Lancashire Health and Wellbeing Board

Lancashire County Council

Lancashire Health and Wellbeing Board
Tuesday, 10 September 2019, 2.00 pm,
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Appointment of Chair for the Meeting	Information	In the absence of the Chair, the Deputy Chair, Denis Gizzi will take the meeting.	Dr Sakthi Karunanithi		2.00pm
2. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		
3. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		

Sam Gorton: sam.gorton@lancashire.gov.uk 01772 534271

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Minutes of the Last Meeting and Matters Arising	Action	To agree the minutes of the previous meeting held on 23 July 2019 and to discuss any matters arising from them.	Chair	(Pages 1 - 10)	
5. Action Sheet and Forward Plan	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 11 - 14)	
6. Lancashire Special Educational Needs and Disabilities (SEND) Partnership	Update	To receive an update on the forthcoming revisit by Ofsted and Care Quality Commission (CQC) and the assessment of progress.	Sian Rees	(Pages 15 - 50)	2.15pm
7. Population Health Management	Action	To develop a data sharing agreement between Primary Care/Hospitals/Local Authorities for planning purposes and to receive the Digital Health Strategy and Population Management Health work. The Board will also be requested to get the system sign off for the Data Access Request Service.	Dr Sakthi Karunanithi	(Pages 51 - 76)	2.35pm
8. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency.	Chair		3.35pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
		Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.			
9. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on 19 November 2019 in the Duke of Lancaster Room - Committee Room 'C' at County Hall, Preston.	Chair		3.40pm

L Sales
Director for Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 23rd July, 2019 at 2.00 pm in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
County Councillor Phillippa Williamson, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Edwina Grant OBE, Education and Children's Services, Lancashire County Council
Tim Almond, Morecambe Bay CCG
Kirsty Hollis, East Lancashire CCG
Joanne Platt, Lancashire Teaching Hospitals Foundation Trust
Jane Booth, Lancashire Safeguarding Adults Board
Stephen Ashley, Lancashire Safeguarding Children's Board
Councillor Bridget Hilton, Central District Council
Councillor Sue Brennan, Rossendale Borough Council
Cllr Viv Willder, Fylde Coast District Council
Councillor Margaret France, Central Health and Wellbeing Partnership
Tammy Bradley, Housing Providers
David Russel, Lancashire Fire and Rescue Service
Peter Tinson, Fylde and Wyre CCG
Sue Stevenson, Healthwatch
Clare Platt, Health, Equity, Welfare and Partnership, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

Dr John Caine	West Lancashire CCG
Dr Geoff Jolliffe	Morecambe Bay CCG
Suzanne Lodge	North Lancashire Health & Wellbeing Partnership
Gary Hall	Lancashire Chief Executive Group
Adrian Leather	Third Sector
Denis Gizzi	Chorley and South Ribble CCG and Greater Preston CCG

1. Appointment of Chair

Resolved: That in accordance with the Terms of Reference, County Councillor Shaun Turner, as the Cabinet Member for Health and Wellbeing, was appointed as Chair for the remainder of the 2019/2020 municipal year.

2. Appointment of Deputy Chair

Resolved: That the Board agreed that Denis Gizzi, Chorley, South Ribble and Greater Preston Clinical Commissioning Groups (CCGs) be reappointed as Deputy Chair for the municipal year 2019/2020.

3. Membership and Terms of Reference of the Lancashire Health and Wellbeing Board

Resolved: That the Board noted the current membership and Terms of Reference for the 2019/2020 municipal year, as set out in the agenda pack.

Future collaboration with Lancashire, Blackburn with Darwen and Blackpool Health and Wellbeing Boards will require Terms of Reference to be developed agreed.

4. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

New members of the Board were as follows:

Caroline Donovan replacing Professor Heather Tierney-Moore, Lancashire Care Foundation Trust.
County Councillor Phillippa Williamson replacing County Councillor Susie Charles.
Stephen Ashley, Lancashire Safeguarding Children's Board (Jane Booth returns to Lancashire Adult Safeguarding Board only).
Councillor Steve Hughes replacing Councillor Barbara Ashworth (East Lancashire District).

Replacements for the meeting were as follows:

Kirsty Hollis for Dr Julie Higgins, East Lancashire Clinical Commissioning Group.
Joanne Platt for Karen Partington, Lancashire Teaching Hospitals Foundation Trust.
Tim Almond for Dr Geoff Jolliffe, Morecambe Bay Clinical Commissioning Group.

Also in attendance from Blackpool Council and Blackburn with Darwen Council Health and Wellbeing Boards were:

Dominic Harrison, Director of Public Health, Blackburn with Darwen Council.
Councillor Mohammed Khan, Chair of Blackburn with Darwen Council's Health and Wellbeing Board.
Nicky Dennison, Senior Public Health Practitioner, Blackpool Council.

Apologies were received from Councillor Graham Cain, Chair of Blackpool Council's Health and Wellbeing Board.

5. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

6. Minutes of the Last Meeting

Resolved: That the Board agreed the minutes of the last meeting.

7. Action Sheet and Forward Plan

There was an update on the development of the Advancing.

Following the circulation via email on 19 June 2019, of the final versions of the Joint Strategic Needs Assessment reports, the Board were asked to nominate two project sponsors for each thematic at this meeting.

Resolved: i) That the Board noted the actions from the last meeting that had been included on the forward plan, along with other items for the Board's consideration at future meetings also detailed on the plan.

ii) The Board nominated County Councillor Phillippa Williamson for the children and young people Joint Strategic Needs Assessment project and Dr Sakthi Karunanithi for the health inequalities Joint Strategic Needs Assessment project.

8. Lancashire Special Educational Needs and Disabilities (SEND) Partnership-SEND Improvement Plan (updated Written Statement of Action)

Sian Rees, Special Educational Needs and Disabilities Consultant, Lancashire County Council, reported on the progress following the inspection by Ofsted and Care Quality Commission in November 2017 to judge how effectively the special educational needs and disability reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

Partners in Lancashire were required to produce a Written Statement of Action, setting out the immediate priorities for action. Progress on the implementation of these actions had been monitored by the Department for Education (DfE) and NHS England. Formal review visits by the Department for Education and NHS England had taken place since April 2018 to consider the progress being made in line with the Written Statement of Action. The Statement had been updated and any ongoing actions included in the Special Educational Needs and Disabilities Partnership Improvement Plan for the period April 2019 to December 2020.

The progress report for July will have details of review dates where timescales have been missed. The report will be presented to the Special Educational Needs Partnership Board and will then come to the next meeting of the Health and Wellbeing Board.

Resolved: That the Health and Wellbeing Board:

i) Received and considered the Special Educational Needs Improvement Plan, noting that this would continue to drive forward improvement over the next two years.

ii) Considered the first assessment of progress on the newly implemented plan and would expect to receive regular updates at future meetings.

9. Integrated Care System

Gary Raphael, Executive Director of Finance and Investment, Lancashire & South Cumbria Integrated Care System, informed the Board of a proposed that regular updates on both the development of the plans (operational and strategic) during the year be provided.

The paper was intended to support the development of a strategic narrative for the Lancashire and South Cumbria Integrated Care System by Clinical Commissioning Group Governing Bodies, Provider Trust Board and Local Authority leadership teams. The paper also outlined the process of engagement on that narrative that is being undertaken.

The presentation in the agenda pack proposed that the Lancashire and South Cumbria Integrated Care System endorses eight partnership priorities for changing the way we work as a system – priorities which enable explanation of our vision for future system working to our staff, patients, citizens and stakeholders and to set out how working in partnership will enable our most significant challenges to be tackled.

The plans were not only for the NHS to lead on however, they were to ensure a partnership approach when formulating and delivering them. During the engagement process, comments, advice and recommendations were being sought from Councils and the public.

The Board welcomed the document and felt that this identified a role for the Local Authority as well as committing joint working teams across the Integrated Care System, Integrated Care Partnerships and at neighbourhood levels and going forward they would monitor the plan collectively. The plan also needed to be aligned with the six principles that the Local Government Association, Directors of Adult Social Services, NHS Clinical Commissioners, NHS Providers, NHS Confederation and the Association of Directors of Public Health had recently signed up to. The six principles were:

- Collaborative leadership
- Subsidiarity – decision-making as close to communities as possible
- Building on existing, successful local arrangements
- A person-centred and co-productive approach
- A preventative, assets-based and population-health management approach
- Achieving best value

Deadlines for the plan was for completion by the end of September with the Board signing it off following that.

With a deficit of £112 million, £20.5 billion had been put aside for the NHS over the next five years with £4.5 billion set aside for improving Primary and Community Care Services which was a big financial challenge for acute trusts. Significant change will be required and Trusts have been looking to improve joint working and also take the same approach when working in specialisms. There was still a significant amount of work to do.

It was anticipated that the Health and Wellbeing Board would come together as a system to challenge and form a high level of scrutiny of the proposals going forward.

