

Suffolk's outstanding significant weaknesses

The poor timeliness, integration and quality of SEND statutory assessments and plans – this includes when statements of special educational needs are transferred to EHC plans, and the delivery of subsequent individual packages of support

Reason for insufficient judgement	How has the local area sufficiently addressed the reasons for insufficient progress and made the necessary improvements	How has the local area evidenced the impact of any improvements	Evidence of sustaining the improvements	If we don't close down the APP regarding this significant weakness what is it we are expected the local area to do
<p>The timeliness of completed assessments and EHC plans has improved, but remains too slow for too many.</p>	<p>Lot of things put in place – internal audits (externally moderated), quality assurance processes and minimal review of EHCPs, guidance for health colleagues, Attempted recruitment of additional EPs – but only recruited 1 (still two posts to recruit into) – using assistant EPs to help support in meantime.</p> <p>An improvement was being made in EHCP timescales since the</p>	<p>Timescales have improved since 2016 inspection and 2019 revisit</p> <p>Audit that shows the improvements that have been made, but ongoing improvements required, including the health audit (document 5f)</p>	<p>Planned and ongoing recruitment of EPs and staff.</p> <p>Significant investment into growing the staff</p> <p>(Document 5a) Planned wholesale move to Liquid Logic, to enable families, health services and LA to access the plan etc. this should improve timescales, communications with families, and input from providers/ health colleagues. However, timescales for work to</p>	<ul style="list-style-type: none"> - Improvement in timescales to at least the national average 57% including exceptions - Improved feedback from PCF - Local area need to collect data and feedback from parents who have recently gone through the process. - Follow up Question for Suffolk – what are the figures for EHCPs for Jan – July (monthly breakdown) each month of 2022?

	<p>revisit but has dropped in recent months. (28.5% in December 2016, highest is 2021 at 89.2% dropping to approximately 73.5% for first half of 2022.</p>		<p>be completed is September 2023 so the benefits will not be felt by families for quite some time</p>	
<p>The quality of newly completed EHC plans is too inconsistent and remains too weak for parents, carers and professionals to effectively track how well needs are met and the outcomes achieved. Individual and joint actions are not specific enough and, where multiple provision is needed for health, education and care, these aspects are not integrated well. The EHC plans often do not look far enough ahead at the needs, aspirations and, as far as is possible, independence within the community as the children and young</p>	<p>EHCPs – overall detailed plans with very detailed earlier sections relating to diagnosis and background information - but this is based on a small sample.</p> <p>Also annual review report has been provided and reviewed but is from mid-2019 and relies on reports dating back as far as 2016 up to 2017.</p> <p>The audit report for health advice has been completed but has a limited sample (one provider and only 10 reports were audited.</p>	<p>Cycle 1 (Mar-may) audit report – shows improvement in plans but some recommendations for change. Review of EHCPs (folder 8) more recent plans that have been provided.</p>	<p>Ongoing training (health and QA Investment in team</p> <p>External body QA their Audits.</p>	<p>Sufficient progress in this can be demonstrated.</p> <p>However, further audit reports need to demonstrate more positive feedback and may benefit from a larger sample.</p>

<p>people move towards adulthood.</p>	<p>These all show mixed results.</p>			
<p>The delivery of person-centred, individual packages of support are a source of much dissatisfaction from parents and carers, in relation to the availability of therapy, particularly from the child and adolescent mental health service (CAMHS).</p>	<p>NDD pathway support-voluntary support has been very positively evaluated.</p> <p>Cris support for crisis intervention is providing a positive response service to CYP in crisis and work with the</p> <p>Greenlight Trust is helping to relieve pressure on acute services by supporting a sustainable discharge for CYP</p> <p>Waveney – introduction of mental health youth pathway up to 25 – considering a separate pathway for CYP with significant MH and LD</p> <p>EHCP training for all voluntary organisations commissioned by N&W and SNEE ICB's and</p>	<p>The findings from the audit report, introduction of a new scheme - Sign of Safety training to create signs of inclusion, and embedding this into conversations with parents (Agenda item 6c - Evidence Set 2 - Responses to Questions 1 to 8)</p> <p>Some evidence of improvement in quality of Education, Health and care plan, seen evidence of speech links being rolled out in primary schools.</p> <p>Outcomes framework - for all areas/mental health</p>	<p>Continued review of services and improvements – evidence of escalation of concerns and gaps, outcomes from audits and case reviews are utilised to further develop services</p>	<p>Sufficient progress regarding person centred approach in this can be demonstrated.</p> <p>However, there continues to be significant waiting times for mental health services and ICB are tracking and reviewing all CYP on caseload to manage risk and offer interim support.</p> <p>Data and positive outcomes from parents/carers through surveys, case reports, approaches tried.</p>

	<p>processes to ensure information is requested</p> <p>Additional £1 million invested by ICB for speech and language therapy and early intervention- supported for the graduated approach and also support for electively home educated children.</p> <p>SNEE and N&W ICB's are developing a framework of integration between governance boards to ensure a consistent approach for CYP across Suffolk.</p> <p>Development of health SEND data dashboard – Waveney data has been requested and approved (presented at SEND Board)</p>			
<p>Although the strategic leaders in health have a good understanding</p>	<p>Continued alignment and learning from EHCP audits – specific</p>	<p>Audit reviews and reports completed</p>	<p>Evidence of learning/ training packages and</p>	<p>Leaders are keen to develop a consistent approach for CYP and</p>

