

Public Document Pack



Rutland County Council

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Ladies and Gentlemen,

A meeting of the **HEALTH AND WELLBEING BOARD** will be held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on **Tuesday, 29th November, 2016** commencing at 2.00 pm when it is hoped you will be able to attend.

Yours faithfully

Helen Briggs
Chief Executive

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/haveyoursay

A G E N D A

1) APOLOGIES

Helen Briggs, Rutland County Council
Rachel Dewar, Leicestershire Partnership NHS Trust
Mark Andrews, Rutland County Council

2) RECORD OF MEETING

To confirm the record of the meeting of the Rutland Health and Wellbeing Board held on 27th September 2016 (previously circulated).

3) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 93.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

5) LEICESTER, LEICESTERSHIRE & RUTLAND SUSTAINABILITY AND TRANSFORMATION PLAN

To receive a verbal update from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group

6) EAST MIDLANDS AMBULANCE SERVICE: RUTLAND LISTENING EVENT - FINAL REPORT

To receive Report No. 213/2016 from Jennifer Fenelon, Chair, Healthwatch Rutland and Gulnaz Katchi, East Midlands Ambulance Service
(Pages 5 - 14)

7) SPECIAL EDUCATION NEEDS & DISABILITY STRATEGY

To receive Report No. 215/2016 from Mark Fowler, Interim Head of Learning and Skills
(Pages 15 - 26)

8) HEALTH AND WELLBEING BOARD: TERMS OF REFERENCE - UPDATE

To receive a verbal update regarding the revised Terms of Reference for the Rutland Health and Wellbeing Board from Karen Kibblewhite, Head of Commissioning

9) ANY URGENT BUSINESS

10) DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board will be on Tuesday, 31st January 2017 at 2.00 p.m. in the Council Chamber, Catmose.

Proposed Agenda Items:

1. Leicester, Leicestershire and Rutland Sustainability and Transformation Plan
Report from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group
2. Cambridgeshire and Peterborough Sustainability and Transformation Plan
Overview of the priorities of the sustainability and transformation plan for Cambridgeshire and Peterborough led by Jo Fallon, Workstream Support Manager, Cambridgeshire and Peterborough Health and Care System
3. Congenital Heart Disease (CHD) Services in Leicester
A discussion regarding the issues relating to the CHD services in Leicester led by Will Huxter, Regional Director of Specialised Commissioning, NHS England
4. Children's, Young People and Families Plan 2016-19: Progress Report
Progress report on the achievement against the priority actions detailed in the plan from Bernadette Caffrey, Head of Families Support – Early Intervention

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DISTRIBUTION

MEMBERS OF THE HEALTH AND WELLBEING BOARD:

Mr T King (Chairman)	
Mr R Clifton (Vice-Chair)	
Mr A Mann	Dr A Ker
Ms F Taylor	Inspector Gavid Drummond
Mrs H Briggs	Ms J Clayton Jones
Ms J Fenelon	Mr M Sandys
Ms R Dewar	Mr T Sacks
Ms T Thompson	Ms Y Sidyot
Mrs W Hoult	

OTHER MEMBERS FOR INFORMATION

Emma Jane Perkins	Rutland County Council
Mark Andrews	Rutland County Council
Sandra Taylor	Rutland County Council
Wendy Hoult	NHS England Local Area Team
Yasmin Sidyot	East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)

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Report to Rutland Health and Wellbeing Board

Subject:	EMAS Rutland Listening Event
Meeting Date:	14th November 2016
Report Author:	Healthwatch Rutland
Presented by:	J Fenelon and G Katchi
Paper for:	Discussion

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

Healthwatch Rutland hosted an EMAS Rutland Listening Event in July 2016. This enabled the people of Rutland to communicate directly with EMAS regarding the provision of services. It also allowed EMAS to tell the public what they intend to do to address ongoing issues such as response times.

Financial implications:

Internal to EMAS

Recommendations:

That the board:-

1. Notes the Recommendations in the report made by Healthwatch Rutland and the responses from EMAS.
2. Receives a progress report on what recommendations in the report have been addressed by EMAS in approximately 6 months' time

Comments from the board:

The Board is asked to note progress and keep under review

Strategic Lead: EMAS working with Healthwatch Rutland

Risk assessment: Not undertaken as relates to EMAS

Time	L/M/H	
Viability	L/M/H	
Finance	L/M/H	
Profile	L/M/H	
Equality & Diversity	L/M/H	

Timeline:

Task	Target Date	Responsibility
Review of Progress	May 2017	EMAS & HWR

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EMAS Rutland Listening Event

(Hosted by Healthwatch Rutland)

22nd July 2016



This report summarises the outcomes of a listening event hosted by Healthwatch Rutland on 22nd July 2016. It gave the opportunity to East Midlands Ambulance Service to describe current actions being taken to address issues in Rutland and for the public to contribute suggestions for improvement. Healthwatch Rutland will now work with EMAS to ensure these concerns are addressed.

