list-style-type: none"> <li>• Clear identification of partners who would need to be involved in a C(E)TR if required.</li> </ul>
<b>A separate rating must identify children, young people and adults currently in mental health hospitals.</b>	<ul style="list-style-type: none"> <li>• Use to identify people needing commissioner oversight visits and inpatient C(E)TRs.</li> </ul>

\* Please note in April 2023 the Cheshire and Wirral's risk stratification tool; the Children and Young People Dynamic Support Database Clinical Support Tool (CYP DSD-CST), was introduced as part of the DSR review. This led to some CYP's RAG ratings changing and subsequently the number of those rated red increased.

## 10.1 Children and young people with SEND have a holistic and independently led review of their needs where accessing Tier 4 care

Data Source: SNEE ICB/NHS England

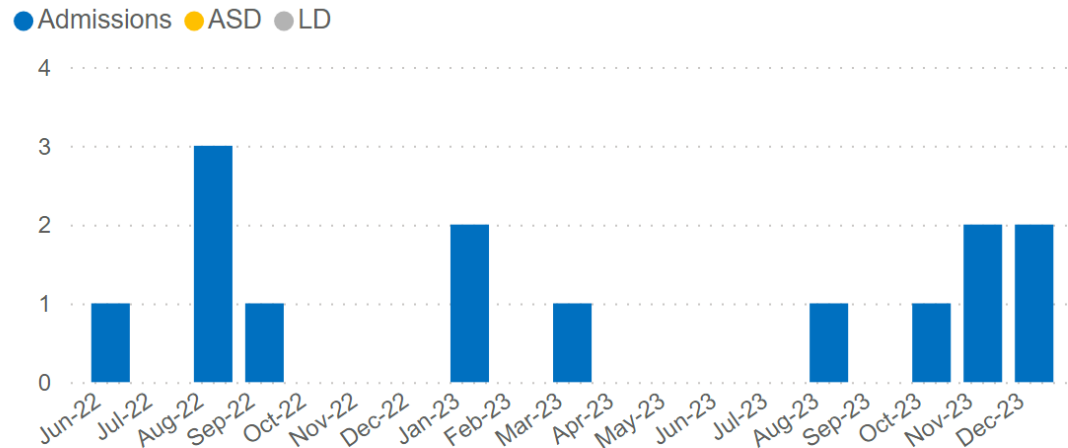
Tier 4 & TCP Admissions (Suffolk - SNEE)



Of the 9 TCP CYP:

- 8 were admitted to a Tier 4 mental health provision.
- 1 to a learning disability inpatient provision.
- 6 had a pre-admission community CETR.
- 3 followed the Blue Light protocol due to level of risk and/or need for urgent action as the YP was in an inappropriate setting, admission took place prior to a community CETR. Subsequent inpatient CETR as per policy guidance.

Tier 4 & TCP Admissions (Suffolk - Waveney)



## 11.0 Number of young people (U18s) accessing a health funded personal health budget

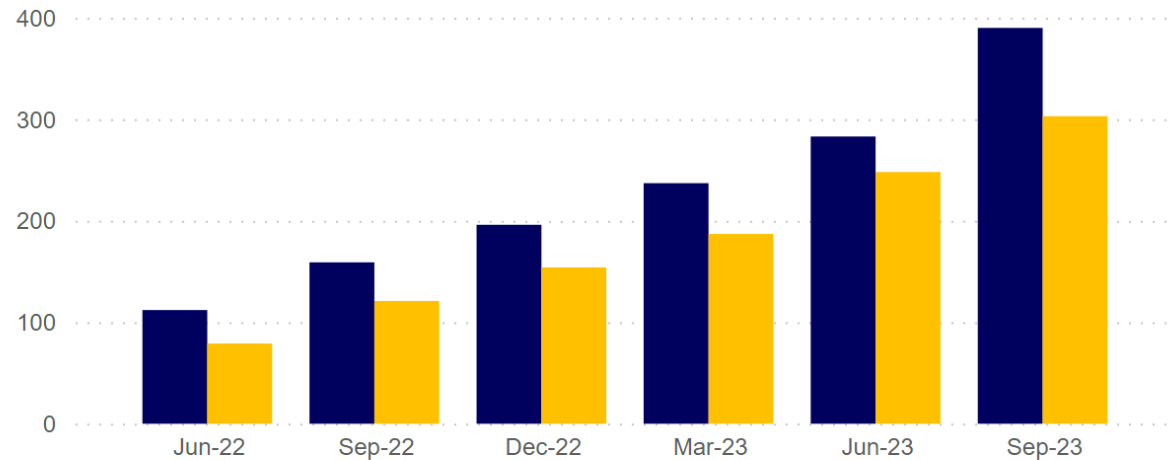
Data Source: NHS Digital/Local Data

PHB Metric

	Total number	Direct payment	Third party budget	Notional budget
Total number of children and young people with a personal health budget YTD	390	45	49	296
How many children receiving continuing care had a personal health budget YTD	92	45	0	47
How many children and young people with education, health and care plans had a personal health budget YTD	47	33	0	14
How many children with a learning disability and/or autism had a personal health budget in the YTD	48	32	0	16
.....of those, how many children were eligible for section 117 aftercare under the Mental Health Act?	1	0	0	1
How many children who have a primary mental healthcare need had a personal health budget YTD	81	34	0	47
.....of those how many children were eligible for section 117	7	0	0	7
How many children have a personal wheelchair budget YTD	254	0	5	249
How many other children had a personal health budget YTD	44	0	44	0

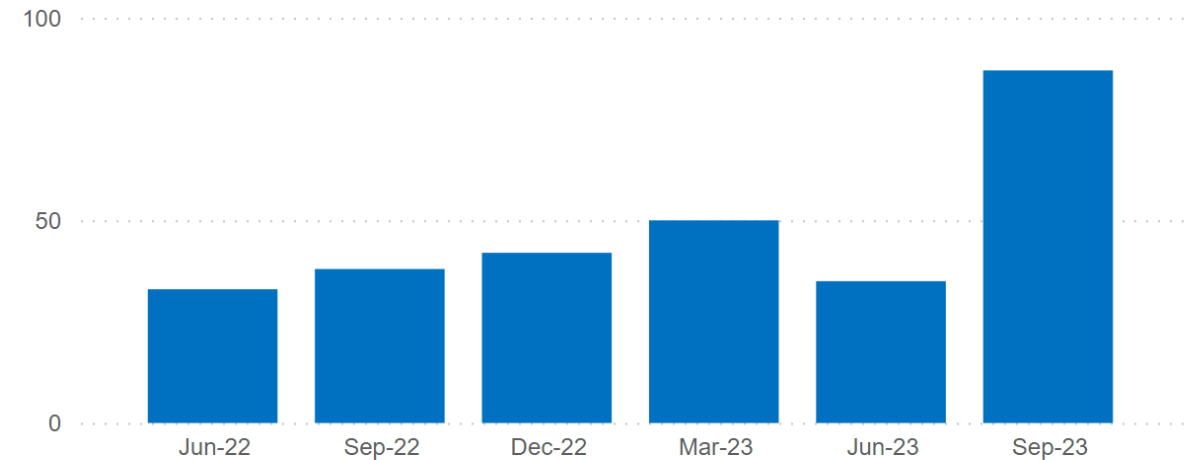
No. of children/young people with a personal health budget (YTD)

● Suffolk (incl. Waveney) ● Suffolk (SNEE)



No. of children/young people with a personal health budget (YTD)

● Waveney



Latest data is as at 31st December 2023 unless stated

### EHCPs Data >

**7,998**  
Total number of EHC Plans in Suffolk

**12.4%** **7.4%**  
Month Acad.YtD

% of EHCPs issued within target period of 20 weeks (excluding exceptions)

% of EHCPs issued within target period of 20 weeks (excluding exceptions) by financial quarter

Quarter	% of EHCPs issued within target period of 20 weeks (excluding exceptions)
Q4 2022-23	3%
Q1 2023-24	0%
Q2 2023-24	3%
Q3 2023-24	8%

This is under review as data is based on those received not the full cohort. This is under review by AD Inclusion, Head of SEND Services and Intelligence hub.

