

High Needs Report

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| Schools' Forum Date | 13 th June 2024 |
| Type of Decision | For information and decision |
| Background Documents | Improving SEND Services for Children, Young People and Families SEND and Local Area Partnership Improvement Plan Response to the Local Area SEND Inspection SEND Inspection Report |
| Authors | Philip Haslett, Head of Education Strategy and Development |
| Purpose of Report | <ul style="list-style-type: none">• To provide an update on High Needs Budget for the financial year 2024/25• To update on the SEND and Inclusion Local Area Inclusion Plan and response to the Local Area Inspection undertaken by Ofsted.• To update on Education Health and Care Plan trends |
| Key Recommendations | Not applicable |
| Resource Implications | The proposed budget for 2024/25 is set at £23.583m in-year deficit for the High Needs Block, however this remains subject to approval of a 3% increase in the SEND top-up funding. |

1. High Needs Budget for 2024/25

- 1.1. The forecast High Needs budget for 2024/25 is detailed below in fig.1. As outlined at the March Forum meeting, the budget has been developed utilising assumptions that mirror the growth, we have seen in 2023/24 and the Dedicated Schools Grant (DSG) management plan that was submitted to the Department for Education.
- 1.2. The final budget position is still in draft, as we await final approval from the local authority for the proposed 3% uplift to the banding system that delivers top-up funding to education providers. This decision is being made through an Individual Cabinet Member (ICM) decision.

Fig.1

| High Needs Block | 2023/24 Budget | 2023/24 Forecast | 2024/25 Budget | Variance to 2023/24 budget | Variance to 2023/24 y/e forecast |
|---|-----------------------|-------------------------|-----------------------|-----------------------------------|---|
| | £000 | £000 | £000 | £000 | £000 |
| Mainstream EHCP Costs - Early Years | 636.3 | 636.3 | 655.4 | 19.1 | 19.1 |
| Mainstream EHCP Costs - Primary | 13,040.1 | 13,141.2 | 14,423.7 | 1,383.6 | 1,282.5 |
| Mainstream EHCP Costs - Secondary | 6,765.1 | 7,130.6 | 7,861.1 | 1,096.0 | 730.5 |
| Mainstream EHCP Costs - Secondary Post 16 | 435.0 | 435.0 | 441.8 | 6.8 | 6.8 |
| Special Centres - Primary | 777.2 | 893.4 | 906.9 | 129.7 | 13.5 |
| Special Centres - Secondary | 120.9 | 155.7 | 157.9 | 37.0 | 2.2 |
| Special School Provision - Place funding (LA) | 15,563.8 | 15,422.1 | 16,658.0 | 1,094.2 | 1,235.9 |
| Special School Provision - Top-up funding | 17,777.6 | 18,014.9 | 19,314.9 | 1,537.3 | 1,300.0 |
| Independent Special Schools Placements | 19,627.2 | 21,761.8 | 23,470.5 | 3,843.3 | 1,708.7 |
| Post 16 Independent School Placements | 1,893.0 | 2,082.1 | 2,082.1 | 189.1 | 0.0 |
| EHCP Costs - College and FE | 12,438.1 | 12,473.9 | 14,632.2 | 2,194.1 | 2,158.3 |
| Alternative provision - places & top ups & services | 5,082.5 | 6,085.3 | 6,085.3 | 1,002.8 | 0.0 |
| Alternative provision - Glos Hospital Education | 2,442.0 | 2,551.3 | 3,051.3 | 609.3 | 500.0 |
| Excluded pupils | -100.0 | -442.7 | -442.7 | -342.7 | 0.0 |
| LA Services and staffing | 3,374.1 | 3,159.0 | 3,353.8 | -20.3 | 194.8 |
| Restorative Practice | 200.0 | 200.0 | 304.2 | 104.2 | 104.2 |
| Special School Teachers Pay and Pensions | 971.3 | 971.3 | 971.3 | 0.0 | 0.0 |
| Other additional packages of support | 980.8 | 1,953.7 | 2,453.7 | 1,472.9 | 500.0 |
| Education other than at school (EOTAS) | 1,366.8 | 1,566.8 | 2,066.8 | 700.0 | 500.0 |
| Special School Bespoke Packages | 1,000.0 | 1,520.1 | 1,970.1 | 970.1 | 450.0 |
| Support Services | 411.5 | 421.4 | 323.2 | -88.3 | -98.2 |
| Therapies and other health related costs | 263.3 | 263.3 | 263.3 | 0.0 | 0.0 |
| High Needs Unallocated | -11,835.0 | -12,986.0 | | | |
| Rounding | 0.1 | -0.1 | -0.1 | -0.2 | 0.0 |
| | 93,231.7 | 97,410.4 | 121,004.7 | 15,938.0 | 10,608.3 |
| High Needs Funding Allocation | | | 97,421 | | |
| | | | -23,583.7 | | |