August 2016

Recommendations

- EMAS to investigate the possibility of adjustments to response time targets at a national level to make them more realistic.
- EMAS to publish actual response time for calls not just how many are on target and how many not.
- EMAS were asked to update Healthwatch Rutland as to the success of the modified rural model in reducing response times.
- Healthwatch Rutland to try and monitor whether better links were being made by a local paramedic team with other health and social care providers.
- EMAS to work with other emergency and out of hours services to produce educational material for distribution to Rutland residents on when to use 999 and when to use other services.
- Ask the Board of EMAS to develop a career structure which will address the problem of staff retention.
- EMAS to consider distributing this literature via parish councils and/or the Rutland County Council annual booklet.
- Healthwatch Rutland be available to assist EMAS in finding the best ways of accessing Rutland residents for the distribution of educational material.
- EMAS to consider ensuring that local defibrillator information is included in information distributed to Rutland residents.
- EMAS to consider a more robust educational programme through schools and community groups. This should include education for adults with LD.
- EMAS liaise with the post office to ensure the accuracy of Rutland post code information.

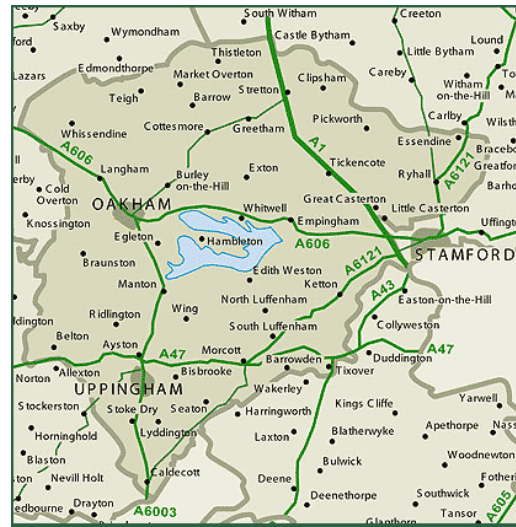
EMAS RESPONSE TO THIS REPORT

We at EMAS have welcomed the opportunity to be involved with an event hosted by Healthwatch Rutland which has allowed for us to listen to local views and feedback directly from the local communities that we serve. We also welcome the recommendation and where appropriate, look towards implementation.

We look forward to a continued open and constructive relationship with Healthwatch Rutland and look forward to partnership working at future events.

Introduction

Healthwatch Rutland has been working closely with the East Midlands Ambulance Service (EMAS) over the last 18 months to highlight concerns raised by members of the public in Rutland. Residents speak very highly of the service they receive from paramedics, who are seen as professional, caring and competent. However, Rutland residents are concerned about response times in the County, which have consistently been, not only well below national targets, but also behind the rest of the region. People understand that this issue is part of a larger picture of rapidly rising public demand that includes other emergency care providers. Healthwatch Rutland continue to engage providers and commissioners of all parts of the system to highlight public concerns.



To enable the public to hear direct from EMAS, and for EMAS to hear the concerns of residents, an engagement event was organised on the 22nd July 2016 at Healthwatch Rutland. It was attended by approximately forty people. These included EMAS staff, Healthwatch Rutland members and members of the general public.

The event started with presentations by Mark Gregory (General Manager, EMAS Leicester, Leicestershire and Rutland) and Tim Hargraves (Locality Manager, EMAS Leicester, Leicestershire and Rutland). The presentations included a lot of information on innovations being used by EMAS and how they are addressing challenges with the provision of their services. The presentations are attached at the end of this report. Participants then had an opportunity for discussion in small groups and to then participate in a questions and answer session. This report captures the discussions and makes recommendations for how suggestions made at the event could be taken forward.

Response Target Times

Questions were asked as to whether the current response times were realistic. EMAS described how the 8-minute target for Red 1 calls was incredibly challenging as the timer started from when the call was answered. This meant that the vehicle would depart up to 2 minutes into the 8-minute response time, and with the rural nature of Rutland and its road network, reaching the destination in 6 minutes was difficult. In



addition, it was noted that because of the small number of Red 1 calls in Rutland monthly, even one missed target had a large effect on statistical data.