### Education Data >

2023\* EYFS Pupils with Good Level of Development

	LA	National
% Pupils with No SEN	70	74
% Pupils with SEN	21	20
% Pupils with EHCP	5	4
Pupils with SEN Support	25	24

2023\* KS2 Pupils working at, or above, the expected standard across Reading, Writing and Maths (RWM)

	LA	National
% Pupils with No SEN	65	70
% Pupils with SEN	18	20
% Pupils with EHCP	7	8
% Pupils with SEN Support	21	24

2023\* KS4 Pupils Achievement at GCSE - 9-4 in English and Maths

	LA	National
Pupils with No SEN	69	72
Pupils with SEN	25	30
Pupils with EHCP	6	13
Pupils with SEN Support	32	37

2023\* KS4 Progress 8 Score - Progress between age 11 and 16 across 8 areas

	LA	National
Pupils with No SEN	0.00	0.10
Pupils with SEN	-0.66	-0.62
Pupils with EHCP	-1.17	-1.12
Pupils with SEN Support	-0.48	-0.45

\* Provisional data

### Suspensions and Exclusions Data >

Academic year 2023-24

All Pupils	Suspensions	Exclusions
Primary School	315	4
Secondary School	1529	19
Special School	9	0
PRU	0	0
<b>Total</b>	<b>1853</b>	<b>23</b>

Pupils with EHCP	Suspensions	Exclusions
Primary School	57	2
Secondary School	128	0
Special School	9	0
PRU	0	0
<b>Total</b>	<b>194</b>	<b>2</b>

Pupils with SEN Support	Suspensions	Exclusions
Primary School	192	0
Secondary School	585	8
Special School	0	0
PRU	0	0
<b>Total</b>	<b>777</b>	<b>8</b>

### Post 16 Participation Data >

Not in Employment, Education or Training (NEET)

SEND	11.56%
Suffolk	4.28%

### Local Offer Data >

Service users are aware of and use the local offer website

Monthly Total	New User	Returning
<b>9,485</b> ↑	<b>3,100</b>	<b>6,385</b>

## Education (KPIs 2 and 3)

[Dashboard >](#)

\*Covid-19 lockdown started in March 2020 - numbers may subsequently have been affected

### Early Years Foundation Stage (EYFS)

	LA	National	LA National gap	LA	National	LA National gap	LA	National	LA National gap
	2019	2019		2022	2022		2023 Provisional	2023 Provisional	
<b>Good Level of Development</b>									
Pupils with No SEN	76	77	-1	67	71	-4	72	74	-2
Pupils with SEN	22	24	-2	22	23	-1	21	20	1
Pupils with EHCP	9	5	4	1	4	-3	5	4	1
Pupils with SEN Support	24	29	-5	22	23	-1	25	24	1
Pupils with SEN Gap	54	53	1	45	48	-3	51	54	-3
Pupils with EHCP Gap	67	72	-5	66	67	-1	67	70	-3
Pupils with SEN Support Gap	52	48	4	45	48	-3	47	50	-3

### Early Learning Goals (ELG)

Pupils with No SEN	-	-		14.8	14.9	-0.1	15.2	15.1	0.1
Pupils with SEN	-	-		7.4	7	0.4	7.7	7.1	0.6
Pupils with EHCP	-	-		2.1	2.4	-0.3	2.6	2.3	0.3
Pupils with SEN Support	-	-		8.9	8.3	0.6	9	8.4	0.6
Pupils with SEN Gap	-	-		7.4	7.9	-0.5	7.5	8	-0.5
Pupils with EHCP Gap	-	-		12.7	12.5	0.2	12.6	12.8	-0.2
Pupils with SEN Support Gap	-	-		5.9	6.6	-0.7	6.2	6.7	-0.5

### Key Stage 2

	LA	National	LA National gap	LA	National	LA National gap	LA	National	LA National gap
<b>Percentage of pupils Meeting the Expected Standard in Reading, Writing and Maths</b>	2019	2019		2022	2022		2023 Provisional	2023 Provisional	
Pupils with No SEN	70	75	-5	64	69	-5	65	70	-5
Pupils with SEN	18	18	0	14	18	-4	18	20	-2
Pupils with EHCP	7	9	-2	7	7	0	7	8	-1
Pupils with SEN Support	21	25	-4	16	21	-5	21	24	-3
Pupils with SEN Gap	52	57	-5	50	51	-1	47	50	-3
Pupils with EHCP Gap	63	66	-3	57	62	-5	58	62	-4
Pupils with SEN Support Gap	49	50	-1	48	48	0	44	46	-2

### Key Stage 4

	LA	National	LA National gap	LA	National	LA National gap	LA	National	LA National gap
9-4 in English and Maths - Achievement at GCSE	2019	2019		2022	2022		2023 Provisional	2023 Provisional	
Pupils with No SEN	67	71	-4	75	76	-1	69	72	-3
Pupils with SEN	21	27	-6	32	32	0	25	30	-5



Pupils with EHCP	12	11	1	10	14	-4	6	13	-7
Pupils with SEN Support	25	32	-7	41	39	2	32	37	-5
Pupils with SEN Gap	46	44	2	43	44	-1	44	42	2
Pupils with EHCP Gap	55	60	-5	65	62	3	63	59	4
Pupils with SEN Support Gap	42	39	3	34	37	-3	37	35	2
<b>Progress 8 Score - Progress between age 11 and 16 across 8 areas</b>									
Pupils with No SEN	0.05	0.08	-0.03	0.02	0.1	-0.08	0	0.1	-0.1
Pupils with SEN	-0.47	-0.61	0.14	-0.64	-0.69	0.05	-0.66	-0.62	-0.04
Pupils with EHCP	-0.87	-1.16	0.29	-1.34	-1.33	-0.01	-1.17	-1.12	-0.05
Pupils with SEN Support	-0.3	-0.43	0.13	-0.36	-0.47	0.11	-0.48	-0.45	-0.03
Pupils with SEN Gap	0.52	0.69	-0.17	0.66	0.79	-0.13	0.66	0.72	-0.06
Pupils with EHCP Gap	0.92	1.24	-0.32	1.36	1.43	-0.07	1.17	1.22	-0.05
Pupils with SEN Support Gap	0.35	0.51	-0.16	0.38	0.57	-0.19	0.48	0.55	-0.07

**Commentary**

EYFS reforms were introduced in September 2021. As part of those reforms, the EYFS profile was significantly revised. It is therefore not possible to directly compare 2021/22 assessment outcomes with earlier years. It is also the first release since the publication of the 2018/19 statistics, as the 2019/20 and 2020/21 data collections were cancelled due to coronavirus (COVID-19).

## SEND and Inclusion (KPIs 4 and 7)

[Dashboard >](#)

\*Covid-19 lockdown started in March 2020 - numbers may subsequently have been affected

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
EHCs issued	50	70	54	48	77	110	125	115	115	140	109	64	
EHCs issued within target period of 20 weeks (excluding exceptions)	3	2	0	0	0	0	4	5	3	6	11	7	
% of EHCs issued within target period of 20 weeks (excluding exceptions)	6.0%	2.9%	0.0%	0.0%	0.0%	0.0%	3.3%	4.3%	2.9%	5.2%	12.4%	12.7%	

### EHC Plans Issued by Time Taken (where outside of target period of 20 weeks)

20-22 weeks	4.0%	5.7%	3.7%	6.3%	0.0%	2.8%	0.8%	8.7%	6.8%	3.4%	4.5%	9.1%	
23-25 weeks	10.0%	11.4%	13.0%	14.6%	7.8%	2.8%	4.9%	2.6%	13.6%	5.2%	2.2%	3.6%	
26-29 weeks	18.0%	10.0%	14.8%	14.6%	26.0%	14.7%	9.8%	7.8%	12.6%	15.5%	14.6%	7.3%	
30-34 weeks	32.0%	30.0%	22.2%	18.8%	24.7%	22.0%	27.0%	11.3%	19.4%	19.8%	18.0%	18.2%	
35 weeks +	30.0%	40.0%	46.3%	45.8%	41.6%	57.8%	54.1%	65.2%	44.7%	50.9%	48.3%	49.1%	
Average Time	33 Weeks 1 day	34 Weeks 4 days	35 Weeks 4 days	38 Weeks 6 days	35 Weeks 4 days	39 Weeks 0 days	39 Weeks 5 days	40 Weeks 1 days	36 Weeks 5 days	38 Weeks 3 days	37 Weeks 4 days	38 Weeks 3 days	

Total number of EHC Plans in Suffolk	6999	7065	7116	7197	7270	7373	7489	7596	7695	7829	7934	7998	
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### EHC Plans by NCY School Phase

Preschool (NCY -2 to -1)	57	71	78	6	7	8	11	13	19	28	44	58	
Primary (NCY 0 to 6)	2070	2104	2137	1784	1831	1895	1961	2038	2095	2160	2160	2245	
Secondary (NCY 7 to 11)	2438	2453	2466	2507	2530	2562	2599	2631	2669	2726	2754	2774	
Post 16 (NCY 12+)	2434	2437	2434	2900	2902	2908	2918	2914	2912	2915	2917	2921	

### Annual Reviews

% of LA responses to annual review reports within 2 weeks of receipt	This data is under review as it is not collecting against the full Annual Reviews. This is being resolved by AD Inclusion, HoS SEND and Intelligence Hub											
Draft amended plans issued within 6 weeks from notification to parents												

### Commentary

Suffolk are in recovery for the timeliness of issuing EHC plans within 20 weeks. The recovery plan is now starting to show with the data moving in the right direction. To ensure that EHCs are issued in the 20 week timescale, this is a combination of the new EP contract outsourcing plan writing, enabling staff to streamline processes through the use of the case management portal. Services continue to meet weekly to monitor the data, and to review the recovery plan. December did see a decline in the number of EHCs completed due to the Christmas break and absence management of leave and sickness.