- 1.3. The forecast expenditure remains at just over £121m, which results in an expected in-year deficit of £23.5m. This will increase the DSG deficit from £45.7m, at the end of the financial year 2023/24, to £69.2m by the end of 2024/25.

2. Financial mitigation and sustainability

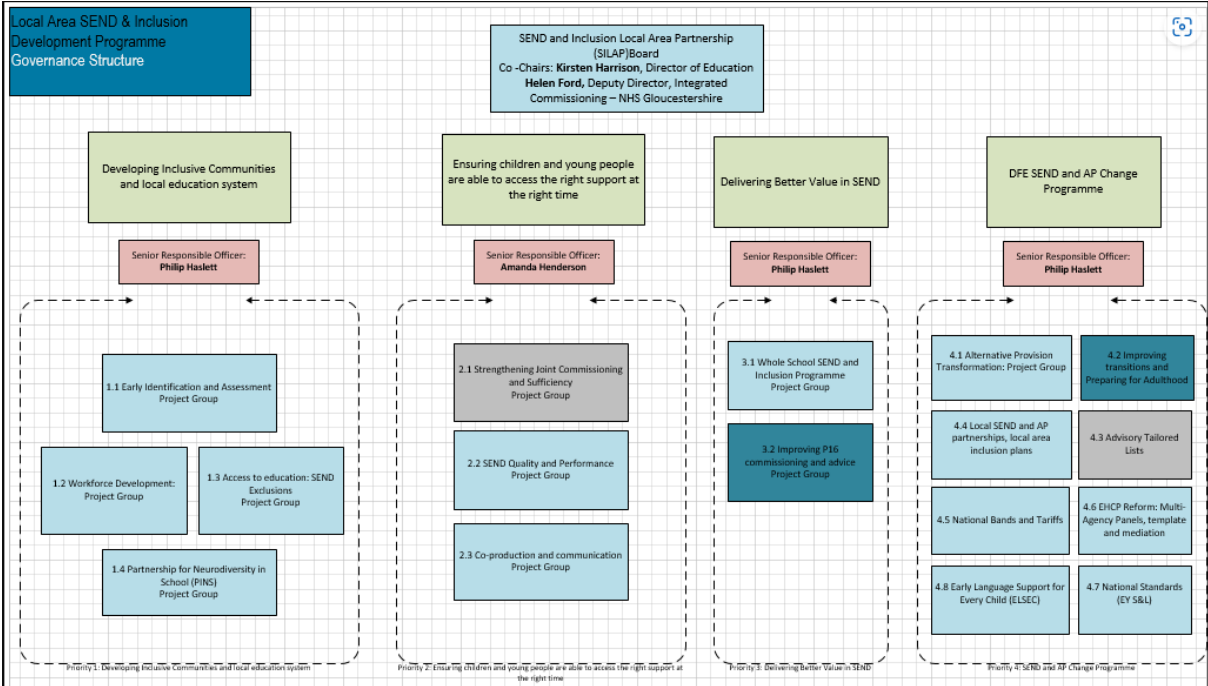
- 2.1. The financial forecast for 2024/25 is broadly in-line with the DSG management plan that was submitted to the DfE in December 2023, which showed an in-year deficit position of £23.785m for the financial year 2024/25.
- 2.2. There remains a long-term challenge around the financial sustainability of the High Needs block. The work we have undertaken with the DfE through the Delivering Better Value in SEND programme has shown some potential to mitigate rising costs, but this is extremely limited and, despite these mitigations, still shows a forecast deficit of over £101m by the end of 2025/26.