Resolved: That the Health and Wellbeing Board:

i) Commented on the strategic narrative which had been developed by the Lancashire and South Cumbria Integrated Care System.
ii) Endorsed the strategic narrative document as the basis for the development of the Lancashire and South Cumbria Integrated Care System five year plan.
iii) Endorsed in principle the eight priorities within the document, subject to the outcomes of a proposed engagement process.
iv) Endorsed the proposed engagement process with patients, citizens, staff and wider partners and support the actions required to deliver it effectively.
v) Supported the further system development work now being arranged in respect of provider collaboration, commissioning and partnership between local authorities and the NHS.

9. Review of Intermediate Care in Lancashire

Tony Pounder, Director of Adult Services, Lancashire County Council provided an update on the review intermediate care in Lancashire.

Work started towards the end of 2019 and was now drawing to a conclusion with an expected end date in July 2019. A presentation drew out the main findings from the final report, its key recommendations and the implications for the Health and Social Care system across Lancashire and South Cumbria.

It was recognised that serious effort would be needed to deliver the changes outlined and this could take 3-4 years. The Advancing Integration Board would take ownership as it requires delivery by the whole health and social care system.

Resolved: That the Health and Wellbeing Board:

i) Noted the key findings of the report.
ii) Approved the next steps for implementation.
iii) Agreed that the Advancing Integration Board (formerly Better Care Fund Steering Group) to hold the accountability for driving implementation reporting at regular intervals to be determined to the Health and Wellbeing Board.

9. Better Care Fund Progress

Louise Taylor, Executive Director for Adult Services and Health and Wellbeing, Lancashire County Council gave an update to the Board on:

Better Care Fund Metrics

- Residential and nursing home admissions continued to fall but at a much lower rate than previously. They remained much higher than the national average.
- Reablement continued to be successful with increasing take up and consistently high success.
- Non elective admissions continued to exceed target and have seen a year on year increase for the last three years.
- Delayed Transfers of Care were considerably lower for 2018/19 than 2017/18 but performance had deteriorated over recent quarters.

BCF planning and Finances

Despite the delay in publication of Better Care Fund planning guidance partners were making progress in confirming local plans across health and social care.

Confirmation of the level of contributions to the fund was also delayed. An additional element of the Better Care Fund for 2019/20 would be the Winter Pressures Grant of £5.5m for Lancashire. Partners had discussed and agreed the spending plan for this.

Advancing Integration

A high level of joint working had resulted in significant progress in designing a model for making integration across health and social care happen. The model provides the structure to manage the Better Care Fund, the Intermediate Care Review and integration as a whole. It was proposed that the Better Care Fund steering group was replaced by the Advancing Integration Board, to take on this wider responsibility while remaining accountable to the Health and Wellbeing Board.

Resolved: That the Health and Wellbeing Board:

(i) Noted the Better Care Fund performance against the required metrics.
(ii) Noted the planning and financial arrangements for the Better Care fund in 2019/2020.
(iii) Noted the work to date on Advancing Integration across health and social care using the Better Care Fund as an enabler.
(iv) Approved the development of the Advancing Integration Board.
(v) Approved the creation of the Advancing Integration transformation team.
(vi) Approved the approach to Advancing Integration based around levels of neighbourhoods, districts, Integrated Care Partnerships and the Integrated Care System.

9. Collaboration - Health and Wellbeing Boards

Clare Platt, Head of Service Health, Equity, Welfare and Partnerships, Lancashire County Council presented the report where over recent months there had been a number of discussions highlighting the opportunity for the Health and Wellbeing Boards to work with, and influence, the Lancashire and South Cumbria Integrated Care System to promote integration and improve population health outcomes. Recently the Integrated Care System had been reviewing its governance arrangements, and so it was timely to consider the opportunities for a system-wide approach to integrated health and social care, prevention, and tackling health inequalities.

There were a number of examples of such arrangements across the Country, with the Local Government Association (LGA) supporting Health and Wellbeing Boards in developing this approach, and publishing associated case studies. The Local Government Association had offered support in delivering joint arrangements for Lancashire and South Cumbria.

The report identified learning and best practice in relation to joint working, progress and the governance options available for consideration.

The Board agreed that there was a need for collaboration to deliver one strategy and ensure more health and social integration and that there should be one collaborative arrangement under the Integrated Care System, with five Integrated Care Partnerships.

Following this meeting there would need to be discussions between the three chairs of the Health and Wellbeing Boards in Lancashire, Blackburn with Darwen and Blackpool so that each understood what each Board could bring to the collaboration and how to ensure it worked including holding the Integrated Care System to account. This was a real opportunity to look at a broader agenda.

Resolved: That the Health and Wellbeing Board:

i) Noted the report and agreed to progress joint arrangements.
ii) Agreed that the offer of support from the Local Government Association be accepted.
iii) Required an update on progress to the next meeting of the Board.

Prevention and Population Health Services

Clare Platt also gave an update on discussions that had taken place with East Lancashire, Fylde and Wyre, Greater Preston, Chorley and South Ribble and Morecambe Bay Clinical Commissioning Groups about alignment of public health services. A further conversation with West Lancashire was to be held shortly. Discussions revealed that there were different interpretations of the Lancashire County Council offer across each Clinical Commissioning Group footprint. This posed a significant challenge for Lancashire County Council in terms of planning, consistency and risk management.

Clinical Commissioning Groups are keen to understand the degree of devolution whether it was involvement in decision making or devolution of public health grant monies with an associated performance framework or something between the two.

There needed to be more clarity re development of a Memorandum of Understanding, governance and the opportunity for oversight by the Health and Wellbeing Board.

A paper had also been requested that could be shared with all Clinical Commissioning Group Boards outlining the proposal, followed up by more detail on governance at a later state.

Resolved: That the Health and Wellbeing Board welcomed the update.

10. Urgent Business

Motor Neurone Disease Association

The Chair reminded the Board of the Motor Neurone Disease event taking place on 31 July 2019 and to confirm attendance.

11. Date of Next Meeting

The next scheduled meeting will be held at 2pm on 10 September 2019 in the Duke of Lancaster Room – Committee Room 'C' at County Hall, Preston.

12. Exclusion of Press and Public

This item was not required as the Part II report at agenda item 13 was discussed under Part I.

13. Health and Social Care Integration - Advancing Information Systems Interoperability

Tony Pounder, Director Adult Services, Lancashire County Council and Declan Hadley, Digital Lead, Healthier Lancashire and South Cumbria informed the Board about the progress on the Advancing Information Systems Interoperability.

NHS organisations and local authority social care organisations within the Lancashire and South Cumbria Integrated Care System need to share information with one another about individuals they treat or support so they can be effective and efficient in delivering joined up care and ensuring timely transfer of responsibilities between agencies. Given the number of different information systems in operation across these organisations the Integrated Care System had been committed through its Digital Strategy to ensuring these systems could talk to one another by devising solutions that advance interoperability.

The report and presentation to the Board sets out the recent success Lancashire County Council and Lancashire Teaching Hospitals have had in establishing the information governance, technical and operational arrangements to allow for the smooth and timely flow of information about those people waiting for discharge from hospital. It will further outline the provisional Grant Award recently communicated by NHS England to Lancashire County Council as part of the Social Care Digital Pathfinders programme to plan for these arrangements to be widened out to all hospitals and local authorities within the Integrated Care System.

Resolved: That the Health and Wellbeing Board:

i) Noted and commended the progress on advancing information systems interoperability between Lancashire County Council and Lancashire Teaching Hospitals in relation to hospital discharge

ii) Noted and welcomed the provisional award of a Grant from NHS England from its Social Care Digital Pathfinder fund to enable planning for advancing system interoperability between all councils and NHS hospital trusts within the Integrated Care System in relation to hospital discharge.

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Lancashire Health and Wellbeing Board

Actions, July 2019

Action topic	Summary	Owner
Lancashire Special Educational Needs and Disabilities (SEND)	The Board: • Received and considered the Special Educational Needs Improvement Plan, noting that this would continue to drive forward improvement over the next two years. • Considered the first assessment of progress on the newly implemented plan and would expect to receive regular updates at future meetings.	Sian Rees
Integrated Care System	The Board: • Commented on the strategic narrative which had been developed by the Lancashire and South Cumbria Integrated Care System. • Endorsed the strategic narrative document as the basis for the development of the Lancashire and South Cumbria Integrated Care System five year plan. • Endorsed in principle the eight priorities within the document, subject to the outcomes of a proposed engagement process. • Endorsed the proposed engagement process with patients, citizens, staff and wider partners and support the actions required to deliver it effectively. • Supported the further system development work now being arranged in respect of provider collaboration, commissioning and partnership between local authorities and the NHS.	Gary Raphael