Exclusions (KPI 8)

[Dashboard >](#)

	Previous Years		Current Trends*												Trend
	Aug-22	Aug-23	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Sep-23	Nov-23	Dec-23	
<b>Number of Permanent Exclusions</b>															
Permanent exclusions (started)	173	205	20	18	22	22	25	14	23	26	9	15	36	15	
Permanent exclusions (upheld)	167	166	19	17	17	16	21	12	15	15	0	7	5	0	
Permanent exclusions (upheld, YTD)	-	-	44	61	78	94	115	127	142	157	157	7	23	23	
Children with an EHCP Permanent exclusion (started)	19	18	2	2	2	2	3	0	0	1	0	2	2	1	
Children with an EHCP (upheld)	18	16	2	2	2	1	2	0	0	1	0	0	0	0	
Children with an EHCP Permanent exclusion (with meeting date, not yet upheld)	-	0	0	0	0	0	0	0	0	0	0	1	0	0	
Children with a SEN Support Permanent exclusion (started)	61	74	7	6	9	9	8	7	5	10	3	7	14	5	
Children with SEN Support (upheld)	59	60	7	5	7	7	7	7	5	4	2	2	3	0	
Children with a SEN Support Permanent exclusion (with meeting date, not yet upheld)	-	0	0	0	2	2	0	0	0	5	0	4	9	1	
<b>Number of Suspensions</b>															
Suspensions	6471	7413	918	490	762	737	945	375	692	757	455	413	601	348	
Suspensions rate (YTD)	-	-	2.3%	2.8%	3.6%	4.3%	5.3%	5.7%	6.4%	7.2%	7.7%	0.4%	1.6%	1.9%	
Suspensions Children with an EHCP	581	489	92	53	45	43	48	13	22	34	21	37	61	39	
Suspensions Children with SEN Support	2438	2798	331	167	287	281	382	145	263	306	166	183	256	148	
<b>Permanent Exclusions (academic YTD rate)</b>															
Children with an EHCP as a % of all children with an EHCP	-	-	0.2%	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.0%	0.1%	0.1%	
Children with SEN Support as a % of all children with SEN Support	-	-	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.0%	0.1%	0.1%	
<b>Suspensions (academic YTD)</b>															
Suspensions Children with an EHCP as a % of all children with an EHCP	-	-	5.5%	6.8%	8.0%	9.1%	10.3%	10.6%	11.2%	12.0%	12.6%	0.9%	3.9%	4.9%	
Suspensions Children with SEN Support as a % of all children with SEN Support	-	-	6.6%	7.9%	10.2%	12.4%	15.4%	16.4%	18.4%	20.8%	22.0%	1.4%	5.0%	6.1%	
<b>Permanent Exclusions By SEN and School Type</b>															
Primary No Sen	11	12	2	3	1	0	1	1	0	1	0	2	0	0	
Primary EHCP	10	8	1	1	1	0	1	0	0	1	0	0	0	0	
Primary SEN Support	19	18	1	1	4	1	2	2	2	2	1	0	0	0	
Secondary No Sen	79	78	8	7	7	8	11	4	10	13	3	3	2	0	
Secondary EHCP	3	5	1	0	1	1	1	0	0	0	0	0	0	0	
Secondary SEN Support	40	41	6	4	3	6	5	4	3	2	1	2	3	0	
Special No Sen	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Special EHCP	4	2	0	0	0	0	0	0	0	0	0	0	0	0	
Special SEN Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PRU No Sen	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PRU EHCP	1	1	0	1	0	0	0	0	0	0	0	0	0	0	
PRU SEN Support	0	1	0	0	0	0	0	1	0	0	0	0	0	0	
<b>Suspensions By SEN and School Type</b>															
Suspensions Primary No Sen	511	359	53	22	26	24	44	17	47	39	21	12	18	18	
Suspensions Primary EHCP	203	157	22	14	14	8	12	4	13	16	14	12	21	10	
Suspensions Primary SEN Support	700	777	74	45	78	64	105	36	79	89	53	52	64	28	
Suspensions Secondary No Sen	2936	3671	436	245	404	390	471	203	367	381	247	181	266	143	
Suspensions Secondary EHCP	327	302	56	34	30	35	36	9	13	19	10	22	38	28	
Suspensions Secondary SEN Support	1714	2049	247	117	209	217	277	110	189	227	122	131	192	120	
Suspensions Special No Sen	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Suspensions Special EHCP	20	14	5	1	1	0	0	0	1	2	0	3	2	1	
Suspensions Special SEN Support	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Suspensions PRU No Sen	4	15	6	3	0	0	0	0	0	0	0	0	0	0	
Suspensions PRU EHCP	31	34	9	4	0	0	0	0	0	0	0	0	0	0	
Suspensions PRU SEN Support	24	35	10	5	0	0	0	0	0	0	0	0	0	0	

**Commentary**

Increases in permanent exclusion numbers for academic year 2021-22 is the result of data cleansing and improved recording for 2022-23 Permanent exclusions reduced by half in December 23 from November, a 57% reduction. Data saw 36 in November shift to 15 in December. The reduction trend was mirrored in the Pex upheld row seeing 5 in November further to 0 (zero) in December 23. There is a continued comfortable trend of Pex CYP with an EHCP. This remains at a four-month zero figure, equally CYP with SEN reduced from the November figure, a continuing 64.2% drop. The year ending 2023 saw all data points regarding Pex drop. A significant observation against the November 22 and December 22 data. All points in the same months are lower than last year. December 2022 was 61, a significant reduction in December 2023 of 23 this data shows 'Pex upheld YTD' was a 62.3% drop. Similar reduction can be seen in the category 'Pex upheld' in the month of December 2022 which was 18 compared to December 2023 was 0 (zero).

'Suspension rate' has seen a mild increase for CYP although November to December has seen a reduction. This rate could be viewed as strategic intervention as described in guidance. The Christmas period and its build up can be an unsettling time for CYP but when placed against the reduction in PEX in the same period, in all areas could appear to have mitigated the Pex outcome. Contrary to this statement however, suspensions for EHCP and SEN children does show a reduction. From November to December a positive shift, EHCP CYP, a reduction of 36.07% and SEN CYP a reduction of 42.9%

The Permanent Exclusions by 'SEN and School Type' saw positive reductions Nov/Dec 2023. Similarly, reductions in Primary and Secondary areas, 'SEN', 'no SEN', and 'EHCP', these breakdowns are reflected in the already referenced percentages above. Suspensions by 'SEN' and school type presents increases during the month of November 2023 for Secondary CYP 'SEN', 'no SEN' and 'EHCP' with a large reduction into Dec. The Primary data in the same areas of 'SEN', 'no SEN' and 'EHCP' saw a small increase. Secondary 'no SEN' suspensions saw 266 in November to 143 in December a 46.2% decrease. Primary in the same fields across the same months saw 18.

Education Access Team saw an increase in proactive communication from schools seeking direct support for their pupils. YTD data shows the team held 479 conversations, enquiries around children at risk of Pex resulting in only 13 of these reaching a PEX. 377 enquires made in the last half term, over seven weeks. In addition to these 87 Education Access Support Meetings a 30 min consultation have been held. The EDAC team have rescinded YTD 21 permanent exclusions compared to YTD 2022 data of 10, an optimistic increase in many ways. Communication with schools has been more pronounced to date which the team have seen as a positive space to be in operationally. Confidence and relationships continue to grow across Suffolk.

## Post 16 Participation (KPI 9)

[Dashboard >](#)




Not in Employment, Education or Training (NEET)*	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
SEND (latest 12 months)	14.32%	13.60%	14.29%	14.85%	14.44%	14.32%	14.24%	15.05%	8.30%	9.87%	11.11%	11.56%	
SEND (Previous 12 months)	11.48%	11.04%	11.23%	11.07%	12.21%	12.09%	12.47%	12.83%	9.54%	10.64%	12.67%	12.68%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
Suffolk 23/24	3.98%	3.92%	3.92%	4.03%	4.29%	2.31%	2.91%	3.88%	4.28%				
England 23/24	3.07%	3.13%	3.13%	3.25%	3.37%	1.95%	2.46%	2.89%	-				
Suffolk 22/23	3.87%	3.84%	3.87%	3.97%	4.39%	2.35%	2.61%	3.34%	3.61%	3.73%	3.89%	4.10%	
England 22/23	2.70%	2.80%	2.80%	2.90%	3.00%	1.75%	2.20%	2.57%	2.73%	2.83%	2.88%	3.00%	

### Commentary

Significant work has been undertaken by Skills & Early help to support CYP including those with an EHCP to access education, employment and training. Additional work is underway to cleanse the data held in capita to ensure we hold an accurate record and support CYP with an EHCP as they transition.