- 2.3. At the end of 2025/26 the statutory over-ride, which is ensuring the DSG deficits are not reported on local authority accounts, is due to end. Given the scale of the current High Needs funding pressures across the country, it is likely the over-ride will need to be extended. However, even if the over-ride is extended it is not a solution to the increasing deficit positions, it merely pushes the challenges further down the road. The level of deficit also creates a cash flow pressure for local authorities, who are subsidising the gap between grant funding and the demand for services.
- 2.4. Gloucestershire is working closely with the DfE as part of the Delivering Better Value (DBV) programme and the wider SEND reforms. Both of which are detailed in the local partnerships SEND and AP Improvement Plan, which can be found on the [local offer](#). These are the key programmes that the DfE are leading to reform the system; improve the services for children and young people and operate in a financially sustainable environment.
- 2.5. However, from involvement to date, neither of these activities are providing a pathway towards financial sustainability in the short to medium term. As such we have re-developed our 5-year model to explore all the options available to us to reduce expenditure. We will provide a detailed update on this modelling work and seek feedback from members at the next High Needs working group meeting in the Autumn term. This modelling will also be shared with the DfE as part of the DSG management plan and DBV monitoring activity. The aim here, will be to seek guidance from the DfE on the pathways they expect us to take, in what remains an intractable position.

3. SEND and Alternative Provision Improvement Plan

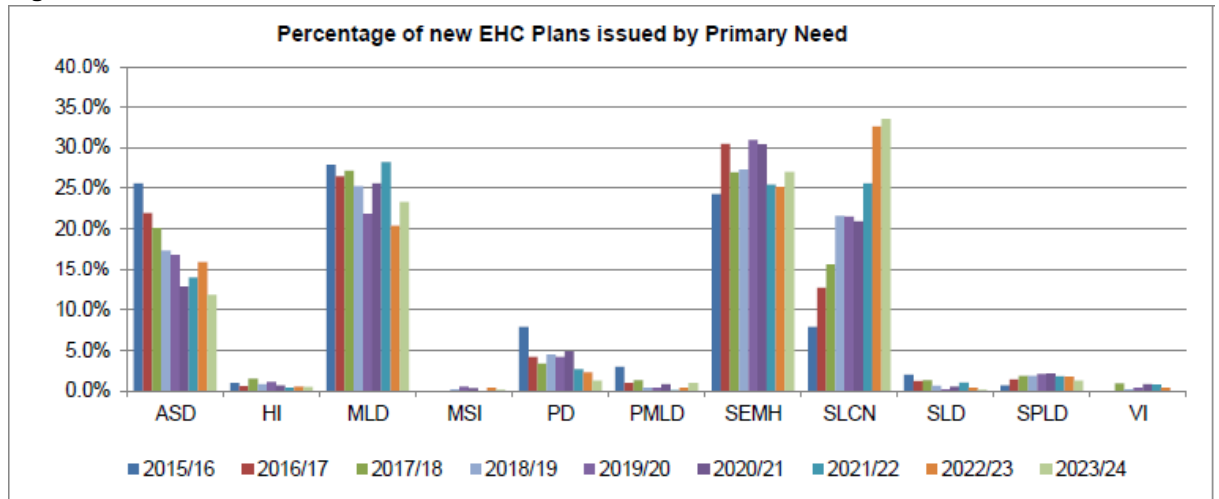
- 3.1. The development and improvement of our local services continue to move forward. the local SEND and AP improvement plan has been updated and published on the local offer. This plan has been updated following the Local Area SEND inspection and to reflect local involvement in the SEND and AP reforms that are being led by the DfE. The programme overview is shown in fig.2 below.