Review of Intermediate Care in Lancashire	The Board: • Noted the key findings of the report. • Approved the next steps for implementation. • Agreed that the Advancing Integration Board (formerly Better Care Fund Steering Group) to hold the accountability for driving implementation reporting at regular intervals to be determined to the Health and Wellbeing Board.	Tony Pounder
Better Care Fund Progress	The Board: • Noted the Better Care Fund performance against the required metrics. • Noted the planning and financial arrangements for the Better Care fund in 2019/2020. • Noted the work to date on Advancing Integration across health and social care using the Better Care Fund as an enabler. • Approved the development of the Advancing Integration Board. • Approved the creation of the Advancing Integration transformation team. • Approved the approach to Advancing Integration based around levels of neighbourhoods, districts, Integrated Care Partnerships and the Integrated Care System.	Louise Taylor
Collaboration – Health and Wellbeing Boards	The Board: • Noted the report and agreed to progress joint arrangements. • Agreed that the offer of support from the Local Government Association be accepted. • Required an update on progress at a future meeting of the Board **(included on the Forward Plan).**	Clare Platt

Lancashire Health and Wellbeing Board

Forward Planner

Date of Meeting	Topic	Summary	Owner
November 2019	Child Deaths	To receive a report.	Sakthi Karunanithi/Sharon Hubber
November 2019	Central Lancashire Integrated Care Partnership Development and Future of Acute Services	To provide an update on the future of acute services in the Central Lancashire area detailing the case for change, process and next steps.	Dr Gerry Skailes Sarah James
November 2019	Integrated Care Service	To sign off the Integrated Care Service plan.	Gary Raphael
November 2019	Pennine Health and Social Care Partnership	To receive the proposals for revised governance.	Tony Pounder
November 2019	Transforming Care – In Patient Provision and the Learning Disabilities Mortality Review (LeDeR).	To receive a further update in relation to life expectancy and health and wellbeing outcomes for people with learning and disabilities and their carers.	Rachel Snow-Miller Lisa Slack
November 2019	West Lancashire Integrated Community Partnership	To receive the proposal for revised governance.	Tony Pounder
November 2019	Voluntary Community and Faith Sector Strategy	To receive the VCFS Strategy.	Lynne Johnstone
November 2019	Lancashire Special Educational Needs and Disabilities Partnership – SEND Improvement Plan	To receive a progress update on the Special Educational Needs and Disabilities Improvement Plan 2019 (updated Written Statement of Action).	Sian Rees
November 2019	Residential and Nursing Home Markets in Lancashire	To receive a report on the capacity, quality and challenges.	Lisa Slack Louise Taylor
November 2019	Quality Assurance Reports	To receive reports from external audit agencies with multi-agency County wide implications	Various

Date of Meeting	Topic	Summary	Owner
TBC	Review Morecambe Bay Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC
TBC	Review Fylde Coast Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC

Lancashire Health and Wellbeing Board
Meeting to be held on 10 September 2019

Lancashire Special Educational Needs and Disabilities (SEND) Partnership – forthcoming revisit by Ofsted and Care Quality Commission (CQC) and the assessment of progress
(Appendix 'A' refers)

Contact for further information: Sian Rees, Improvement Partner Special Educational Needs and Disabilities (SEND), Lancashire County Council, Tel: 01772 535162, sian.rees@lancashire.gov.uk

Executive Summary

Lancashire local area Special Educational Needs and Disabilities services were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effectively the special educational needs and disability (SEND) reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

Partners in Lancashire were required to produce a Written Statement of Action, setting out the immediate priorities for action. Progress on the implementation of these actions has been monitored by the Department for Education (DfE) and NHS England. The Written Statement of Action has been updated and any ongoing actions included in the Special Educational Needs and Disabilities Partnership Improvement Plan for the period April 2019 to December 2020. The Health and Wellbeing Board received an update on progress at their last meeting in July.

Formal review visits by the Department for Education (DfE) and NHS England have taken place since April 2018 to consider the progress being made in line with the Written Statement of Action; the most recent being on 19 August 2019.

Recommendations

That the Health and Wellbeing Board:

(i) Receive a presentation to outline the process of the forthcoming re-visit by Ofsted and the Care Quality Commission (CQC);
(ii) Summarise the assessment of progress to date;
(iii) Share the process in place to accelerate progress where this is required.

1. Background

1.1 The Lancashire Special Educational Needs and Disabilities Partnership Board is responsible for ensuring the delivery of the Written Statement of Action and the updated version known as the Special Educational Needs and Disabilities Improvement Plan.

1.2 Progress on these plans has been reported bi-monthly to the Health and Wellbeing Board and the Special Educational Needs (SEND) Partnership Board using a red, amber, green rating.

Lancashire County Council

1.3 Preparation for the forthcoming re-visit by Ofsted and Care Quality Commission (CQC) to the Lancashire local area has been taking place; the visit will assess the progress made in addressing the twelve areas of concern detailed in the original report.

1.4 A summary of progress against the initial Ofsted findings and recommendations has been prepared by the local area SEND Partnership and this was shared with the Department for Education (DfE)/NHS England at the last review meeting on 19 August.

2. Re- Inspection of the local area

2.1 The local area is expecting the re-visit to take place before the end of October 2019, in line with the guidance set out in the Handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities - part 3, attached at Appendix'A'. A presentation to outline the process will be shared with the Health and Wellbeing Board.

2.2 In preparation for the re-visit the Special Educational Needs Department Partnership Board will consider the self-assessment at its next meeting on 16 September 2019. A summary of the self-assessment will be shared as part of the presentation.

2.3 Where there is a need to accelerate progress, more detailed plans have been developed; these will be considered by the Special Educational Needs and Disabilities Partnership Board on 16 September and the process shared with the Health and Wellbeing Board as part of the presentation.

List of background papers

Handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities - Part 3 – Appendix 'A'.

The handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities

Handbook for inspecting local areas in England under section 20 of the Children Act 2004

Age group: 0–25

Published: April 2016; updated April 2019

Reference no: 160026

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Introduction

1. Duties on local areas regarding provision of support for children and young people with special educational needs and/or disabilities (SEND) are contained in the Children and Families Act 2014, and regulations made under the Act.[1] The duties are expanded on in the statutory guidance 'Special educational needs and disability code of practice: 0 to 25 years' (the Code of Practice) published jointly by the Department for Education (DfE) and the Department of Health and Social Care (DHSC).[2] These duties came into force in September 2014.

2. The Minister of State for Children and Families tasked Ofsted and the Care Quality Commission (CQC) with inspecting the effectiveness of local areas in fulfilling their duties. This handbook is primarily a guide for inspectors on how to carry out local area inspections. It should be read alongside the 'Framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people with special educational needs and/or disabilities', which sets out the legal basis and principles of inspection.[3] It is also made publicly available to ensure that young people, parents and carers, local authorities and health services, early years settings, schools, further education providers and other organisations can inform themselves about the process and procedures of inspection.

3. The handbook should also support local areas in their self-evaluation and ongoing improvement. The handbook provides guidance and should not be regarded as a set of inflexible rules. It is an account of the procedures that govern inspection, setting out how inspectors will gather evidence to make their judgements about the effectiveness of the local area in meeting its duties. Inspectors will exercise their professional judgement when using this handbook.

4. The handbook has three parts:

   - **Part 1: How local areas will be inspected**
     This contains information about the processes before, during and after the inspection.
   - **Part 2: The evaluation schedule**
     This contains guidance for inspectors on assessing the effectiveness of local areas in fulfilling their statutory duties set out in the Code of Practice and

[1] The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early years settings, schools and further education providers.
[2] 'Special educational needs and disability code of practice: 0 to 25 years', (DFE-00205-2013) DfE and DHSC, 2015; www.gov.uk/government/publications/send-code-of-practice-0-to-25.
[3] 'The framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities', Ofsted and the CQC, April 2016; www.gov.uk/government/publications/local-area-send-inspection-framework.

the kinds of evidence that inspectors will collate and analyse to make their judgements.

- **Part 3: Re-visits to local areas issued with a written statement of action**

  This outlines arrangements for re-visits to local areas where HMCI determined that a written statement of action (WSOA) be issued.

Part 1: How local areas will be inspected

Before the inspection

Inspectors' planning and preparation

5. In planning for the inspection, the lead Her Majesty's Inspector (HMI) and the CQC inspector will consider all available evidence to develop an initial picture of the local area's performance in fulfilling its responsibilities. The lead HMI and CQC inspector will develop initial hypotheses and key lines of enquiry informed by analysing:

   - Outcomes (as described in the Code of Practice) for children and young people with SEND
   - attendance and exclusion information
   - data relating to the identification of SEN at SEN support and education, health and care (EHC) plan levels
   - information about the destinations after leaving school, including about young people not in education, employment or training
   - performance towards meeting expected timescales for statutory assessment
   - inspection reports for the local area, its services and providers
   - the published local offer
   - the local authority short break statement
   - schools' and nurseries' published SEN information reports
   - the joint strategic needs assessment
   - the joint health and well-being strategy
   - SEND strategic plans devised and used by the local area
   - the level of appeals to the First-tier Tribunal (Health and Social Care Chamber) (Special Educational Needs and Disability), including cases resolved prior to tribunal hearing. Also, the level of appeals at the Single Route of Redress
   - complaints to Ofsted and the CQC
   - any relevant serious case reviews and their outcomes
   - performance information published by the DfE and DHSC

- commissioning and performance data on delivery of:
  - healthy child programme, spanning early years and school aged children (previous 12 months)
  - neonatal screening programme
  - 0–25 services for child and adolescent mental health services (CAMHS), speech and language therapy, occupational therapy and physiotherapy (to include commissioned care pathways and specialist arrangements for children with SEND).