## Local Offer (KPI 14)

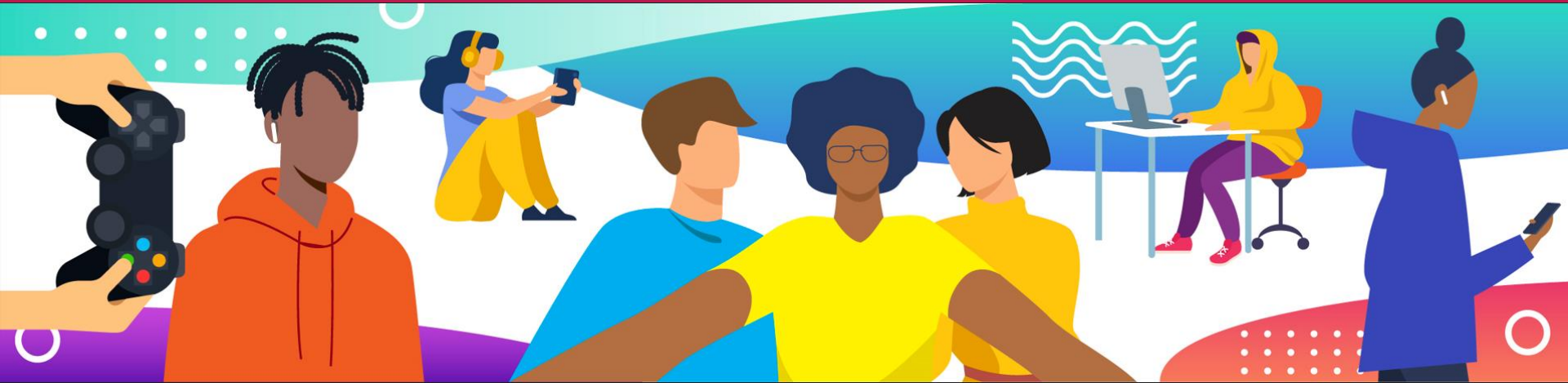
[Dashboard >](#)

Service users are aware of and use the local offer website	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
<b>Monthly total</b>	1271	1214	970	1160	1280	1229	1258	873	1567	1433	7184	9485	
<b>New user</b>	598	580	472	335	851	828	860	641	1122	972	-	3100	
<b>Returning user</b>	673	634	498	133	420	375	398	232	445	461	-	6385	

### Commentary

You will see that numbers are greatly increased over the last two months. The LO moved to its new platform on 02/11/23, enabling us to more accurately track visitors (there were sections within Infolink that Google Analytics could not capture). There may be an element of the new launch driving increased traffic, although data is commensurate through both Google Analytics and Site Improve and January is continuing along similar lines so far. Feedback as to the new site's structure and useability so far is positive - we are currently archiving all the old LO Infolink content and will then promote the new site mode widely in the Spring term.









# CYP SEND Strategy Survey Findings



# Respondents

## 729 Respondents

### 1. In what capacity are you completing this survey?

Answer Choices			Response Percent	Response Total
1	I am a parent/carer		65.49%	465
2	I am a child or a young person		0.70%	5
3	I am a member of school or education staff		17.89%	127
4	I work for Suffolk County Council		14.08%	100
5	I work for the Integrated Care Board		0.14%	1
6	I work for a health provider		3.80%	27
7	I am a councillor		0.14%	1
8	Other (please specify):		4.51%	32
			answered	710
			skipped	19

Others included

Early Years

Legal Guardian

Psychologist/ MH

Student

VCS

SEND Family Support

Social Worker

Activity Provider

SEND Service Provider

Grandparent

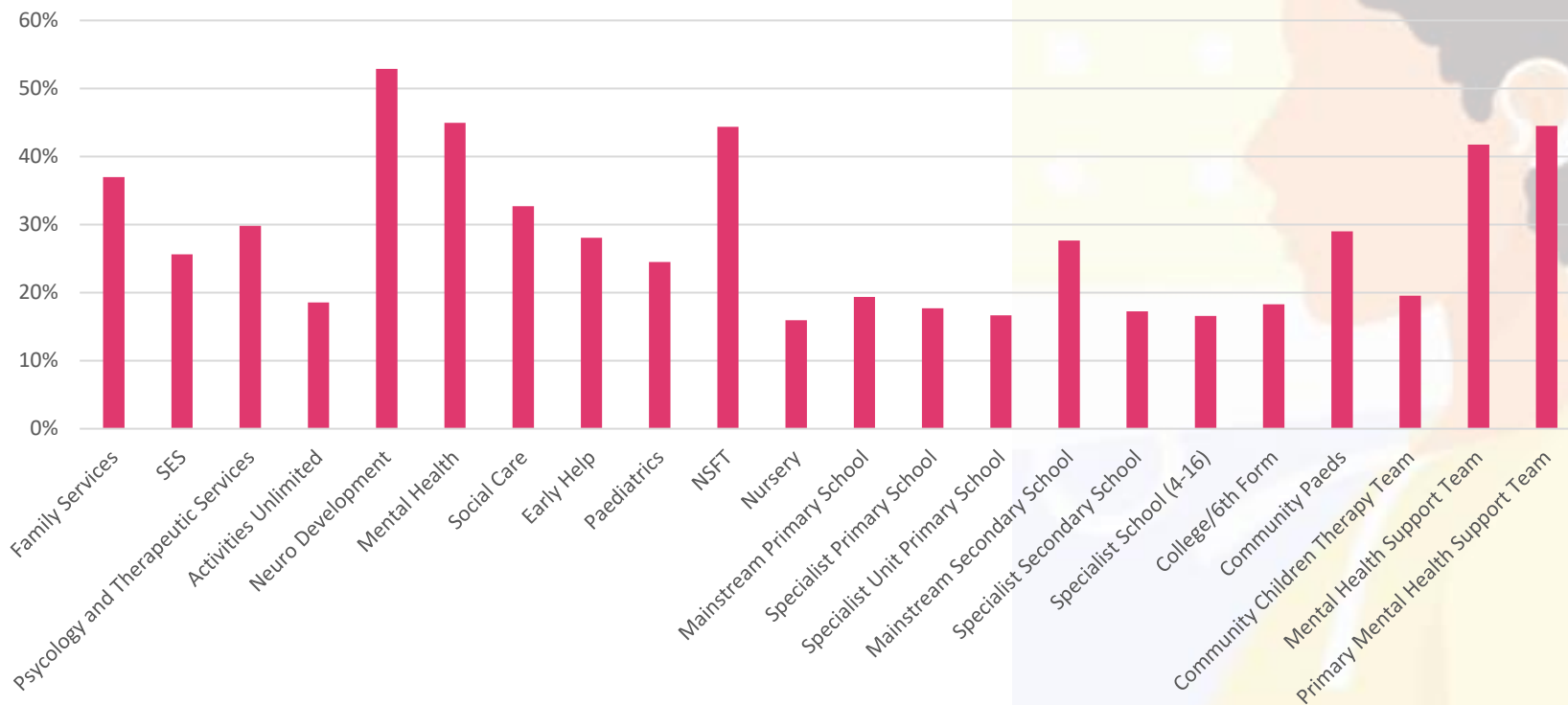
Family Hub

Youth Justice

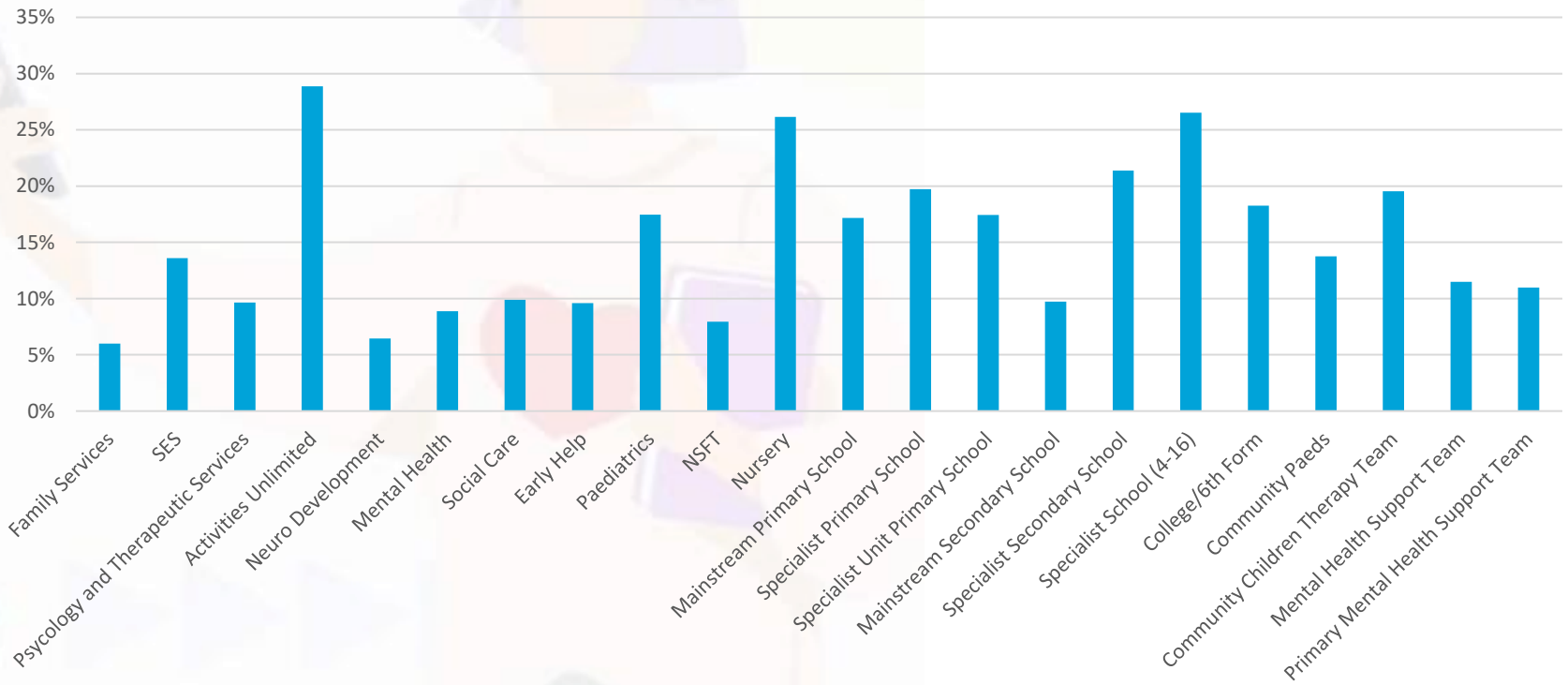
Assessor



% of respondents that have used the service in the last 12 months and rated it as NOT working well