Fig.2



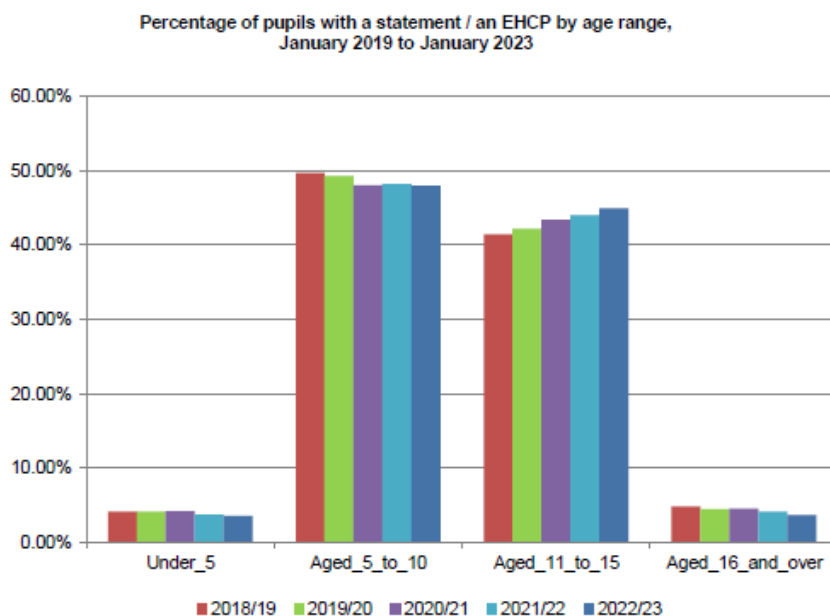
- 3.2. Inspectors found that current arrangements and support services for SEND lead to inconsistent experiences for children and young people. They found that “leaders across the partnership have a shared vision of excellence” and that there are ambitious strategic plans that are designed to meet the needs of children and young people in Gloucestershire. However, much of the improvement inspectors found, are in their infancy and that whilst there are ‘green shoots’ of progress being made, these need to be embedded and sustained. In identifying areas for improvement they found:
- a. Leaders in the ICB and the LA should strengthen multi-agency working across the partnership, between education, health and social care providers, so that:
 - children and young people’s needs are identified and assessed in a more efficient and timely manner;
 - transitions for children and young people across phases in their education are improved;
 - children and young people have access to education and training through placements that meet their individual needs;
 - young people are better prepared for adulthood earlier; and
 - communication with parents and practitioners supports all stakeholders effectively, to understand systems and decision-making processes.
 - b. Leaders in education, health and social care should work together to strengthen and embed the quality assurance framework around all existing and newly issued EHC plans. This includes:
 - improving the quality and depth of contributions from health partners and children’s social care into the plans;
 - reducing waiting times for health assessments;
 - increasing timeliness and quality of needs assessments;
 - increasing timeliness and quality of EHC plans and annual reviews; and
 - ensuring that EHC plans consider information shared by services providing support to the child, young person and their family.
 - c. Leaders in education should continue to review the breadth and offer of specialist places for children with SEND, in order to inform commissioning and investment in specialist provision to improve the experiences and outcomes of children and young people and their families.
 - d. The partnership should further develop their strategic plans to include families in partnership projects, to embed their voice and create a model of true co-production. The monitoring of projects and interventions should be more inclusive and effectively communicated with stakeholders, to create a shared culture of driving improvements for children, young people with SEND and their families.
- 3.3. The response to these areas for improvement has been embedded within the improvement plan. Annex A shows in more detail how we have responded to the areas for improvement. Delivery of the improvement plan is governed by the SEND and Inclusion Local Area Partnership (SILAP). However, the link between this improvement work and the financial sustainability of the system is significant, not least

Fig.5



5.3. At statutory school age, the number of children and young people supported by an EHCP remains higher in the primary sector than the secondary sector, as shown in fig.6. In terms of the financial modelling, we are undertaking we are expecting this to mean that the demand for additional 11-16 specialist places will start to level out in the next few years, as the number of children and young people with EHCPs, leaving in year 11 aligns more closely with the issuing of new plans. Of course, there is an expected impact on the costs associated to post-16 provision.