Current time-based ambulance response standards, applied in the face of rising demand, have led to a wider debate about national targets.

Recommendations

EMAS investigate the possibility of changes to response time targets at a national level.

EMAS Response:

NHS England is leading on a new Ambulance Response Programme (ARP) being trialled by some trusts which aims to improve response times to critically ill patients. It will make sure that the best, high quality, most appropriate response is provided for each patient first time. The Programme is expected to improve outcomes for all patients contacting the 999 ambulance service, with a generally reduced clinical risk throughout. By:

- The use of a new pre-triage set of questions to identify those patients in need of the fastest response at the earliest opportunity*
- Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need*
- A new evidence-based set of clinical codes that better describe the patient's presenting condition and response/resource requirement*

EMAS will be joining the trial, and we will ensure that Healthwatch Rutland is provided with the details.

It is worth noting that Healthwatch can lobby NHS England and the Department of Health regarding the issue of national targets.

EMAS to publish actual response times in Rutland (at the 75th Percentile) not just how many are on target and how many not

EMAS Response:

EMAS is currently providing monthly reports to all of our regional Healthwatch partners specifically localised for their areas. These reports were formatted following discussions with Healthwatch Leads. EMAS would be happy to engage in discussions with our Healthwatch partners to review the content of these reports.

Modified Rural Model

EMAS explained that a modified ‘Rural Model’ is currently being trialled in Rutland (commencing in May 2016) as a means to reduce response times. This meant that a paramedic in a car is nominated to stay within the county. If this resource is called out of the area, it should return as soon as possible. This model was described as having this resource on a ‘rubber band’ for the area, so that it should come back to Rutland rather than being called away from the area constantly.



EMAS also explained that it was hoped that having a Rutland paramedic will increase contact and integration with other local services such as GPs and social care services to better enable referral for patients to the correct service, not just A&E.

The question of whether paramedics on motorbikes are a useful resource was mentioned. EMAS responded that they were not seen to reduce response times and their use was not being investigated.

Recommendations

EMAS were asked to update Healthwatch Rutland as to the success of the modified rural model in reducing response times

EMAS Response:

EMAS to provide an update on this at our quarterly meetings with Healthwatch Rutland.

Healthwatch Rutland would try and monitor whether better links were being made by a local paramedic team with other health and social care providers

Communication and Education

There was much discussion on educating the public on when to use 999, and when to use other services as appropriate (111, Minor Injury Units, GPs etc.). The increase in the use of 999 was noted, and ways of reducing this were suggested. It was suggested that EMAS produce information for distribution (possibly in the form of a handout that people could keep handy at home/work) throughout Rutland to educate and inform residents on which service to use in different situations. A representative from a parish council suggested distributing this literature via parish newsletters. Another suggestion was distributing this information via the annual Rutland County Council booklet.



Discussion continued on the location of defibrillators. A number of parishes have invested in this scheme. EMAS were asked if their control room staff are aware of the location of these resources and whether this is being used when appropriate. It is understood that maps do exist as to the location of this equipment and EMAS are aware. It was suggested that

information about this equipment should be included in literature distributed to the public.

It was suggested that there is some evidence that the younger generation are using 999 services inappropriately when other services would meet their needs. The question of whether EMAS have an education programme was raised. EMAS told the group that they did have such a programme but that it was not heavily funded and they rely on volunteer paramedics to go into schools etc. to provide educational sessions. EMAS were asked if they had considered education to adults with learning disabilities (LD). This has occurred in the past using a volunteer paramedic.

Recommendations

EMAS to consider working with other organisations (111, OOH, Urgent Care Centres, A&E Departments) producing educational material for distribution to Rutland residents on when to use 999 and when to use other services.

EMAS to consider distributing this literature via parish councils and/or the Rutland County Council annual booklet.

EMAS Response:

The remit for this publication lies with the CCGs including the System Resilience Groups, together with NHS England, and councils that lead on public health. They have the funding and capacity to produce materials that advertise all NHS services in the area. There are a number of publications which East Leicestershire and Rutland CCG have published (Choose Better) which provide a pathway to NHS services.

Some parish councils have requested EMAS posters and 999 guides, which we have provided. EMAS would be happy to provide any existing material that we hold to other parish councils should they wish to circulate or display in their areas, as well as provide articles for local mailings and magazines.

Healthwatch Rutland be available to assist EMAS is finding the best ways of accessing Rutland residents for the distribution of educational material.

EMAS to consider ensuring that local defibrillator information is included in information distributed to Rutland residents.