<p>and are supportive of the statutory assessment and EHC plan processes, this is not the case for all the relevant frontline delivery teams. A programme of SEND training is being delivered, but further work is needed across the partnership to develop sufficient confidence and expertise</p>	<p>health audits undertaken and utilised to inform training across services.</p> <p>Closer working and collaboration between SNEE and N & W to identify outcomes of EHCP and ensure this is utilised for commissioning strategies.</p> <p>Positive partnership approach between the two ICBS and clearer governance structures forming to ensure Presence and reference in all SEND boards across the localities.</p>		<p>continual development of themes.</p> <p>Evidence of cross referencing across boards and joint partnership approach between ICB's. CYP and parents and carers report a similar positive experience regardless of area of residence.</p> <p>Sharing of effective practice across the ICB's and SEND Local areas.</p>	<p>acknowledge these are at different stages at present – clear plans to address these areas such as NDD pathways. Etc</p> <p>Development of training and information request from voluntary services across both ICB's to enhance and inform the EHCNA process.</p>
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The lack of local understanding of the support available and the poor quality of the local offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety.

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The local offer has improved but the pace of improvement is too slow. Advice and guidance on the local offer website has been reviewed, involving families and young people. Improvements to the local offer are always in the context of coproduction with parents and carers		Figures about visits to website Building new local offer, with Dec 2022 full launch – heavily co-produced	No new issues raised at the meetings Recruited communication and engagement manager.	Sufficient progress has been made in this area.
While some parents and carers find individual frontline practitioners across health and education to be helpful, the quality of support and accuracy of advice is too inconsistent. Too often the quality of advice depends on the availability and knowledge of individual practitioners	The Local Authority have completed all actions to improve in this area, including providing survey data and audit reports. (see evidence folder 5)	Implementing the recommendation of the audit report to feedback to GPs about completing advice forms fully.	Training with GPs, and health practitioner Recruited training officer	New data dashboard has been developed for SEND across Health services – compliance with 6 weeks is evidenced and training has been undertaken with GP's to ensure a consistent approach to EHCP advice. Up to date data would support future

				considerations against this area. The data provided was 69% for 2018/19 and 75% for 2020.
The absence of effective communication between families and local area officers is a constant source of frustration for parents and carers and can lead to unnecessary escalation of concerns	Recruited engagement and communication officer. Commissioned a Capacity Review with Impower.	Additional investment to grow the team following recommendations in the Impower Capacity Review. Done more to address this issue than what the APP detailed.	Communication milestone plan	Follow up question – what is the real time feedback loop? As referred to at point 10 on action plan.
The teams delivering health provision are not seen to be sufficiently responsive to children and young people with complex mental health needs.	As above – new emotional wellbeing hub and resources have been developed – MHST in some schools.	Review evidence 7 – including document 71	Local area understands the needs and current experiences and are addressing the increasing level of need within the community.	Evidence of improved waiting times Improvements in the feedback from families.
Timely access to the emotional well-being and mental health services remains an area of significant concern. When referrals are made to the single points of access for help, there are often long delays before children and young people can access specialist CAMHS teams. In some cases, this delay can lead to a deterioration in the mental health of the	New NDD pathway including emotional support and a help line for early support for families and schools. Increased investment into mental health Head of quality and DCO have undertaken an audit			

<p>children and young people before they are seen by the relevant health professionals. Once the appropriate care pathway has been identified, there is often a further wait due to practitioners' availability in some CAMHS teams. Some young people and their families report improved outcomes when they have been able to get specialist help, but the level of complaints and feedback about the access to CAMHS is high compared to most other areas of NHS delivery</p>	<p>and case review on those awaiting support and treatment to identify any increased risk and offered support</p>			
<p>Timeliness for assessing and meeting need within contractual timescales for 5 routine referrals to CAMHS is improving, but assessment and follow-up of urgent work is not sufficiently timely</p>				
<p>The plans to strengthen support for children and young people with mental health needs in crisis, including out-of-hours contact, have drifted against action plan milestones</p>				
<p>Waiting times for specialist assessments for autistic spectrum disorder (ASD) and</p>				<p>Support for those on the waiting lists and clearer routes for</p>

<p>attention deficit/hyperactivity disorder (ADHD) are still lengthy and current pathways do not support best practice in line with National Institute for Health and Care Excellence (NICE) guidance. A significant programme of work is still to be agreed to map the future care pathways and models of assessment and treatment to achieve an equitable, evidenced-based offer across the whole of Suffolk</p>				<p>early intervention support has been invested in and very well evaluated from service users. Commissioning of voluntary services enable CYP and families to be offered support at the earliest time.</p>
<p>A comprehensive review of mental health services has recently started – it is paramount that all partners know what needs to be done to rectify the weaknesses and play their part in working to jointly strengthen early intervention services</p>				
<p>The commissioning of health provision for the new multi-disciplinary assessment centres does not yet allow for full implementation of the new approach</p>				<p>Updates on the progress of this work</p>

The lack of joint working to monitor, quality assure and maximise the effectiveness of the work undertaken to improve outcomes for children in a diverse range of settings and circumstances

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<p>Leaders have not made sure that all partners communicate and coordinate effectively with one another to press on with agreed priorities and goals</p> <p>At a strategic level, the programme board does not have sufficiently detailed information about outcomes to help members challenge and evaluate rigorously the impact of the local area's work</p>	<p>Governance structure in place clearly setting out how each partner feeds into the discussions and meetings.</p>	<p>4a – distribution of various reports/dashboards including outcomes/KPIs which are discussed at the SEND Oversight Board (now part of the Education and Childrens Services Scrutiny Committee and other board meetings. Evidence of greater governance, joint working at meetings</p>	<p>Improvements to the data dashboard, with the move to logic liquid for EHCP work, will ensure all partners are communicating the correct information and in a more timely manner</p>	<p>All actions carried out and sufficient progress has been made in this area.</p>