Fig.6



5.4. However, the demand for new Education Health and Care Needs Assessments (EHCNA) is not abating, and in fact has been rising slightly this year. The period 1st January 2024-31st March 2024, 410 new requests were received, this compares to 391 (22/23), 300 (21/22) and 234 (20/21) for the same period in the preceding years.

5.5. In terms of the impact this is having on financial forecasting; we are at this stage, assuming that demand will continue on the current trends.

Annex A: Mapping the Areas for Improvement from the Ofsted Inspection to the Improvement Plan

| Areas for Improvement | What will we do? | How will this improve services for children and young people and their families? | |
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| <p>1. Leaders in the ICB and the LA should strengthen multi-agency working across the partnership, between education, health, and social care providers, so that:</p> | <ul style="list-style-type: none"> Children and young people's needs are identified and assessed in a more efficient and timely manner. | <ul style="list-style-type: none"> Continue the development of the local graduated pathway to ensure it is used consistently and effectively across the local area. Finalise and launch a local mainstream education inclusion baseline, which sets out the support that all children should expect to enable access to mainstream education. Scope options for the scaling up of the multi-agency Navigation Hub (single point of contact) to improve early access to key local services to support delivery of the right support at the right time and first time. Improve the training and professional development offer available to the system to strengthen professionals' ability to identify needs early and put the right support in place. Work as a partnership to improve understanding of neurodiversity and develop support options for schools by being part of NHS England's Partnership for Inclusion of Neurodiversity in Schools (PINS) project. Build on the targeted approaches and support available through the South-West's neurodiversity website for CYP with neuro-diversity needs whilst waiting for an autism and ADHD assessment, so that support is available more quickly. | <ul style="list-style-type: none"> Increased use and effectiveness of the graduated pathway across the local area, with more children and young people accessing services, and getting the right support, when issues and needs are emerging. Greater understanding of what good mainstream inclusion practice looks like, with increasing consistency in the local offer, and improved confidence in mainstream education from children and young people and their families. Implementation of single point of contact that provides multi-agency early help support, ensuring access to the right service and support first time. All stakeholders report that there is a high quality and comprehensive training and development offer available to them and that meets their needs. Children and families will have a better experience of services due to services adopting a strength-based approach that meets their needs. Children and families will be better supported with their neuro-diverse needs, leading to improved mental wellbeing which will better enable them to access their learning and achieve positive outcomes. |
| | <ul style="list-style-type: none"> Transitions for children and young people across phases in their education are improved. Young people are better prepared for adulthood earlier. | <ul style="list-style-type: none"> Strengthen commissioning arrangements and information advice and guidance for P16 transitions through our work on the Delivering Better Value in SEND programme. Work with the DfE and other local authorities to test the national reforms focussed on strengthening Early Years and Post-16 transitions. Review and republish our local Fair Access Protocol with all key stakeholders to refine and improve the process and the associated transition support. The Local Area Partnership will agree an approach to the development of a local transitions and preparation for adulthood strategy. The Local Area Partnership will build on the exemplar Young Adults: 16-25 service model to create a culture where services are young-adult focused, and able to support their needs. | <ul style="list-style-type: none"> Children and their families will feel well supported with a seamless journey through key transition points, where expectations are realistic and achievable. Young people have a better experience, leading to increased confidence which will empower them to access services when needs emerge in a timely way. |
| | <ul style="list-style-type: none"> Children and young people have access to education and training through placements that meets their individual needs. | <ul style="list-style-type: none"> Publish a local area joint commissioning strategy informed by the Joint Strategic Needs Assessment. Build on the current plans to increased special school places by 270 additional places to 600 places in the next 5 years. Continued the development and improvement of the local Alternative Provision offer to deliver a three-tier offer that better meets the needs of children and young people in Gloucestershire | <ul style="list-style-type: none"> Families will have access to a broader range of placements across the county that will meet the needs of children and young people. Waiting times to access placements and associated services will reduce. |