EMAS Response:

Automated external defibrillators (AED's) are funded and provided by local communities. There are approximately 3500 AED's in EMAS's geographical area. The location or storage of the AED's is not made by EMAS. If EMAS are advised of the existence of an AED in a particular location, we then have the responsibility of ensuring that it is noted on our systems, and advise accordingly in the event of a relevant 999 emergency in the vicinity. EMAS also need to be informed when an AED is temporarily inactive or no longer in existence. It would thus be impossible and inappropriate for EMAS to distribute information regarding AED's in any local area given that it is subject to local fluctuations.

EMAS to consider a more robust educational programme through schools and community groups. This should include education for adults with Learning Disabilities (LD)

EMAS Response:

EMAS are not funded specifically to provide an educational programme. However, where capacity allows the engagement team is endeavouring to raise awareness about the appropriate use of 999, NHS pathways, careers in the ambulance service, as well as training in basic lifesaving skills – to children, young people, community groups as well as service users with specific needs, across the geographical area covered by EMAS.

Recruitment

It was noted that EMAS did not have as well a developed career structure as other regions nor were their pay rates as high. The result was a

considerable wastage as staff moved to other Ambulance Services or other parts of the NHS.

People felt that this should be addressed as a matter of urgency

Recommendation

Ask the Board of EMAS to develop a career structure which will address the problem of staff retention.

EMAS Response:

The EMAS Board is working to formulate a career structure which falls in line with the wider national agendas. This will provide a refreshed view of the current pathway for staff and will be aligned to Health Education England and the College of Paramedics.

Rural Access Issues

There was discussion on the problems faced by ambulance crews with regard to access given the rural nature of most of the county. It was noted by a member of the public that there had been situations when ambulances struggled to find locations based on postcodes that appeared to be inaccurate. It is believed that the post office does not always update this information or ensure its accuracy. The issue of poor mobile phone signals was raised, and EMAS stated that although that could cause issues, they carried back up radios to alleviate this problem.

Recommendation

EMAS to liaise with the post office to ensure the accuracy of Rutland post code information

EMAS Response:

We serve a resident population of 4.8million across the East Midlands (Derbyshire, Leicestershire and Rutland, Lincolnshire (including North and North East), Northamptonshire and Nottinghamshire), across 6,425 square miles.

The EMAS address database contains information obtained from the Ordnance Survey which uses post office data. EMAS are provided with an update to this information every 6 weeks. This is part of the Public Sector Mapping Agreement.

EMAS update the new information in its systems within 48 hours. This process ensures that we always remain up to date on the latest releases.

In addition, residents who want to provide specific directions to their property (for example: access to entrance via gate etc) can contact us to ensure that this level of detail can be noted on their address.

There is also the option of providing specific directions when the 999 call is being assessed.

Report to Rutland Health and Wellbeing Board

Subject:	SEND draft strategy
Meeting Date:	29 November 2016
Report Author:	Mark Fowler
Presented by:	Mark Fowler
Paper for:	Approval

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

During the period April to August, arrangements for SEND amongst all providers had been reviewed and a strategy developed. This was undertaken by the SEND Core Group which had the role of preparing for an OFSTED inspection and drafting a strategy. The Group comprised personnel from: Learning & Skills; Early Help; Social Care (adult & child); Aiming High; health commissioners and practitioners.

The SEND strategy fits within the context of the:

- Corporate plan;
- Children, Young People & Families' Plan;
- Children's Services Development Plan;
- Poverty strategy targets;
- Education Strategic Plan;
- NDTi report on SEND in Rutland (April 2016).

Consultation on the Strategy is continuing and this report to the Health and Wellbeing Board forms part of that consultation.

The Strategy relates particularly to the Health and Wellbeing Strategy 2013-16:

- "Theme 1: Giving children & young people the best possible start."

It relates to the (draft) Strategy for 2016-20:

- "Target services on those with greatest need and who are most vulnerable, including looked after children; military families; and children with special educational needs and/or disabilities."

It further relates to the JSNA chapter 11: Learning Disabilities:

- Learning disabilities in children and adults.