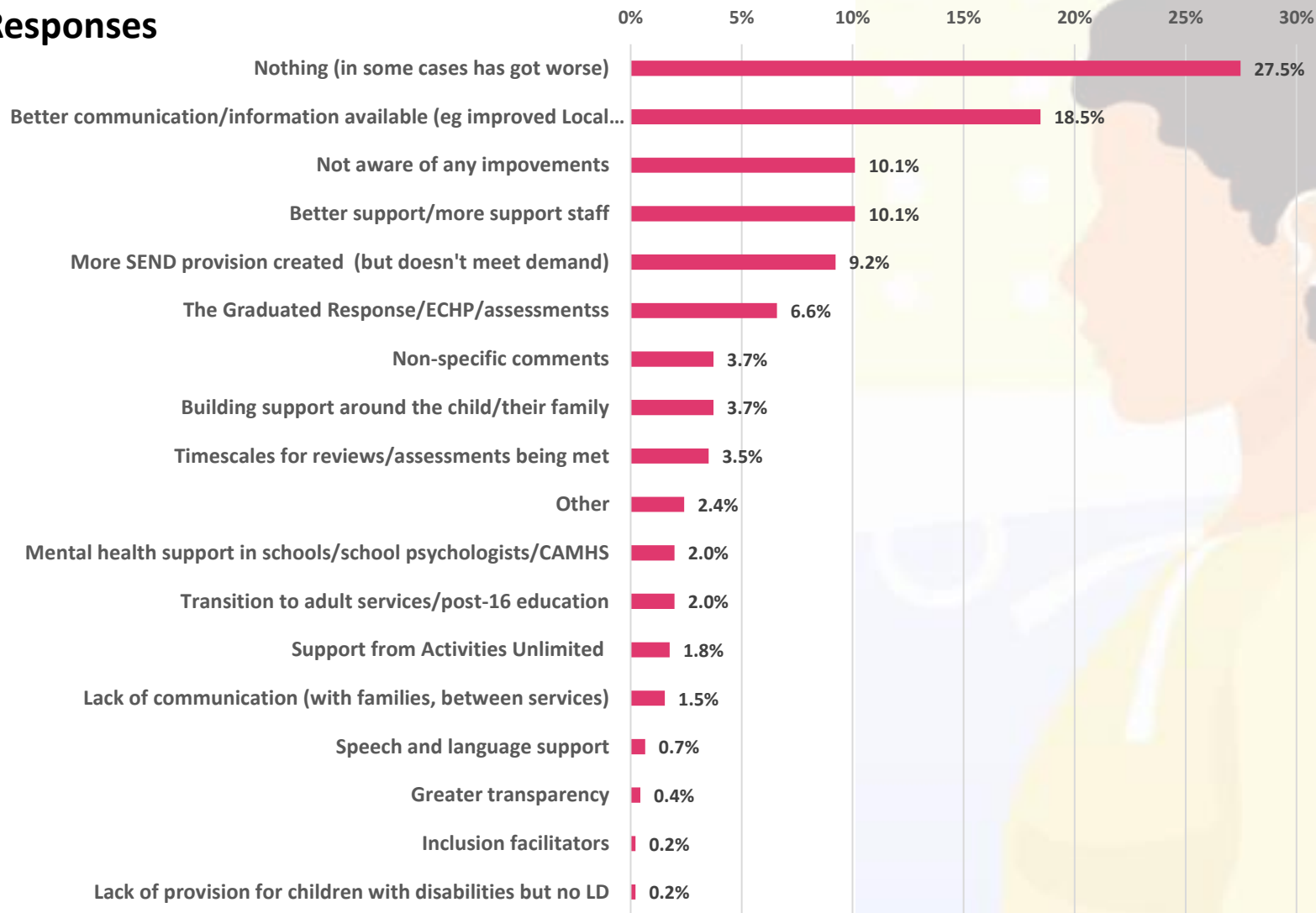


% of respondents that have used the service in last 12 months and rated as working very well



# Q3 In Your Opinion, what has worked well in the last SEND Strategy?

455 Responses



# Q4 Please tell us the top 3 improvements you would like to see

## 1<sup>st</sup> Improvement

- Shorter waiting times
- Communication
- Increased number of specialist school places

## 2<sup>nd</sup> Improvement

- Shorter waiting times
- Increased specialist school places
- Communication

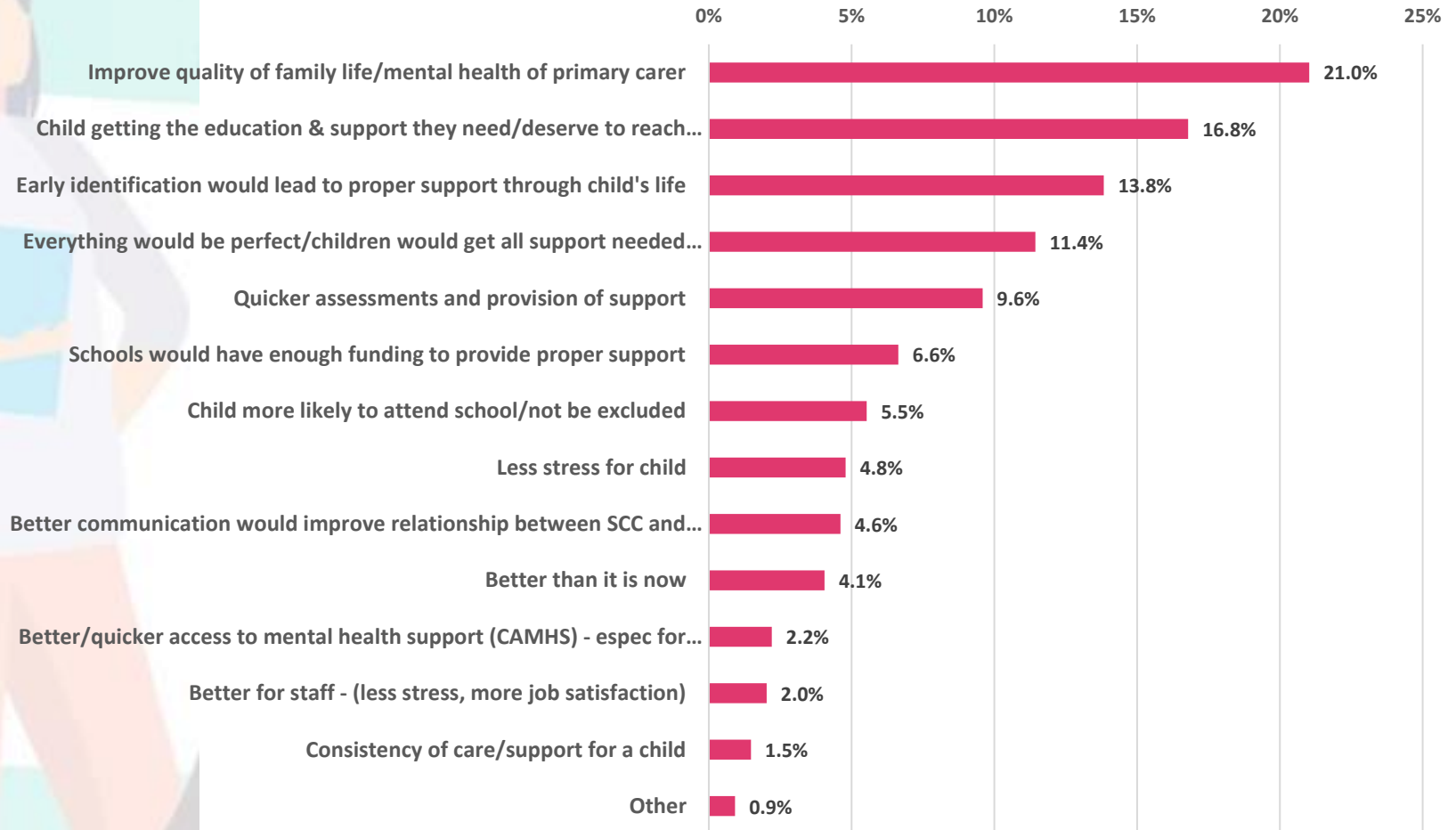
## 3<sup>rd</sup> Improvement

- Increased specialist school places
- Shorter wait times
- Listen to service users/ child centred