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| | <ul style="list-style-type: none"> • Communication with parents and practitioners effectively supports all stakeholders to understand systems and decision-making processes. | <ul style="list-style-type: none"> • Review and update the local offer to ensure that there is clear and accessible information and guidance regarding the local systems and decision-making processes. • Develop and publish a local area SEND and Inclusion communications strategy which is welcoming and inclusive for families and children of all ages, cultures, religion, ethnicities, gender, sexuality and disabilities. | <ul style="list-style-type: none"> • Parents and carers will receive information that is clear and accurate so that they know what is available to them, they understand decision-making processes, and they know how to access support that is appropriate for meeting the needs of their child. |
| <p>2. Leaders in education, health and social care should work together to strengthen and embed the quality assurance framework around all existing and newly issued EHC plans. This includes:</p> | <ul style="list-style-type: none"> • Improving the quality and depth of contributions from health partners and Children's Social Care into the plans. | <ul style="list-style-type: none"> • Establish a local area quality assurance group to establish clear multi-agency quality assurance processes and feedback loops. • Share a clear Local Area position on what constitutes a 'Good' EHCP through the development and sharing of case-studies. • Test and pilot the new DfE led EHCP reforms, which includes new EHCP and advice templates which are aimed at supporting improvements in the consistency and quality of plans. | <ul style="list-style-type: none"> • The quality of Education Health and Care plans will improve and will better reflect all of the child or young persons needs. |
| | <ul style="list-style-type: none"> • Reducing waiting times for health assessments | <ul style="list-style-type: none"> • In addition to the work on the Navigation Hub, we will continue to reduce waiting times for health services by: <ul style="list-style-type: none"> ○ Launching a new Social Communication and Autism Assessment Service (SCASS) pathway. ○ Embed improvements to occupational therapy services to ensure risk continues to decline. ○ Continue the CAMHS recovery plan to ensures additional clinics are available. | <ul style="list-style-type: none"> • A reduction in waiting times will allow children and their families to access the help and support they need in a timelier way. |
| | <ul style="list-style-type: none"> • Increasing timeliness and quality of needs assessments. • Increasing timeliness and quality of EHC plans and Annual Reviews. • EHC plans should consider information shared by services providing support to the child, young person, and their family. | <ul style="list-style-type: none"> • Embed the recent improvements that have been made to the timeliness and quality of needs assessments to ensure they are sustained. • Continue investment in the capacity of both EHCP casework and education psychology teams to enable timeliness and quality of needs assessments and to extend this into the annual review process. • Ensure that key-learning from multi-agency audits is used to create a cycle of continuous improvement | <ul style="list-style-type: none"> • Children and families will feel more confident in the quality of EHCPs and will feel more positive about their individual plans as a result. |

| | | |
|---|--|--|
| <p>3. Leaders in education should continue to review the breadth and offer of specialist places for children with SEND, in order to inform commissioning and investment in specialist provision to improve the experiences and outcomes of children and young people and their families</p> | <ul style="list-style-type: none"> • Develop and publish a joint commissioning and sufficiency strategy that is informed by a joint strategic needs assessment. | <ul style="list-style-type: none"> • Children and families will have visibility of the specialist places and services available to them; any plans to extend or changes these services; and why changes are being made. |
| <p>4. The partnership should further develop their strategic plans to include families in partnership projects to embed their voice and create a model of true coproduction. The monitoring of projects and interventions should be more inclusive and effectively communicated with stakeholders, to create a shared culture of driving improvements for children, young people with SEND and their families.</p> | <ul style="list-style-type: none"> • Develop an evaluation model that enables a better understanding of the effectiveness of co-production and the “you said, we did” approach. • Develop a clear and unambiguous definition of what the local area considers effective co-production, both at a strategic and operational level. • Develop an inclusive local area SEND communications strategy and delivery plan, to ensure, we are communicating complex services, support and improvement clearly for all stakeholders in a way that is accessible. • Implement an annual SEND survey, that enables all stakeholders to feedback on the effectiveness of all aspects of the local offer and associated services. | <ul style="list-style-type: none"> • Parents and children and young people state that they are more involved in the development and agreement of EHCPs. • All stakeholders report that communication of the local SEND offer is clear and accessible. • All parent carers will have an opportunity and feel confident to share their voice and experiences. |