Financial implications:		
<p>No significant changes are expected at this point. The plan has been drawn up with the intention of:</p> <ul style="list-style-type: none"> • remaining within budget; • making use of the remaining SEND reform funds held within Council reserves; and, • ending large yearly increases in the SEND budget. <p>Once a final draft of the ESP is available, a detailed analysis of financial implications will be presented.</p>		
Recommendations:		
<p>That the board:</p> <ol style="list-style-type: none"> 1. Is consulted on the draft strategy. 2. Identifies whether any changes or amendments need to be made. 		
Comments from the board:		
Strategic Lead:	Tim O'Neill	
Risk assessment:		
Time	L/M/H	M
Viability	L/M/H	L
Finance	L/M/H	L
Profile	L/M/H	H
Equality & Diversity	L/M/H	H
Timeline:		
Task	Target Date	Responsibility

SEND STRATEGY: Executive Summary

Context and challenges

- A bold corporate agenda for growth and improvement in Rutland.
- There is strong social capital in Rutland to build on - and a developing sense of the value of collaboration.
- Outcomes for SEND children are rising but need to be improved.
- Voice of the child needs to be heard more clearly.
- EHC process robust but not widely understood.
- Need to ensure parents are better informed, understand and are heard.
- Need to identify more children earlier for “school support”.
- Need to raise the capability of schools to educate “school support” children.
- Some good delivery of services but need to improve planning, coordination, accountability across services.
- Large numbers of children on EHC plans/statements.
- Create local specialist placements and alternative solutions.
- Manage budgets better.
- An OFSTED area inspection of SEND is likely; at present RI is likely.

Priorities

- Improve **outcomes**, including preparation for adulthood.
- Give prominence to the **child’s voice** and engage and **support parents**.
- Be more **inclusive** in local schools.

Outcomes

- Improved **development and standards** for learners with SEND.
- SEND children **learn locally**, without travelling away to specialist settings.
- Parents and children feel **engaged** in special education in Rutland, have real **choice** within it and are **proud** of it.

Key Actions

- **Increase child’s and parents’ involvement** via guidance, procedures and approach.
- **Identify and succeed with more “schools support” children (and thereby reduce EHC)** via tools, training, ambition, “one team” operation in all services.
- **Increase use and availability of local specialist places** via schools offering specialist places, developing local specialist skill-sets, new specialist places.
- **Control and reduce SEND costs** via efficiency, personal budgets, voluntary involvement.

A. INTRODUCTION

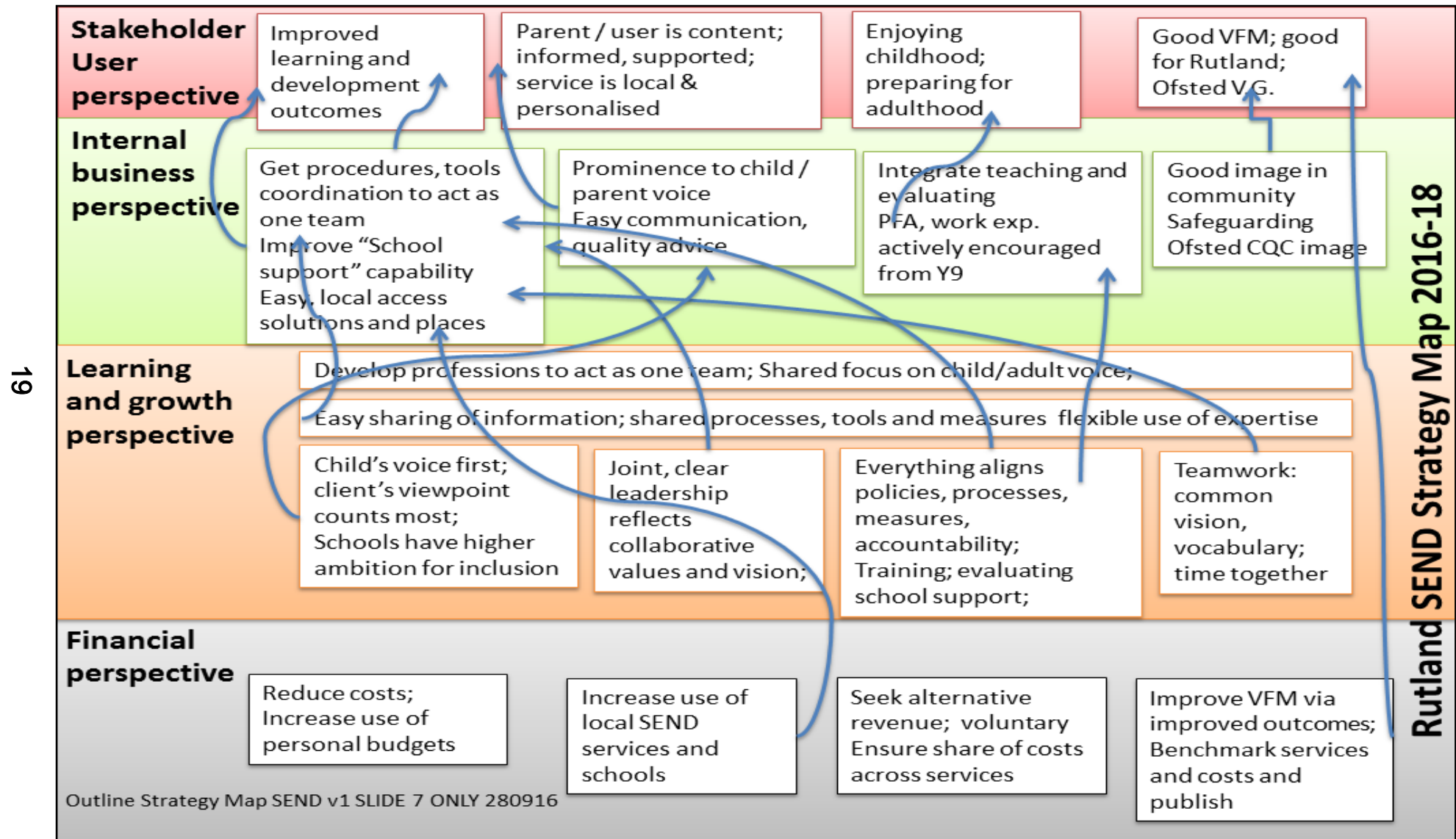
The SEND strategy comprises:

- a) Introduction and priorities (one side A4);
- b) Strategy Map - shows on one page what will be achieved (one side A4);
- c) Strategy Summary - which links to the objectives of the strategy map showing; objective; current performance; target; possible actions (4 sides A4);
- d) Balanced score card – the targets of the strategy allowing monitoring (one side A4).

How to read the strategy

1. Begin with the strategy map and work down through each layer.
 - **Stakeholder / user perspective**: the top row (red) shows what **benefits** we want for the stakeholders and users, i.e. above all, parents, children, also councillors, government.
 - **Internal business perspective**: (green) i.e. **what we all need to do well** to achieve the ambitions for stakeholders and users in the section above.
 - **Learning and growth perspective**: (yellow) the longer-term, deeper **capabilities of providers needed to achieve the ambitions** for stakeholders and sustain the internal business processes.
 - **Financial perspective**, (grey) i.e. what the **financial implications** are of the ambitions for stakeholders and users.
2. Consider the Strategy Summary. This contains more detail, though still at a relatively strategic level. It shows the objectives of the strategy map, current performance, targets and possible actions. An action plan will be built on this.
3. The Balanced Score Card shows current performance and all the targets.

B. SEND STRATEGY MAP



C. STRATEGY SUMMARY

Stakeholder/User Perspective

ref		Current Perf	Target	Possible Actions
S1	Improved learning and development outcomes	Improving results in “support” and “EHC” KS1. Level at KS2. Improvement at KS4 “support, not “EHC”. See I3	2017: Children show PROGRESS that is appropriate to them with VOC included; 2017: improving at all KS both “support” and “EHC” 2018: 15% identified “school support”; 2.5% EHC	I: 1,2, 3, 4, 8 L:4, 5
S2	Parent / user is content; informed, supported;	Satisfaction; estimated 50% satisfied Tribunals 2015-16: 3	SEND satisfaction targets: 65% 2017; 80% 2018 50% reduction complaints 0 tribunals 2017-18	S: all I: 5, 6 L: 1, 2, 3
S3	Service is local & personalised	See I4	2018: 80% Parents “satisfied” at localness of provision	I: 4, 5 F: 2, 3
S4	Enjoying childhood; preparing for adulthood		See I10 VOC: % transition mtgs attended by parents	I: 10, 8
S5	Good VFM;	SEND Budget increasing currently at 20% per annum.	2017: 5% reduced EHC budget (education) 2017: 15% EHC use personal budget 20% reduced incidental costs 2017 25% cost shared across services 2020: yearly saving 15% (NPV) Costs per placement at	F: 1, 3, 5
S6	Good for Rutland; Ofsted/ CQC V good	Ofsted/ CQC 2016 (predicted) RI	Ofsted/ CQC: 2017 GOOD; Ofsted/ CQC: 2018 - OUTSTANDING	S: 2 I: 11