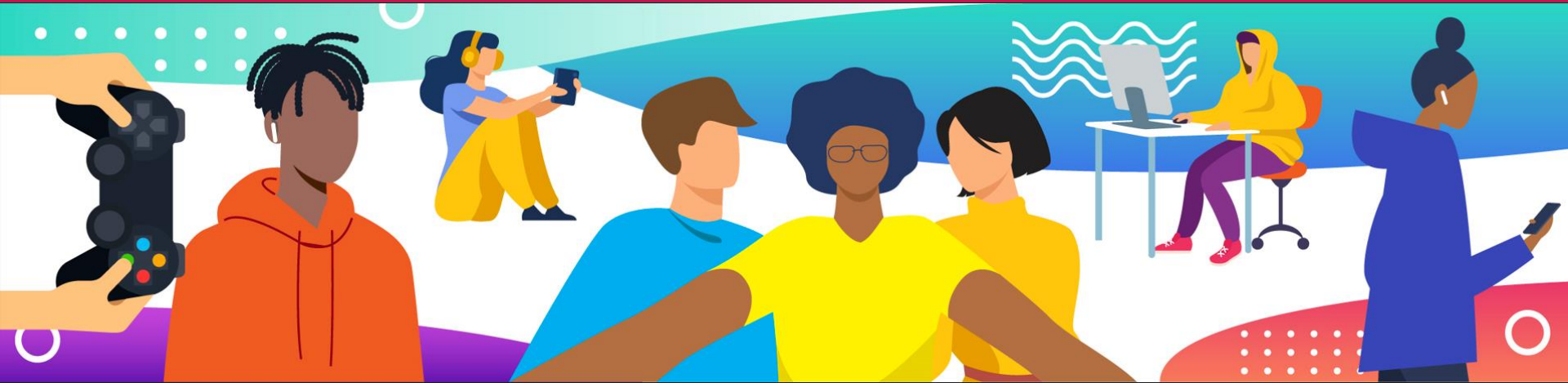
# If the improvements you have listed above had happened, what would it be like?

542  
Respondents

If the improvements you have listed above had happened what would it be like?



# CYP SEND Strategy Vision



# SEND Strategy Vision Work

Priority Groups

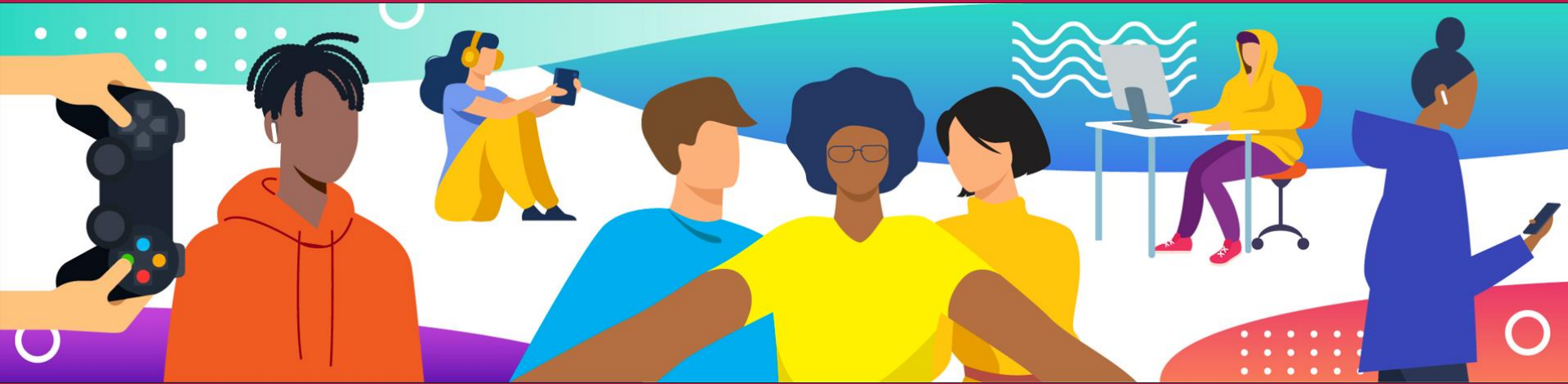
Young People

CYP Leadership  
Group

Ofsted Inclusion  
Conference

cyp at centre  
embracing  
progress  
life goals  
community  
potential  
happy  
healthy  
belonging  
dream  
best life  
preparing for adulthood  
provision  
equality  
valued  
compassion  
aspirational  
learning  
successful  
accessible  
supported  
care  
delivery  
safe  
achieve  
fulfilling  
ambitious  
independent  
included  
enable  
enjoy  
belief  
needs met

# CYP SEND Strategy Focus Areas





# Other Areas

## Somerset 2023 - 2026

### Strategy Themes



#### Working together

I can achieve what matters to me because people are working together with me and my family.



#### Getting Help as Early as Possible

My family and I can access the right support at the right time.



#### Access to the right support and provision

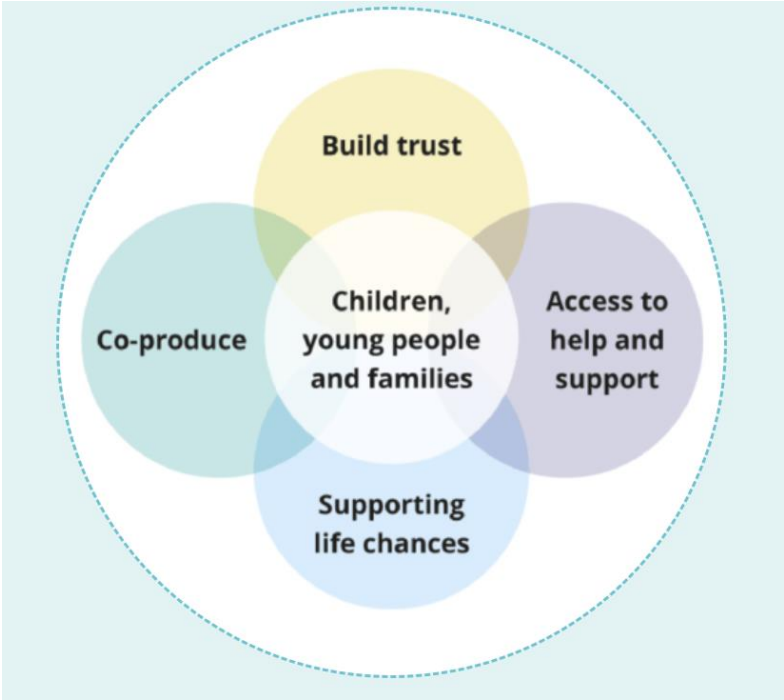
I understand the support and provision that is available to me, and I can access it, if I need it.



#### Preparing for the future

I am gaining the right skills and understand my choices to be in control of my future and to achieve the ambitions important to me.

## Devon CC Key Priorities 2021 - 2024



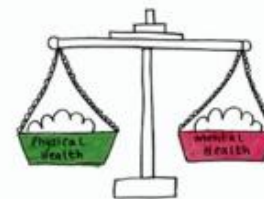
# East Sussex – 2022 - 2025

**“These outcomes are aspirational. They reflect the outcomes that we would want children and young people to have for themselves to feel part of a successful SEND system”**

**Priority 1: Participation – My voice is heard and acted on.**



**Priority 2: Physical and Mental Health – My optimum health and well-being are supported.**



**Priority 3: Safety and Security – I feel confident and secure.**



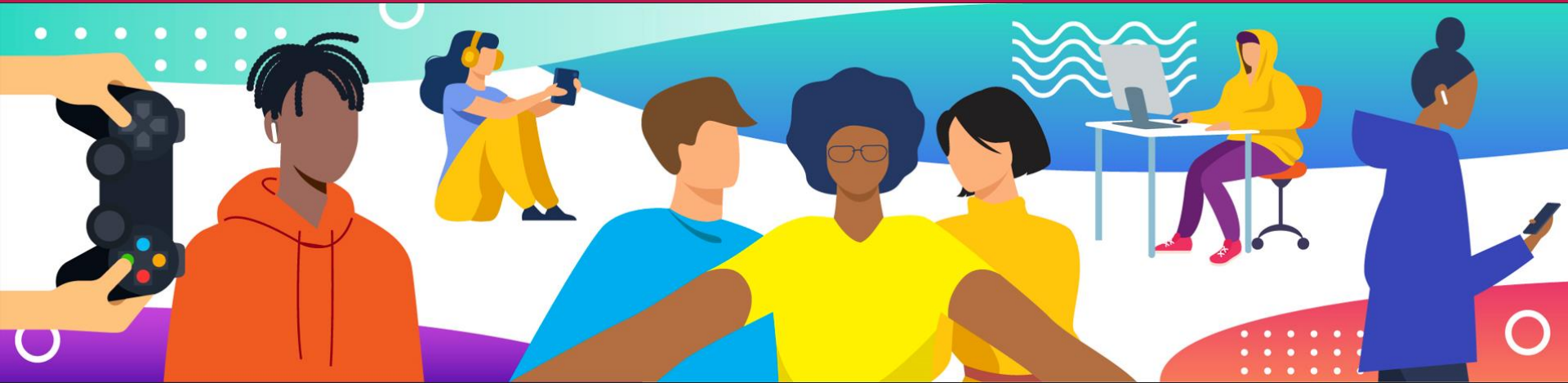
**Priority 4: Inclusion and Belonging – I belong and feel valued for who I am.**