6. The lead HMI and CQC inspector should also review additional information such as:

- any evaluations from service users and how these have influenced commissioning and changes to service delivery
- data about initial and health review assessments for children looked after who have or who may have SEND
- pathways for referrals to health services for assessment, including CAMHS, therapies, child development centres and associated performance data
- statistics on health attendance and input into EHC assessment and review meetings
- specifications for local area services, including those for young people aged 16 to 25
- guidelines on transfer of responsibility.

Notification and introduction

7. The lead HMI will normally contact the local authority's director of children's services (DCS) by telephone to announce the inspection five working days before the inspection. This notification call will normally take place between 9am and 10am. The lead HMI will make arrangements to speak with the director's nominated officer for the inspection as soon as possible to make the necessary arrangements for the inspection. The nominated officer should be the single point of contact for the lead HMI.[4] Together, they will manage the coordination of the inspection.

8. If the DCS is unavailable when the notification call is made, the lead HMI will ask to speak to the most senior member of staff available. Once the lead HMI has contacted the local authority, the CQC inspector will contact the chief executive(s) of the clinical commissioning groups (CCG) to inform them of the

[4] Each local area should nominate a representative as the local area nominated officer (LANO) who will act as a single point of contact on behalf of all local agencies throughout the inspection and until the publication of the inspection report. Their role will be to liaise with the lead HMI throughout the inspection so that inspection activities can be coordinated effectively.

inspection and to make necessary arrangements for the local health services' contribution to the inspection. In the absence of the chief executive(s), the CQC inspector will ask to speak to the most senior member of staff available to announce the inspection.

9. Once the lead HMI has confirmed with the CQC and the Ofsted inspection support officer that the inspection will take place, Ofsted will send confirmation to the local area by email.

10. Once it is confirmed that the inspection will take place, the lead HMI will make an extended telephone call to the local area's nominated officer. The purpose of the lead HMI's extended call is to:

- confirm who is the local area nominated officer (LANO) for the inspection, with whom the inspection team will liaise regularly and who will arrange meetings and ensure that the inspection team can access the evidence they need
- invite the nominated officer to share a summary of any self-evaluation, if available, that the local area has done, which may include peer reviews
- discuss the suitability of the early years settings, schools and colleges selected by Ofsted for visits during the inspection and confirm their contact details; the lead HMI will include the local authority's nominated officer as the named point of contact in the notification letters to be sent by the local area to these providers to set up the visits for the inspection
- identify education, health and care officers who will be interviewed by inspectors
- identify representatives from strategic and operational groups who will be interviewed by inspectors
- identify sources of evidence that will need to be available to help inspectors to make their evaluations; this information should be made available from the start of the inspection
- identify and make necessary arrangements for inspectors to hold meetings with relevant children and young people, and parent and carer groups
- request contact information for established young people and parent and carer groups so that the lead HMI can inform them of the inspection and invite them to contribute their views by taking part in meetings, including, when practicable, webinars; the lead HMI and CQC inspector will determine who inspectors will gather views from; this will not be solely determined by the local area
- make available information gathered by the local authority from children and young people, and parent and carer groups, about their engagement in the area's planning and review, including their satisfaction with how needs have been identified, the extent to which these needs are met and how, if at all, outcomes have improved

- request that the local authority ensures that providers within the local area, and those outside of this area but within the local offer, are made aware of the inspection and how they can contribute their views. Ofsted and the CQC will provide a draft letter for this purpose, which may be adapted as necessary by the local area
- request that the local authority informs parents and carers of children and young people with SEND who are resident in the local area of the inspection and how they can contribute their views; Ofsted and the CQC will provide a draft letter for this purpose that may be adapted as necessary
- request information about early years settings, schools and colleges outside the local area that provide education for the area's children and young people with SEND
- request information about any of the local area's children and young people with SEND who are not attending school, including those who receive home education
- establish how the files for children and young people who are being considered for, assessed for, or who have an EHC plan, can be accessed
- request information about those children and young people with SEND who are:
  - children in need
  - children who have a child protection plan
  - children looked after and care leavers
  - subject to youth justice services
  - eligible to receive adult care services
- make arrangements for regular feedback on and discussion about the emerging findings of the inspection.

11. The CQC inspector's extended call to the chief executive(s) of the CCG(s) or nominated CCG officer is to:

- identify health professionals who will be interviewed by inspectors
- identify sources of evidence required to enable inspectors to make their evaluations and request that this information is made available as soon as possible
- make arrangements for regular feedback on and discussion about the emerging findings of the inspection
- establish how to access the health files for children and young people that are accessing SEN support, or that have been considered or are being assessed for an EHC plan.

12. Following confirmation of the inspection with the local authority and CCG, the lead HMI will contact the local area's parent carer forum and the Information

Advice and Support Service (IASS) to inform them of the inspection and request that they inform parents and carers of the inspection. Arrangements for inspectors to meet representatives of these groups will usually be made by the local area's nominated officer. Inspectors will also request that a meeting is held for any parent/carer to attend. This must be open to all parents and carers of children and young people with SEND.

Self-evaluation

13. While it is expected that the local area will have a thorough understanding of its effectiveness in fulfilling its responsibilities, Ofsted and the CQC do not require the production of a self-evaluation document or summary in a particular format. Any self-evaluation that is provided should be part of the local area's usual business processes and not generated solely for inspection purposes.

When can an inspection take place?

14. Inspection can take place at any point during the usual school term time.

Requests for deferral

15. Ofsted does not anticipate having to defer the inspection of a local area other than in exceptional circumstances, such as an extreme weather event or other major incident. If local areas have concerns about the timing of an inspection, they may submit a deferral request, with any supporting reasons, to the lead HMI at the point of notification of the inspection. We will consider each individual request on its merits. If a local area requests a deferral of its inspection, the lead HMI must notify Ofsted via the appropriate region as soon as possible. The absence of the CCG chief executive or DCS or their equivalent will not normally be a reason for deferring an inspection.

Safeguarding

16. Inspectors will always have regard for how well children and learners are helped and protected so that they are kept safe. Inspectors will not provide a separate judgement for this aspect of a local area's work. Inspectors will always follow published procedures if, during the inspection, they receive information that raises concern about the safeguarding of children or young people.

17. 'Inspecting safeguarding in early years, education and skills settings', should be read alongside the framework and this handbook.[5] It sets out the approach inspectors should take to inspecting safeguarding.

[5] Inspecting safeguarding in early years, education and skills settings, Ofsted, August 2015; www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015.

18. It is also essential that inspectors, local areas and providers are familiar with and adhere to the statutory guidance in relation to safeguarding:

- 'Keeping children safe in education: Statutory guidance for schools and colleges'[6]
- 'Working together to safeguard children 2018'.[7]

During the inspection

19. The starting point for inspection is the expectation that the local area should have a good understanding of how effective it is, including any aspects of its responsibilities that require further development. Inspectors will test out this understanding during the inspection as they make their evaluations.

Days allocated to inspection and inspection team members

20. Inspections do not normally last longer than five days. The inspection team will spend most of its time gathering first-hand evidence to inform evaluations of the work of the local area. The size of the inspection team is three inspectors: one HMI who will lead the inspection (the lead HMI), an Ofsted Inspector and a CQC inspector. The decision on whether to deploy more than one inspector will be based on a number of risk factors, including (but not restricted to) the number of NHS providers, the complexity of the local health economy, the nature of the geographical area and the number of CCGs and/or the size of the local authority.

The start of the on-site inspection

21. Inspectors will not arrive before 9am on the first day of the inspection. Inspectors must show their identity badges on arrival. The lead HMI and CQC inspector should meet the LANO and other colleagues as agreed by the lead HMI and the LANO. The first meeting is likely to include the following people:

- the DCS and elected members with specific responsibilities for SEND
- senior managers of the local authority responsible for the implementation of the Children and Families Act 2014 reforms, including the strategic development and operational management of educational and social care provision for children and young people with SEND
- the chief executive(s) of the CCGs
- senior health service managers responsible for the implementation of the Children and Families Act 2014 reforms, including the strategic development

[6] 'Keeping children safe in education', DfE, 2015; www.gov.uk/government/publications/keeping-children-safe-in-education--2.
[7] 'Working together to safeguard children', DfE, 2018; www.gov.uk/government/publications/working-together-to-safeguard-children--2.

and operational management of provision for children and young people with SEND

- representatives of the local area's education, health and care providers and services.

22. At this first meeting, the lead HMI will:

    - introduce the inspection team
    - make arrangements for ongoing feedback with the LANO
    - confirm arrangements for meetings with EHC managers and staff as identified by the local area to show their effectiveness in identifying children and young people with SEND, and in meeting these needs and in improving their outcomes
    - confirm arrangements for meetings with children and young people, and with parents and carers.