Internal Business Perspective

ref		Current Perf	Target	Possible Actions
I1	Early identification with joint, shared assessment tools		Joint processes by 12/16; Tools: 7/17 training SENCos* 3/17;	Create identification and assessment tools with school and all staff; train staff in use
I2	Planning and coordination of all professionals and providers & joint MIS		SLT operational 10/16	Internal MIS & management processes common to all. Joint training* Health & Wellbeing Board fully informed*
I3	Improve “School support”	8.5% identified; Progress: 1 local	15% (nat ave) identified 2018; ?% progress 2019: 10 local	W/party with schools Training and staff development (c.f. L&G) Create local specialist skills – in

		specialist ASD	specialists ASD	schools and elsewhere
I4	Easy, local access to specialist provision; more stay mainstream*	43% (81) out of county 32% (specialist)	30%: 2017/18 2019: 80% new EHC placements in e.g. ASD within 20 miles of home 2018: 40% new EHC placements 20% specialist 2019	Create more specialist places locally – in schools and other providers.
I5	Prominence to child / YP /parent voice Forum for parents / YP / children. Tool / process to gather views.	Rutland Parent Carer Voice – 4 active members Rutland Disabled Youth Forum – 8.	Specified joint SOP 12/16 Training on SOP 3/17 Monitoring 6/17 RCPF: 8 by 3/17 RDYF: 8 & increased decision-making	Training; client management, feedback procedures. Forum. Foster parent to parent support* Standardised tool for gathering views and regular audit. EHCP more person-centred*
	Treat parents/CYP as clients; value feedback	N/A	Training on client relationships 7/17	Calendar for reporting; means to gather and report non-planned feedback. Publish feedback and respond “you said-we did”
I5	Prominence to child / parent voice Forum for parents / children. Tool to gather views.	? CoP RCPF: x number	Specified SOP 12/16 Training SOP 3/17 Monitoring 6/17 RCPF: Y number 11/16	Training; Client management procedures. Forum. Foster parent to parent support* Standardised tool for gathering views. EHCP more person-centred*
	Treat parents/users as clients; value feedback	Complaints: 14 p.a.	Training on client relationships 7/17	Calendar for reporting; means to gather and report non-planned feedback
	Openly communicate with parents	Ad hoc	Dialogue and calendar 100% “Accessible information standard”	Defined structured calendar of contacts and dialogue
I6	Give quality advice; good local offer w/site	Website incomplete ? guidance?	Fully operational 9/16 Guidance materials 12/16 Guidelines for staff 3/17	Website. Test and QA RIAS. Review/develop forms of guidance to parents.
I7	Personal budgets*	47 Early Help/ Social care 1 education 0 Health	25% EHC have PB by 2018/19 10% reduction in equivalent cost by 12/2018 (educ)	Market personal budgets; training, consultation Standardised, agreed processes in all areas. Expectations/flowcharts/support for C and YP/ parents as part of a contingency plan.
I8	Teaching and evaluating are integrated	Uncertain; no common assessment tool available	Tools Training: RTA start 3/17 – complete all schools 3/18.	Use of identification and assessment procedures Training Develop local specialisms via training (c.f. L&G)
I9	Co-creating processes	0	100% front-line personnel 12/17	Train staff (together*)
I10	PFA*, work exp. actively encouraged		Inclusion w/gp; 12/16 SENCOs training: 12/16	Work with schools/ colleges RCC take work exp students

	from Y9			RCC offer for young people Local Business offers
I11	Good image in community Ofsted CQC image Safeguarding	Poor marketing SEND: likely R.I. CH SERV: likely good	Satisfaction targets above Good by 2/2017 Outstanding by 2/2018 Good 10/16; Outstanding 12/17	10/16 Short term actions for inspection alongside strategy SIB action plan

Learning and Growth Perspective: Culture

ref		Current Perf	Target	Possible Actions
L1	Child's voice first	Child / YP / satisfaction figure	Child satisfaction figure: measured by CYP-designed tool	Forums as in Int Bus All procedures require child / YP / input / consultation
L2	Client's viewpoint counts most			See I5 All procedures require parent view / consultation
L3	Yes, we can find a way	Current complaints: 14 p.a.	50% reduction in complaints	Client management training Policy on risk taking*
L4	Schools have higher ambition for inclusion	4 secondary permanent exclusions, 1 primary; 135 secondary fixed term exclusions, 16 primary	2017 2 secondary perm; 0 primary 70 secondary fixed; 8 primary	See I1, I3. Provide data; challenge Schools commission behaviour leader Head's strategic events RTA training W/group with schools to agree new entitlement/inclusion arrangements SEND forum for renewed commitment to inclusion

Leadership

ref		Current Perf	Target	Possible Actions
L5	<i>Joint, clear leadership reflects collaborative values and vision accountability;</i>	<i>Exclusions: SEND inclusion SEND performance</i>	<i>2016: 3 champions</i>	<i>Identify system champions: entrepreneurs Engage leaders and partners in strategy SEND and inclusion monitoring group of head teachers and LA. Control budget for High Needs; accountability also</i>
L6	School leaders set vision for SEND	SEND performance	SEND target	As in L4