**Priority 5: Progress and Achievement – I am supported to develop and achieve my goals.**



# Proposed Timeline and Next Steps



# Timeline

Milestone	Consultation Date	Comments
Complete Thematic Analysis	15 Jan 2024	
Publish Draft themes	End Jan-2024	
Coproduce Draft Strategy	Jan-26 Feb-2024	
Governance sign off for Draft Strategy & Action Plan	TBC	
Final Draft Strategy consultation starts	26 Feb-2024	6 Weeks (could this be 4 weeks)
Final Draft Strategy consultation ends	5 April 2024	(into 1 <sup>st</sup> week of Easter Hols)
EIA	8 April – 9 May 2024	
Submit to LT (SCC & Health)	10 May 2024	
LT Approval, including	15 May 2024	1.5 Weeks
Submit to EIA	9 May 2024	
EIA Board	23 May 2024	Thursday 23 May 2024 (deadline to submit EIA 9th May)
Draft to El & Rachel	24 May 2024	2 weeks before draft to cabinet
Draft speech for cabinet member	24 May 2024	
Draft to cabinet	3 June 2024	2.5 weeks from cabinet
Cabinet & Health Board Sign off	25 June 2024	

Unconfirmed dates

**MINUTES**

<b>Meeting:</b>	SEND Programme Board	
<b>Purpose or Mandate:</b>	To provide strategic oversight and direction for the implementation of the SEND reforms	
<b>Date:</b>	27 November 2023	
<b>Place:</b>	<b>Teams Meeting</b>	
<b>Times:</b>	12:00 -15:00	
<b>Members:</b>	<p><b>Lisa Nobes (LN) (Joint Chair)</b>  <b>El Mayhew (EM) (Joint Chair)</b>  Ros Somerville (RS) (Joint SRO)  Lianne Joyce (LJ) (Joint SRO)  Wendy Allen (WA)  Lawrence Chapman (LC)  Codrutza Oros-Marsh  Nicki Howlett (NH)  Paul Hill (PH)/Sarah Gibbs (SG)  Nicki Cooper (NC)  Adrian Orr (AO) - Julia Grainger rep  Rebecca Hulme (RH)  Nic Smith-Howell (NSH)  Garry Joyce (GJ)  Sarah Nasmyth-Miller (SNM)  Rowena Mackie (RM)  Sue Willgoss (SW)</p>	<p>Chief Nursing Officer, East and West ICBs  Interim Director of Children and Families  AD, Inclusion (CHW, SCC)  Associate Director of Nursing- CYP and MH  SEND Programme Manager  CEO SENDAT  AD Children’s Social Care  SENDIASS  CFYP Suffolk NSFT  Public Health  AD, Education, Skills &amp; Learning (CHW, SCC)  Great Yarmouth &amp; Waveney ICB  AD of Integrated Community Paediatric Svcs  AD Children’s Transformation (SCC/ICBs)  AD, ACS  <i>Head Teacher Northgate School</i>  SPCF Chair</p>
<b>Invited to Attend</b>	<p>Izzy Connell (IC), Headteacher SES – Priority Lead  Mark Gower (MG), GY&amp;W ICB DCO  Kathryn Searle (KS) IES/WS ICB  Clare Besley (CB), Integrated Service Manager - Priority Lead  Fran Arnold (FA), Head of Children Social Care Field Work  Julia Ilott (JI)– Engagement Hub Lead  Francesca Alexander (FA)– Head of SEND  Hannah Holder (HH) – DCSSO  Jack Walker (JW) – DCO  Michael Hattrell (MH) NSFT – In place of Nicki Cooper  Nicola Rice (NR) - NSFT</p>	
<b>Invited Guests:</b>	<p>Sophie Cooke Project Officer, Harriet Wakling, Head of Intelligence Hub, Lauren Sheldrake (Lead Family Services, (Case Study))</p>	

No	Item Description
1.	<p>Welcome &amp; Introductions.</p> <p>Apologies</p> <p>Lawrence Chapman</p> <p>Izzy Connell</p> <p>Suzie McIvor</p> <p>Lauren Sheldrake</p>
2.	<p><b>Case Study</b></p> <p>Due to the absence of the presenter, there was no case study available to be reviewed.</p>
3.	<p><b>SPCF- Update</b></p> <p>SPCF have, like many been very busy.</p> <p>SPCF held an open forum in September which they felt went well and had good attendance and are currently planning a virtual event, with the date to be confirmed.</p> <p>SPCF have been involved in travel training where SPCF are coproducing resources to equip families to travel train their young person if appropriate, also the forum have been coproducing the local offer website, Annual Review training, supported internships, Emotional Based School Avoidance, the Neuro Development Disorder resource pack and Senco forum to name just a few, giving real lived experiences for our families. However, SPCF still come across things the forum has not been included in and should of, it is felt communication is an issue.</p> <p>SPCF have been involved in the Local Area SEND inspection which has taken a considerable amount of the forum's time with some putting in a lot of additional hours.</p> <p>SPCF now have a private, members only Facebook group to gather more feedback. SPCF have had a slight membership and Facebook increase. SPCF page reach has increased by 260% in the past 28 days with an engagement increase of 58%. Our post on the SEND inspection reached 13,265 people. SPCF have also continued to receive unpleasant comments on social media.</p> <p>The Emotional Wellbeing Hub continues to be a concern with many waiting far too long and ineffective support when they do get there.</p> <p>Common feedback areas continue to be EHCP and academy related school concerns.</p> <p>Families are regularly given incorrect advice on EHCNAs and services provided by SES. Far too many are not receiving their provision and as academies are not held to account.</p>

No	Item Description
	EM – Offered help and support around virtual safety from the SCC communications team.
4.	<p><b>SEND Integrated Strategy Evaluation including KPI's &amp; Health Dashboard</b></p> <p>RS Highlighted</p> <ul style="list-style-type: none"> <li>- The number of EHC Plans issued has increased reducing the waiting time for CYP awaiting an EHC Plans</li> <li>- 20 Week data is improving – The largest barrier is Educational Psychology (EP) capacity / From Jan-24 EP capacity will increase with a procured contract across 3 providers.</li> <li>- The average wait for an EHC Plan is 34 week 6 days</li> <li>- Suffolk are also contracting out the ability to write EHC Plans to increase the capacity</li> <li>- Annual Review Capacity has also been increased.</li> <li>- Exclusion data is recording higher, and suspension data is down.</li> <li>- Local offer traffic has seen a reduction since the new site launched, this is to be expected whilst traffic reroutes to the new site.</li> </ul> <p>NH Can asks that those currently out of Education are prioritised and RS confirmed that more effective measures for this are being explored.</p> <p>NH Asked what attendance was currently looking like RS referred her to AO.</p> <p>CS asked for clarification regarding the current 5% issued in 20 weeks rate, why are they not all coming down?</p> <p>RS Confirmed that if we worked in order, we would never get back to 20 weeks. Prioritisation is key to tackle the time delays.</p> <p>LN Permanent exclusions data shows exclusions started but not seen through. Does this feel like a success to CYP? Are the timetables working?</p> <p>RS It's better to have a part time attendance than to have a permanent exclusion.</p> <p>AO Attendance is showing a better picture of EHCPs.</p> <p>LJ JW to provide Highlights around section 23 notification data. SCC record who might make the notifications. Health Visiting Teams showing an increase comparing Essex to Suffolk.</p> <p>Learning Disabilities annual health checks in the ICB are looking to achieve 75% target. Positive increase of LD declarations at GP practices, which is having a direct impact on the uptake. The LD action plan is quality assuring how helpful they are.</p> <p>Nicola Rice (NR) to provide Highlights</p> <ul style="list-style-type: none"> <li>- Waiting times for assessment remain</li> <li>- CAMHS realigning age ranges to 16-18</li> <li>- Wellbeing hub business continuity</li> <li>- Increase staffing level with temps</li> </ul>