Meetings during inspection

23. The lead HMI should meet the LANO and, when possible, the DCS regularly throughout the inspection in keep-in-touch meetings to:

    - provide an update on emerging issues, including to enable further evidence to be provided
    - allow the local area to raise concerns, including those related to the conduct of the inspection or of individual inspectors
    - alert the local area to any serious concerns.

24. The CQC inspector will also attend the keep-in-touch meetings to ensure that the LANOs receive feedback about emerging findings for health provision and to ensure that CCG relevant leaders are kept appropriately informed of findings and areas for further exploration.

25. The inspection team will meet at different points during the course of the five days of the inspection. In particular, the team should, as far as is practicable, meet each day to discuss and record emerging findings and ensure that the lead HMI has sufficient evaluative information to feed back to the LANO.

26. The inspection team will record important points from, and the outcomes of, all team meetings on evidence forms. Each inspector will retain a cumulative summary of evidence and analysis record that captures their key findings and evaluative summary as the inspection progresses.

27. It is the local area's responsibility to provide evidence about its effectiveness in identifying children and young people's SEND, and in meeting their needs and improving their outcomes. This includes an opportunity to meet relevant

managers and other local area representatives. It also includes providing appropriate information and data.

28. During the final team meeting, a summary of evidence and analysis record will be completed that provides the final evaluative judgements that the team reached. The main points for feedback to the local area will be recorded as the meeting progresses, including strengths and any areas for improvement, as well as any urgent priority areas that require swift action.

29. During the final team meeting, inspectors will consider whether to recommend to HMCI that the local area be required to produce a written statement to tackle any areas of significant concern that the inspection team reports on at final feedback. If the inspection team judges that the local area is required to submit a written statement, the lead HMI will recommend which agency within the local area should be the 'principal authority' with overall responsibility for producing the action plan. If the inspection team makes a recommendation to HMCI, the final decision about the inspection findings and actions rests with HMCI.

Gathering and evaluating evidence

30. The inspection team will use a range of methods to gather and evaluate the effectiveness of the local area in fulfilling its duties under Children and Families Act 2014. Inspectors will gather evidence to assess the effectiveness of the local area for three primary questions that underpin the Evaluation Schedule in Part 2 of this handbook.

31. During the week, the lead HMI, Ofsted inspector and CQC inspector will gather inspection evidence through:

- meetings with a range of leaders from education, health and care agencies to discuss and evaluate their impact in leading provision for special educational needs and disabilities across the local area
- meetings with children and young people to discuss their views and experiences, making sure that reasonable adjustments can be made in order to communicate with children, young people and adults with SEND in line with the Equalities Act 2010.
- meetings with parents and carers to hear their views, discuss their involvement in identifying and assessing their children's needs and review how well they are engaged in working with leaders across the local area to drive improvement
- scrutinising and evaluating documentary evidence used by the local area to strategically plan for and evaluate impact in meeting the requirements of the Code of Practice and delivering high-quality practice
- visits to a range of agencies and providers to meet with staff and review documentary evidence

- interviewing staff across the local area to understand the impact of the local area's effectiveness.

Setting up meetings or telephone calls with children, young people, parents and carers

32. The lead HMI will ask the LANO to arrange opportunities for inspectors to talk directly with the children, young people, parents and carers selected by the inspection team. During the extended telephone calls by the lead HMI and CQC inspector to the LANO and lead for the CCG(s), an initial selection will take place and be confirmed before the inspection begins. The lead HMI will liaise with the LANO to resolve any issues and ensure that children and young people, and their parents or carers, know when they are due to talk to inspectors.

33. For all inspection activities that involve children and young people, and their parents or carers, the lead HMI will need to assure him/herself that consent is gained before these activities take place. At the start of meeting or telephone call with children and young people, and their parents or carers, inspectors should check that they have given their consent to be part of the inspection.

34. Inspectors must make clear to children and young people, and their parents or carers, that information from these meetings becomes part of the evidence for the inspection. Inspectors should also make clear that any information about safeguarding concerns must be dealt with in accordance with Ofsted's and the CQC's safeguarding policies and statutory requirements.

Gathering the views of children, young people, parents and carers

35. Gathering views of children, young people, parents and carers is crucial to these inspections and a central feature of inspection activity. Inspectors should take advantage of opportunities to gather the views of children, young people and their parents and carers, in the following ways:

    - meeting children and young people and their parents and carers during visits to nurseries, schools and colleges at the time of the inspection
    - meeting established groups of children and young people and their parents and carers in the local area
    - talking to a range of staff who work with children and young people, and their parents and carers, in a range of settings across education, health and social care
    - meeting with parents and carers at an open meeting during the inspection
    - reviewing information already gathered by the local area, such as through local consultations and surveys and how this is used to evaluate and respond to the views of children and young people and their parents and carers.

Children and young people's records

36. Inspectors will review a selection of records held by providers and services and by the local authority. This review will contribute to inspectors' evaluation of how effectively needs are identified, the extent to which needs have been met and how well outcomes are improving.

37. Inspectors will use information from reviewing records to inform further discussion with leaders and, if appropriate, with parents and carers. Inspectors should evaluate how well records track the needs and support for children and young people through work with education, health and care professionals.

Visits to providers and services and discussions with stakeholders

38. Inspectors will visit a range of early years, school, further education and health providers and specialist services within the local area. They are likely to contact other providers and services within the local area and also ones outside the local area that provide support for the local area's children and young people. The purposes of these visits and discussions are:

    - to gather the views of children and young people, and their parents and carers, about how effectively their needs have been identified and met
    - to discuss with leaders, managers and staff their contribution to, and understanding of, the local area's evaluation of its effectiveness in identifying needs, and in meeting these needs and improving outcomes for children and young people
    - to sample children and young people's files and other relevant sources of information to confirm or otherwise the local area's own evaluation of its effectiveness in identifying and meeting needs and improving outcomes.

39. Schools, colleges and similar providers are an integral part of the inspection. They share responsibility across the local area for the local area's SEND performance, but inspectors will not carry out observations of teaching and learning or service delivery. No evaluations will be made about the overall quality of the individual providers or services visited during the inspection.

The use of performance information[8]

40. During inspection, inspectors will draw on quantitative and qualitative information used by the lead HMI and CQC inspector in planning the assessment and inspectors will also consider performance information presented by the local area. This may include evidence provided by external organisations. Inspectors should have also considered relevant published data available to them before the inspection.

[8] This will include performance information from national data sets, information provided by the local area and performance information from relevant inspection reports both by CQC and Ofsted.

41. Performance information must be considered alongside other evidence gathered during the inspection.

42. Inspectors should consider a wide range of information. No single measure or indicator should determine the evaluations made by inspectors.

Reviewing documentation

43. The inspection team will review the documentation requested in advance by the lead HMI and CQC inspector during their extended telephone calls to set up the inspection. Inspectors will not require documentation such as self-evaluation to be provided in a specific format. Any assessment that is provided should be part of the local area's usual business practice and not generated solely for inspection purposes.

44. Inspectors should take a range of evidence into account when making their evaluations, including published performance data, evidence held in children's files and information gained from meetings with stakeholders including parents, carers and young people. Ofsted and the CQC do not expect performance information to be presented in a particular format. Such information should be provided to inspectors in the format that the local area would ordinarily use to monitor provision of services for, and progress of, children and young people with SEND.

Providing feedback at the end of the inspection

45. The inspection concludes with a final feedback meeting attended by the LANO and representatives of the local area. The attendees at this feedback meeting will be agreed between the lead HMI and the LANO. However, those likely to attend include:

- the LANO
- the DCS, the chief executive and elected members with responsibility for SEND
- senior managers of the local authority who are responsible for the implementation of the Children and Families Act 2014 reforms, including the strategic development and operational management of educational and social care provision for children and young people with SEND
- the chief executive(s) of the CCGs or their representative(s)
- senior health service managers responsible for the implementation of the Children and Families Act 2014 reforms, including the strategic development and operational management of provision for children and young people with SEND
- linked NHS England and DfE SEND advisers
- representatives of the local area's education, health and social care providers and services.

46. During the feedback meeting, the lead HMI will ensure that those present are clear:

- about the local area's effectiveness in:
  - identifying children and young people with SEND
  - assessing and meeting the needs of children and young people with SEND
  - improving outcomes for these children and young people
- about areas of strength
- about areas requiring improvement
- about any safeguarding concerns identified during the inspection
- about the quality and accuracy of the local area's self-evaluation
- about areas of significant concern that, subject to HMCI's decision, may require the local area to submit a WSOA, and the identity of the principal authority responsible for drawing up this written statement
- that if a WSOA is judged not fit for purpose, follow-up review or inspection activity may take place as set out in Annex A of this handbook
- that all feedback remains confidential to those present until the report is published
- that, on receipt of the draft report, the local area must ensure that the report remains restricted and confidential to the relevant senior personnel and that the information contained within it is not shared with any third party or published under any circumstances
- that the local area is invited and encouraged to complete the post-inspection survey
- about making a complaint if any matters raised with the lead HMI have not been resolved during the inspection.