Financial Perspective

ref		Current Perf	Target	Possible Actions
F1	Reduce costs:	2016 High	2018/19 High needs: £?	As in I4

	<ul style="list-style-type: none"> placements 	Needs: £?	c.f. I4 targets	SEND cost review: schools; Local provision; more mainstream
	incidental costs; admin; improve tendering	Travel: £? Admin cost/case	Travel: 5% reduction 2020: 20% saving transport/ contracted service Admin cost target Maintain current contract budget to 2018	SEND cost review: internal; contracts; Use of external review; regional review;
F2	Increase use of personal budgets	0	25% EHC have PB by 2018/19 10% reduction in equivalent cost by 12/2018	Review use and economies expected Ensure marketing procedures (I7) reflect this financial target
F3	Increase use of local SEND services & schools; collaboration		As in F1	
F4	Seek alternative revenues: use voluntary work/ resource ensure share of costs across services	£x funding to "schoolsupport" £x	10% reduction 2018 2020: 10 % (ASD) budget = charity £x	Seek alternative business models with schools/ providers: "support" costs and strategies; Contract voluntary/charity services and goods Ensure proper charging
F5	Improve VFM via improved outcomes and cost reduction			Achieve targets of F1, I3 and S1
	Benchmark and publish services and costs	£?	2020: yearly saving 15% (NPV) Costs per placement at 5% < benchmark 2020: 20% saving transport/ contracted service	Benchmark all major categories of cost

- Recommendations from April 2016 NDTi report

D. BALANCED SCORE CARD

STAKEHOLDER / USER PERSPECTIVE TARGETS

SEN make “appropriate” progress; Improving “support” and “EHC” at all KS - 2017
50% SEN (EHC) travel over 25 miles 2019
2018: 15% identified as “school support”; 2.5% as EHC
Ofsted Sch Imp: Good; SEND: RI 2016; Good 2017; outstanding 2018; 2018 schools: 11 good; 10 outstanding; 0 RI or inadequate
2017: EHC budget reduced 5%
2017: 20% EHC reduced incidental costs, e.g. travel; 25% cost shared across services
2017: 15% EHC use personal budget; 20% by 2018/19
2020: EHC yearly saving 15% NPV 2016 cost per placement
SEN targets / Inclusion targets: SEN figures; reduce exclusions 50% of 2015 by 2017
2017: 50% fewer complaints; 2018 0 complaints
0 tribunals 2017
65% SEND parent satisfaction 2017; 80% 2018

INTERNAL BUSINESS PERSPECTIVE TARGETS

Identify common SEND processes 12/16
Training SENCOs 3/17
SLT operational 11/16
2018: 15% identified as “school support”; 2.5% as EHC
2019: 10 local specialists SEND, e.g., ASD?
2019: 50% new EHC placements within 25 miles of home. 2020: 60%.
Child/parent voice: specified SOP 12/16; training SOP 3/17; monitoring 6/17; RCPF: Y number 11/1.
Training on client relationships 7/17
SEND Communication: dialogue SoP and calendar carried out 100% 2018
SEND local offer: operational 9/16; guidance materials 12/16; staff guidelines for 3/17
25% EHC have Personal Budget by 2018/19. 10% reduction in equivalent cost by 12/2018
Train staff together on co-creating processes: 100% front-line personnel 12/17
PfA: Inclusion w/gp; 12/16 SENCOs training: 12/16
Ofsted SEND: Good by 7/2017. Outstanding by 2/2018

LEARNING AND GROWTH PERSPECTIVE TARGETS

10/16: 3 champions for integrated services
2017: 50% fewer complaints; 2018 0 complaints SEND
12/16 Joint vision, (SEND) strategy, policies (SEND),
4/17 Accountability process in operation
4/18 all systems and processes aligned. Parents’ children’s views built into systems
2016-2018 – 75% fall in system-related complaints

FINANCIAL PERSPECTIVE TARGETS

TARGETS
2017: 5% reduced EHC budget
15% EHC use personal budget; 20% by 2018/19; 10% reduction in equiv. cost by 12/2019
20% reduced incidental costs; 10% reduced contracted services.
2020: 20% saving transport/ contracted service.
0.3 FTE voluntary 2017; 1 FTE voluntary 2018; 3 FTE voluntary 2020. 10% specialist budget (e.g. ASD) voluntary
2017: 15% EHC use personal budget; 20% by 2018/19
2020: EHC yearly saving 15% NPV 2016 cost per placement

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