No	Item Description
	<p>- East CAMHS has challenges  LN what is the current advice request time scales? When do you think you'll be in line for 6 weeks.  NR Current business case for additional resources.  LN Offered support from ICB to push this forward.  NR confirmed that contingency for immediate actions and confirmed that they are not far off the 6 week trajectory.  LN those under 18 with a referral only 44% are meeting 28 days – How do we keep the rest safe?  NR Confirmed that there is a triage in place for immediate upgrades.  <b>ACTION : NR to add timeline and trajectory for getting back on track.</b></p> <p>NS-H - Largely meeting targets 90% of EHCNA advice  - SALT / Medical Team  - Explore and map the process.  - Sustainability with volume is the main concern.  - Activity is increasing / Capacity is not following.</p> <p>NH would be good to get some understanding from a family perspective on likely timelines / expected wait times.  <b>ACTION: NS-H / Nic / Nikki / NR To look at what a highlight of this would look like and weather it would be helpful. To include clarity around requests and where they are going to.</b></p> <p>NH NDD Pathway updates. GJ Will make sure that JM includes them in the conversation. WA Partnership meeting briefing to give updates on timeline etc to support families.  <b>ACTION: WA to facilitate this. (As above).</b></p>
5.	<p><b>Consultation – Approach and timeline</b>  Update from WA As per slides</p> <p>EM Asked that as a partnership the Ofsted action plan will dovetail into the strategy.</p> <p>WA Challenges around the unknown dates from Ofsted. Key to get as much work done as possible whilst we wait for these key dates.</p> <p>EM LN what is the sign off process? LN It will need to be agenda'd on the ICB boards, starting with Exec.  <b>ACTION: WA &amp; LN Will work on ICB timelines.</b></p> <p>NH Will there be any further social media pushes? WA Will check and confirm with comms. AB will share e-poster with NH.</p>



No	Item Description
6.	<p><b>All Age Autism Strategy</b>  <b>Joseph Denton presented slides</b></p> <p>LN Will the outcome measures be really clear as to what we want to achieve?  JD Yes this is definitely something that is to be built in.</p> <p>EM Questioned the order in which Autistic appear before or after the person.  JD confirmed he had gathered intelligence to suggest this was the preferred way round.  JD asked the board for feedback and EM questioned if this felt most appropriate. The outcome was to hold an extraordinary meeting with the LD Partnership.  <b>ACTION: WA to look at overlap dates to facilitate this.</b></p>
7.	<p><b>LL EHCP Implementation</b>  <b>SC / HW presented slides</b>  Highlighted some new risks;  Support wrap solution – Time  Financial Risk  Inconsistent use of the portal by family services, which is being supported by training.  NH Pleased that team have reached out to SENDIAS, is there any family impact to be aware of? HW Not currently at the parent impact stage, a letter will be sent to families via the early adopter sites in due course.</p>
8.	<p><b>Agree Minutes and Action Log</b></p> <p><b>Minutes:</b>  NH raised that full names need to be removed.</p> <p><b>Action Log:</b>  252 – NH-S to discuss with WA  253 – No response SW  255 – LL Linked &amp; F/Wd to SPCF  256 &amp; 257 – WA to contact SW directly to get updates  258 &amp; 259 – Confirmed not commissioning issue – cannot progress further without full detail in the letter.  263 – LJ Has allocated to KS &amp; GJ</p>
9.	<p><b>Forward Plan</b>  Ofsted / CQC Update action plan  NR Timeline trajectory  KPI Increase</p>

No	Item Description
	Separate reflection & Learning Meeting
10.	<p><b>Any Other Business</b></p> <p>LN Farewell to LJ as she moves to pastures new.</p> <p>New contacts;</p> <p>SRO – TBC</p> <p>Seb Smith – 0-19</p> <p>Lou Hagger – Family Hubs, Cris, Enuresis Service</p>
	Next Meeting is scheduled for 25 January 2024

KEY	
White	Action required
Amber	Outstanding/overdue action
Blue	Completed and closed

### SEND PROGRAMME BOARD ACTION LOG

Action No.	Meeting Date	Action	Owner	Deadline	Progress	Action Status
251	20-Jul-23	Publish a case study rota by November's Programme Board to ensure a wide breadth of case studies.	WA	Sep-23	Case study rota drafted, to be shared.	In progress
252	28-Sep-23	NSH to provide details of future case study	NSH	Nov-23	WA emailed NSH 23/11/2023, WA & NSH to discuss, look at for Jan-23, looking to use a health focused case study from Ofsted deep dive	Completed
253	28-Sep-23	SW to share details with Sophie Cooke re LL portal EHCNA going through to AU	SW/CS	Nov-23	SPCF awaiting SW to update, WA to follow up. WA emailed SW direct, complete from board as requested. SW left the parent to contact Sophie directly. SW confirmed 02/01/24	Completed
254	28-Sep-23	RS to followup regarding evidence for medical illness	RS	Nov-23	Also discussed at SENDAB, RS emailed SPCF to request meeting due to the complexity, meeting held with SPCF, Health and RS on 9/11/23	Completed
255	28-Sep-23	Lianne Joyce to follow up re Suffolk approach on Right Care, Right person and to connect for SPCF involvement	LJ	Nov-23	LJ linked with J Joseph, and LJ has shared SPCF contact details	Completed
256	28-Sep-23	SW to share Cambridge and Peterborough presentation with GJ & Jamie Mills	SW/CS	Nov-23	PB update 27/11 - Not received as yet, WA to follow up, WA followed up with SW and set as complete, SW advised that Dr Venkat did not share presentation. SW did share information found on line though.	Completed
257	28-Sep-23	SW to share with GJ the 'worries approach' where Norfolk are visiting schools to use CBT to support children with worries.	SW/CS	Nov-23	PB update 27/11 - Not received as yet, WA to follow up, WA emailed SW and completed from action log. SW shared with GJ 02/01/24	Completed
258	28-Sep-23	Sarah Gibbs to talk to ADHD team re YP over 18 being refused and rejected by ADHD team.	SG	Nov-23	GJ updated, SG spoke to equivalent in Adult service, practice is not normal practice for SNEE	Completed
259	28-Sep-23	GJ to speak to Waveney re action 258 as well	GJ	Nov-23	of Waveney - without seeing individual letter	Completed
260	28-Sep-23	NSH to update changes to consultation survey	NSH	Sep-23	Completed and incorporated	Completed
261	28-Sep-23	SPCF to review SEF and look at draft presentation slide	SPCF	Sep-23	Completed	Completed
262	28-Sep-23	Alex to share slides with Suffolk Education Partnership and Special Schools Heads.	AW	Sep-23	Completed	Completed
263	29-Sep-23	LJ to follow up with health colleagues on Health Sufficiency	LJ	Nov-23	LJ in discussions with GM, KS & GJ to link in	Completed
264	27-Nov-23	Nicola Rice to provide LN with timeline and trajectory for getting back on track for NSFT	NR	Jan-24		
265	27-Nov-23	Nic Smith Howell, Nicola Rice, Nicki Howlett to look at understanding from a family perspective on timelines and expected wait times	NSH/NH/NR	Mar-24		
266	27-Nov-23	WA to facilitate an NDD Pathway update via the SEND Partnership meetings to include a briefing	WA	Jan-24	WA updated this will be in place for Feb/Mar-24. Dates are being arranged.	In progress

KEY	
White	Action required
Amber	Outstanding/overdue action
Blue	Completed and closed

SEND PROGRAMME BOARD ACTION LOG						
Action No.	Meeting Date	Action	Owner	Deadline	Progress	Action Status
267	27-Nov-23	ICB Timeline to sign off the SEND Strategy	WA	Jan-24	Discussed with GJ 12/12/23 that this will feed into ICB Governing Body- GJ will advise dates, LN confirmed this is a board, RH confirmed this will be 2 boards 1 for SNEE & separate for Waveney.	In progress
268	27-Nov-23	WA to arrange a extraordinary meeting to feedback.	WA	Mar-24	WA met with JD, feedback has been received from other partners that the strategy is too long, shorter strategy has been shared with Health & Wellbeing board, with positive comments. Concerns are regarding the ownership of the strategy and implementation across CYP & ACS	Completed
269						
270						
271						
272						
273						
274						
275						

## SEND Programme Board Forward Plan Jan-24

Meeting Title	Meeting Date/time	Meeting Room	Deadline for Papers	Proposed Agenda Items	Responsible Officers
	25 January 2024 10am-1pm			Action Log Minutes Case Study Integrated SEND Strategy KPI & Health Dashboard (increase time) SPCF Update LL EHCP implementation Update <b>Update on timeline and trajectory for NSFT services</b>	
	28 March 2024 1pm – 4pm			Action Log Minutes Case Study SEND Programme KPI & Health Dashboard <b>Focus – Attendance/Section 19</b> <b>NDD Update</b> <b>Focus – SEND Strategy review &amp; KPI</b> <b>Ofsted CQC Action plan</b>	
	23 May 2024 10am – 1pm			Action Log Minutes Case Study Integrated SEND Strategy KPI & Health Dashboard SPCF Update LL EHCP implementation Update	

**SEND Programme Board Forward Plan Jan-24**

<b>Meeting Title</b>	<b>Meeting Date/time</b>	<b>Meeting Room</b>	<b>Deadline for Papers</b>	<b>Proposed Agenda Items</b>	<b>Responsible Officers</b>
				<b>Focus – Locality Update from SES, PTS &amp; Health</b>	