Quality assurance

47. Ofsted monitors the quality of inspections through a range of formal processes. HMI and Senior HMI may visit a local area SEND inspection to quality assure the inspection. Ofsted may also evaluate the quality of an inspection evidence base. The lead HMI will be responsible for feeding back to Ofsted inspectors about the quality of their work and their conduct. Additionally, quality assurance managers from the CQC will either join inspections or provide off-site quality assurance of SEND inspection activity.

48. The quality assurance of an inspection will ensure:

- consistent and correct application of the inspection guidance, the evaluation schedule and inspection methodology as set out in this handbook

- that emerging concerns or gaps in the inspection evidence are quickly addressed
- that the LANO is confident that the inspection is being properly carried out, in line with the guidance set out in this handbook
- any concerns raised by the local area about the inspection are resolved
- that the findings of the inspection are communicated clearly through feedback to the local area at the end of the inspection.

49. All inspectors are responsible for the quality of their work. The lead HMI must ensure that inspections are carried out in accordance with the principles of inspection and the code of conduct.

50. The lead HMI will ask the LANO to coordinate a response from the local area to a short evaluation questionnaire. Ofsted and the CQC will use the feedback to improve future inspection practice.

Complaints

51. If concerns arise during an inspection, these should be raised with the lead HMI as soon as possible. The lead HMI will attempt to resolve the matter before the inspection is completed.

52. If it has not been possible to resolve concerns through these means, a formal complaint can be raised through Ofsted's published complaints procedures. Ofsted will process and coordinate the investigation of the complaint on behalf of both inspectorates.

After the inspection

The inspection report

53. Ofsted and the CQC will publish an inspection report in the form of an inspection letter. This will be addressed to the local authority and sent to the chief executive(s) of the CCG(s). This will outline the evidence that inspectors reviewed and provide a summary of key findings including strengths and areas requiring further development. In addition, reports may also include areas of significant concern that may, subject to determination by HMCI, require a written statement to be submitted to identify how concerns will be remedied.

54. Inspectors will report on the extent to which the evidence collected during the inspection supports the local area's self-evaluation.

55. The lead HMI is responsible for writing the inspection report and submitting the evidence to Ofsted shortly after the inspection ends. The judgements are reached corporately by the inspection team. The CQC inspector will contribute to the process of finalising the inspection report.

56. As far as possible, and subject to the outcome of the quality assurance process, the findings in the report will be consistent with the feedback given to the local area at the end of the inspection.

57. Inspection reports will be quality assured by Ofsted and the CQC before the draft report is sent to the local authority and CCG. The draft report is restricted and confidential to the DCS and the chief executive(s) of the CCG(s) and their representatives. The draft report or any of its content must not be shared more widely or published.

58. The local authority and CCG(s) will have 10 working days to comment on factual matters in the draft report. The lead HMI will review matters of factual accuracy and amend the report as necessary. If appropriate, the lead HMI will liaise with CQC inspection colleagues regarding any changes to the factual accuracy of the report. Ofsted will notify the local authority and the CCG(s) of the lead HMI's response to the factual accuracy check.

59. The local authority and CCG will receive an electronic version of the final report, usually within 28 working days of the end of the inspection. In most circumstances, the final report will be published on Ofsted's and the CQC's websites within 33 working days.

60. In exceptional circumstances, Ofsted and/or the CQC may decide that a report should be subject to further quality assurance procedures/checks, which may result in a delay in publication. If this is the case, the local authority and CCG(s) will be informed promptly about any impact to the publication timeline for the report.

Publication of the report

61. Ofsted will publish the inspection report under the relevant local authority on its reports website.[9] The CQC will publish the report on its website alongside reports arising from other local area children's inspection and review activity.

62. As required by The Children Act 2004 (Joint Area Reviews) Regulations 2015, a copy of the final report will be sent to:

- the Secretary of State[10]
- the local authority for the area inspected
- the principal authority, if HMCI has determined that an action plan is required and the principal authority is different from the local authority

[9] https://reports.ofsted.gov.uk/search?q=&location=&lat=&lon=&radius=&level_1_types=4&level_2_types%5B%5D=18.

[10] A copy of the report should be sent to the Health Secretary as well as to the Secretary of State for Education.

- any other people or organisations HMCI considers appropriate for the nature of the inspection.

63. The regulations also require that relevant recipients of the report must publish it on their organisation's website and supply a copy to a member of the public, on demand, for a reasonable charge.[11]

The inspection evidence base

64. The evidence base for the inspection will be retained in accordance with Ofsted's and the CQC's retention policies. Information must not be disposed of if it is found that it is still required by Ofsted or the CQC. Inspection evidence must be kept for longer than six months when, for example:

- safeguarding concerns have been identified
- there is a potential or current litigation claim against Ofsted or CQC, such as a judicial review
- a complaint has been made
- inspections are of a sensitive nature, or are likely to be of national or regional importance due to high levels of political or press interest.

Written statement of proposed action

65. The Children Act 2004 (Joint Area Reviews) Regulations 2005 require HMCI to determine whether a statement of action is required following an inspection and, as appropriate, who the principal authority responsible for drawing up the statement of action will be.

66. The principal authority must make the written statement of proposed action within 70 working days of receiving the report.

67. The local authority (when it is not the principal authority) and parties to whom the report is sent, as set out in paragraph 57 above, must cooperate with the principal authority in the making of the written statement.[12]

68. The written statement must:

- state who it is proposed should take action
- include a statement of the period within which the action is to be taken.

69. The principal authority must send a copy of the written statement to:

[11] The Children Act 2004 (Joint Area Reviews) Regulations 2015; www.legislation.gov.uk/uksi/2015/1792/regulation/3/made.
[12] The Children Act 2004 (Joint Area Reviews) Regulations 2015; www.legislation.gov.uk/uksi/2015/1792/regulation/4/made.

- HMCI
- any other person or body who carried out the review to which the written statement relates
- the Secretary of State.

70. The local authority (when it is not the principal authority) and every other person or body who has cooperated with the principal authority must publish the written statement on its website.

Part 2: The evaluation schedule

71. The evaluation schedule sets out the types of inspection evidence and the considerations that guide inspectors in judging the effectiveness of the local area in meeting its responsibilities under the Children and Families Act 2014 as explained in the Code of Practice.

72. The evaluation schedule must be used in conjunction with the guidance set out in Part 1: How local areas will be inspected. It should also be read alongside the 'Framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people with special educational needs and/or disabilities' and the Code of Practice.[13]

73. The evaluation schedule is not exhaustive and the final inspection outcomes are subject to inspectors' professional judgement.

74. Inspectors will test the local area's self-evaluation during the inspection. It is the local area's responsibility to ensure that inspectors are provided with the evidence about its effectiveness. Inspectors do not require self-evaluation to be provided in a specific format. Any assessment that is provided should be part of the local agencies' business processes and not generated solely for inspection purposes.

75. The inspection of local areas is primarily about evaluating how well the local area fulfils its responsibilities towards individual children and young people with SEND from the age of 0 to 25 years. The inspection framework is designed to test the local area's response to individual needs by assessing how well it helps all children and young people with SEND and how the impact of the work by the local area supports better outcomes for children and young people.

76. In order to do this, inspectors will examine evidence on how needs are identified, the provision made to meet those needs and the outcomes of all children and young people from 0 to 25 with SEND, including those who are:

[13] 'Special educational needs and disability code of practice: 0 to 25 years', DfE and DHSC, May 2015; www.gov.uk/government/consultations/special-educational-needs-sen-code-of-practice-and-regulations.

- attending an educational setting within their area or out of their area
- missing from education
- being educated out of school/college
- children looked after and/or care leavers
- subject to youth justice
- in transition between placements or phases of education or health services, including between child and adult services.

77. Inspectors will also pay particular attention to gathering evidence about how needs are identified and met for groups of children and young people whose specific circumstances require additional consideration, as set out in the Code of Practice. This will include:

- children looked after
- care leavers
- children and young people with SEND and care needs, including those who have a child in need or a child protection plan
- children and young people educated out of area
- children and young people with SEND who are educated at home
- children and young people in alternative provision
- children and young people with SEND who are in hospital
- children of service personnel
- children and young people in youth custody or secure accommodation.

78. To gather evidence about the effectiveness of local area partners in improving health for children and young people with SEND in the local area, inspectors will evaluate how well the local area uses specialist services and its impact on outcomes. This should, for example, include evidence about the work of specialist support and therapies, such as clinical treatments and delivery of medications, assistive technology, personal care (or access to it), child and adolescent mental health services (CAMHS) and a range of nursing support.

79. Inspectors will also examine how well the local area uses highly specialist services needed by only a small number of children and young people. This may include support services for children with severe learning disabilities or who require services that are commissioned centrally by NHS England, for example some augmentative and alternative communication systems.

80. To gather evidence about the effectiveness of local area partners in improving social care provision for children and young people with SEND in the local area, inspectors will take account of the following aspects:

- childcare

- practical assistance in the home, including adaptations to the home
- provision or assistance in obtaining recreational and educational facilities at home and outside the home
- transport and assistance in travelling to facilities
- facilitating holidays or provision of meals at home or elsewhere or providing assistance in obtaining a telephone and any special equipment necessary
- non-residential short breaks
- support for young people when moving between social care services for children to social care services for adults, including information on how and when the transfer is made
- support for young people in living independently and finding appropriate accommodation and employment
- support in participating in society, including understanding mobility and transport support, and how to find out about social and community activities, and opportunities for engagement in local decision-making. This includes support in developing and maintaining friendships and relationships.

81. To make their judgement about the effectiveness of the local area, inspectors will gather evidence to answer three primary questions:

- Question A: How effectively does the local area identify children and young people with SEND?
- Question B: How effectively does the local area assess and meet the needs of children and young people with SEND?
- Question C: How effectively does the local area improve outcomes for children and young people with SEND?

82. In gathering evidence and making judgements for questions A to C, several crucial aspects will inform the inspectors' evaluations. These include:

- the leadership of provision for SEND across the local area
- the impact of joint commissioning
- the local arrangements, including the local offer and how well leaders understand the local area
- how the local area uses the intelligence gathered from evaluation of its effectiveness to plan for and lead future improvement.

83. Inspectors will assess the quality and impact of joint commissioning arrangements between partners, including through the local strategic needs assessment and well-being strategies. In assessing partners' work, inspectors will review how efficient, effective, equitable and sustainable this is in improving outcomes for children and young people.

Question A: How effectively does the local area identify children and young people with SEND?

84. In order to assess how well the local area identifies children and young people with SEND, inspectors should take account of the following aspects:

- timeliness
- the quality of identification and assessment information – spanning the 0 to 25 age range.

Timeliness

85. To evaluate the timeliness of identification of children and young people with SEND, inspectors should take into account:

- when potential needs were raised with the local area by the young person, parents and carers or teachers or other staff working with the young person, and the efficiency and appropriateness of the response
- appropriate monitoring arrangements to ensure assessment information remains up-to-date
- the effectiveness of routine assessment of educational attainment and progress, including the application of national assessment arrangements
- how care needs of children and young people are identified and assessed
- the effectiveness of the use of information from early health checks and health screening programmes
- performance towards meeting expected timescales for EHC needs assessments, including the timeliness of annual reviews
- the timing of assessments in preparation for a child or young person's move from one provider to another, or into adult services
- how school census data is used to identify possible inconsistencies in identification of needs.

Quality of identification

86. In order to assess the quality of identification and assessment information, inspectors should take into account evidence that the information has been used for:

- establishing a baseline for setting targets for progress and improvement towards meeting education, health and care support or therapy needs
- informing joint commissioning, predicting the need for services and putting in place provision that meets the needs of children and young people
- informing planning for effective teaching and other education, health and care support or therapy

- evaluating the effectiveness of the teaching and other education, health and care support or therapy provided.

Reporting on the effectiveness of identification of need

87. In arriving at the judgement about how effectively the local area identifies children and young people with SEND, inspectors must report on aspects of effective identification as they relate to:

    - children and young people being considered or assessed for, or having, EHC plans
    - children and young people being considered or assessed for, or in receipt of, SEND support
    - the thoroughness of the area's understanding of the views of children and young people with SEND, and their parents and carers
    - the thoroughness of the area's understanding of the views of parents, carers and young people as part of the identification process
    - the extent to which the needs of children and young people with SEND in the whole local area are identified, irrespective of individuals' characteristics and circumstances, and that this identification is rigorously and routinely reviewed.

88. This evaluation will also report on the quality and sufficiency of the information on which the local area has evaluated its own effectiveness in identifying children and young people with SEND.

Question B: How effectively does the local area assess and meet the needs of children and young people with SEND?

89. In order to evaluate how effectively the local area assesses and meets needs, inspectors should take account of the following aspects:

    - engagement and co-production with children and young people, and their parents and carers
    - effectiveness of coordination of assessment between agencies in joint commissioning – clear roles, responsibilities and accountability of partners in assessing and meeting needs
    - satisfaction of parents and carers/satisfaction of children and young people
    - the suitability of EHC plans, including, when relevant, alignment with child in need and child protection plans
    - the local offer, including its development, accessibility and currency
    - that planning is appropriate to meet the needs of children and young people receiving SEND support.

Engagement and co-production with children and young people, parents and carers

90. Inspectors should evaluate how well the local area engages with children and young people in the identification, assessment and provision of their needs. Inspectors will gather information about how well children and young people understand their needs and how involved they are in setting targets for their own progress. In talking to children and young people, inspectors will test the extent to which they have co-ownership of both the process and decisions that affect how their needs are met.

91. Inspectors will also gather views of parents and carers about how successfully the local area provides the necessary information and support to help parents and carers engage in assessing and meeting their children's needs. Inspectors should evaluate the effectiveness of their involvement in the identification of needs, review how well they understand their children's needs and are involved in setting targets for progress.

92. Inspectors should also take into account the use of impartial information and advice and support services, including advocacy, when appropriate, to meet children and young people's needs.

93. Inspectors should confirm that the local area has robust procedures for protecting sensitive information when sharing this across agencies. Procedures used by the local area for sharing information should meet statutory requirements and government guidance.

Effectiveness of local arrangements

94. Crucial to evaluating the work of the local area in assessing and meeting needs is the effectiveness of inter-agency working for the identification of SEND support and EHC needs assessments. Inspectors should gather evidence about the coordination of assessment between agencies, their roles and responsibilities and how they assure accountability across the local area. Inspectors should evaluate how education, health and care services work together in the best interests of children and young people and minimise unnecessary duplication. Inspectors will consider how effectively assessment and reviews are coordinated, especially at each stage of the young person's transition towards adulthood.

Satisfaction of children and young people with SEND that their needs are being met and their outcomes are improving

95. Inspectors will gather views of children and young people during inspection. Inspectors will want to hear about how well the children and young people are listened to, how well their aspirations are heard and the extent to which children and young people with SEND feel that outcomes in their lives are improving. Inspectors will consider information from other sources, including complaints that have been made to Ofsted and the CQC over time, appeals to

the First-tier Tribunal (Health and Social Care Chamber) (Special Educational Needs and Disability), Single Route of Redress and any relevant serious case reviews.

96. Inspectors will also take into account children and young people's access to and the effectiveness of impartial information, advice and support services, and advocacy when appropriate.

Question C: How effectively does the local area improve outcomes for children and young people with SEND?

97. In order to assess how well the local area improves outcomes, inspectors should take account of the following aspects in their evaluation:

- outcomes – across education, health and care
- leaders' assessment of the effectiveness of the local area in improving outcomes for children and young people.[14]

Outcomes

98. In order to assess how well the local area supports and improves outcomes for children and young people with SEND, inspectors will review evidence for a wide range of outcomes for both health and care, as well as academic achievement. Inspectors will review evidence for how well the local area prepares young people for adulthood as detailed in the Code of Practice. This includes their preparedness for:

- higher education/employment
- independent living
- participation in society
- being as healthy as possible in adult life.

99. Inspectors should examine how securely progress towards these outcomes is based on high expectations and aspirations, taking into account the age and needs of the individual children and young people.

100. In making their evaluations, inspectors will take into account evidence of:

- the rigour of the assessment of individual starting points
- the thoroughness of understanding of the young person's SEND

[14] The term 'leaders' refers to those responsible for the strategic planning, commissioning, management, delivery and evaluation of services to children and young people with SEND. This also includes children, young people, parents and carers as co-producers for improving outcomes in the local area.

- the impact of teaching and other education, health and care support or therapy
- the use of national assessment comparative data, if available, to set targets and evaluate outcomes, and that the data shows progress at or above expected levels for the young person's age and starting point
- the rigour of moderation in the evaluation of progress made
- the regularity and effectiveness of reviews of progress
- whether the young person, and their parent/carer, as appropriate, is involved in the co-production of targets and reviews of progress
- whether destinations match aspirations and achievements
- the extent to which the range of outcomes matches the diversity of children and young people with SEND
- the application of thresholds and eligibility criteria and their clarity and consistency to ensure equity and transparency of service delivery
- availability of services at universal, targeted and specialist levels as identified in the early help and local offer
- commissioning of education for students who have high levels of need.

101. Inspectors should review information about the effectiveness of the local area's approaches to improving outcomes. Inspectors should review evidence about:

- early intervention
- personal budgets
- short-break care
- out-of-area placements
- transition arrangements between services and providers
- jointly commissioned specialist educational, medical and therapeutic services
- the use of advisory and advocacy services to support children and young people with SEND, and their parents and carers
- the thoroughness of the local area's understanding of the views of children and young people with SEND, and their parents and carers.

Reporting on the effectiveness of improving outcomes

102. Inspectors must report on the above aspects as they relate to:

- children and young people being considered for, assessed for or having EHC plans
- children and young people who are being considered for, assessed for or receiving support for their SEND

- the extent to which the local area meets the needs and improves the outcomes of different groups of children and young people with SEND and the extent to which their needs are met and outcomes improved are rigorously and routinely reviewed
- the range of ways by which the local area meets children and young people's needs, including the effectiveness of early intervention, personal budgets, short-break care, the use of specialist support, therapeutic and health professionals and the published local offer.

Leaders' assessment of the effectiveness of the local area in improving outcomes for children and young people

103. Inspectors must examine how leaders across the local area examine the quality and sufficiency of the information on which the local area has evaluated its own effectiveness in meeting the needs and improving the outcomes of children and young people with SEND. Inspectors should also report when the local area does not have a sufficient understanding, for example of the needs of particular groups of children and young people.

104. When reporting, inspectors should identify areas of strength and areas where improvements need to be made, including any urgent priority areas for improvement.

Post-inspection

105. Inspections are intended to be constructive for local areas as well as to hold them to account. If a WSOA is required, the DfE, working with the DHSC and NHS England when relevant, will seek to engage closely with the local area to provide appropriate challenge and support to bring about the necessary improvements identified by the inspection.

106. Local areas with a WSOA will be re-visited by Ofsted and the CQC, usually around 18 months after the statement has been approved as fit for purpose. The sole purpose of the re-visit is to determine whether the local area has made sufficient progress in addressing the areas of significant weakness detailed by the WSOA.

    Annex A outlines the post-inspection support and challenge arrangements.

Part 3: Re-visits to local areas required to produce a written statement of action

107. This section of the guidance outlines arrangements for re-visits to local areas where HMCI determined that a WSOA is required.

108. Ofsted and the CQC do not carry out routine monitoring inspections of a local area. The sole purpose of the re-visit is to determine whether the local area has

made sufficient progress in addressing the areas of significant weakness detailed by the WSOA.

109. The focus of each re-visit will be the areas identified in the WSOA. However, if any other serious weaknesses are identified during the re-visit, these will be referenced in the re-visit letter. We expect that this information may be used to determine the timing of the local area's next review under any subsequent local area SEND (LA SEND) inspection framework. Any new significant weaknesses identified will not lead to a requirement for a new WSOA because this re-visit is not a new inspection.

110. Ofsted and the CQC will re-visit local areas under section 20(1) of the Children Act 2004.

Decision to re-visit a local area

111. Ofsted and the CQC will usually re-visit a local area within 18 months of the WSOA being declared fit for purpose. The local area must submit its WSOA within 70 working days of receiving its pre-publication inspection letter. Once a WSOA has been determined, advisers from the DfE and NHS England carry out a minimum of four support and challenge visits to the local area. Ofsted's regional directors and CQC inspectors may discuss an area's progress when meeting routinely with leaders of the local area.

The re-visit inspection team

112. The re-visit inspection team will always be led by an HMI who will be accompanied by a CQC inspector. If possible, these will be the same inspectors who carried out the initial inspection. When this is not possible, the inspectors will have experience of LA SEND inspections.

113. The re-visits will be quality assured by senior HMI from Ofsted and by nominated inspectors from the CQC. The respective inspectorates will decide whether these re-visits are quality assured on site or off site.

Notice period

114. The HMI will notify the director of children's services, as the representative of the local area partners, 10 working days before the re-visit team arrives on site. The CQC will then notify leaders at the CCG(s). A follow-up call will be made that day to the LANO to discuss the re-visit in more detail. The local area is responsible for informing all stakeholders of the dates of the re-visit.

115. The lead inspector will ask the LANO for the opportunity for inspectors to speak to a group of children and young people. The inspector will share the questions to be asked of the children and young people at the follow-up discussion on the fifth working day following notification.

Prior to the re-visit

116. The re-visit team will have two planning days before the on-site visit. The lead inspector will notify the local area and the CQC inspector will notify CCG leaders. On the same day as the notification to the local area, the lead inspector will also notify the Parent Carer Forum (PCF) or other parents' groups involved in the WSOA, if known.

117. During this discussion, the lead inspector will inform the PCF (or similar group) of the focus for the meeting with parents on day 1 of the on-site activities. This will be included in all notifications regarding the parents' open meeting. This meeting must be open but will focus on the aspects set out by the inspectors, based on the WSOA. The lead inspector will also share with the PCF the proposed questions to be asked of parents.

118. By the fourth working day following notification (day -7), the local area is to upload onto the portal all relevant evidence to show the impact of its actions in addressing the weaknesses identified in the WSOA. The PCF or other parents' groups involved in the WSOA are invited to do the same. Inspectors will review the uploaded evidence and arrange a telephone discussion with the LANO and health equivalent. This will be to discuss the schedule for the on-site visit and any other practical arrangements. The telephone discussion will enable the re-visit team to target its evaluation of the impact of the actions taken on the areas of significant weakness identified in the WSOA.

119. The lead inspector and CQC inspector will also hold a discussion with the advisers from the DfE and NHS England who carried out the support and challenge visits. All discussions must be recorded in the evidence base.

120. The local area is responsible for providing the re-visit team with any relevant data/information. However, this must be only what the local area produces as part of its routine practice. The local area is not expected to provide any data/information in a particular format.

121. The local area should provide the evidence to show how it has assured itself that the necessary progress is being made in addressing the reasons for the WSOA. The local area must provide the detail of any tribunal and/or ombudsman outcomes since the initial inspection.

122. Inspectors will also devise a number of questions for parents. These questions will be shared in advance with the PCF (or similar group) to ensure that they are appropriately phrased. These questions will then be asked via an online survey which will go live on the fifth day before the inspection at 12 noon.

123. During the final five working days before the on-site activities, the HMI and CQC inspector may request further information.

Inspection activity

124. The activities carried out during a re-visit will be specific to the serious weaknesses that led to a WSOA being required. The activities will be to gather evidence to show the effectiveness and impact of leaders' actions to address the serious weaknesses.

125. The on-site activities will last two to four days depending on the extent of the serious weaknesses identified. The length of the re-visit will be communicated to the local area at the time of notification.

126. Inspectors will gather the contributions of parents and families through an online survey and a face-to-face open meeting. The inspectors will set the focuses of the online survey and open meeting, based on the WSOA. It is important that these focuses are made clear to parents when notifying them of the meeting.

127. Inspectors will gather the views of children and young people through a face-to-face discussion during the on-site visit.

Inspection fieldwork – indicative timeline

Day	Day of week	Activity
-10	Monday	Local area notified of the re-visit (AM). HMI requests information from the local area and PCF (or other parents involved in the WSOA). CQC inspectors notify the CCG(s).
-7	Thursday	Local area and PCF (or other parents involved in the WSOA) upload any readily available evidence to show impact of leaders' actions.
-6 to -1	Friday to Friday	HMI and CQC inspector review uploaded evidence and identify activities. (PM) Telephone call between HMI, CQC inspector, LANO and health equivalent to plan draft schedule. Telephone call between lead HMI, CQC inspector, advisers from the DfE and NHS England.
-5	Monday	Online survey for parents goes live at 12 noon
-1	Friday	Online survey for parents closes at 12 noon.
1	Monday	Meeting with senior leaders from the local area who have overall responsibility for the WSOA (AM). Meeting with PCF and parents to discuss the impact of local area's WSOA on children, young people and their families (PM). Open meeting with parents to discuss aspects set out at time of notification.
2/3/4	Tuesday	Evidence gathering. This may include an off-

		site visit and further meetings with stakeholders at the discretion of the inspection team.
2 or 4	Thursday	Provisional judgement meeting (PM). Confirm judgements. Feedback (PM).

Feedback to leaders

128. The HMI and CQC inspectors will carry out one keep-in-touch meeting per day if the re-visit is longer than two days. Feedback arrangements on the final day of the re-visit will be to inform leaders as to whether sufficient progress has been made in addressing the serious weakness detailed in the WSOA. Leaders will be provided with clear reasons as to the inspectors' findings.

129. The attendees at this feedback meeting will be agreed between the lead HMI, the CQC inspector and the LANO. However, those likely to attend include:

- the LANO
- the DCS, the chief executive and elected members with responsibility for SEND
- senior managers of the local authority who are responsible for the implementation of the Children and Families Act 2014 reforms, including the strategic development and operational management of educational and social care provision for children and young people with SEND
- the chief executive(s) of the CCGs or their representative(s)
- senior health service managers responsible for the implementation of the Children and Families Act 2014 reforms, including the strategic development and operational management of provision for children and young people with SEND
- the linked NHS England and DfE SEND advisers
- representatives of the local area's education, health and social care providers and services.

The re-visit letter

130. The letter will include:

- the decision as to whether the local area has made sufficient progress in improving each of the serious weaknesses identified at the initial inspection
- a clear and brief summary of the effectiveness of leaders' actions against each serious weakness identified in the WSOA
- reference to any other serious concerns, with the underpinning evidence, identified during the re-visit, and clarification that these will be communicated to the DfE and NHS England and will be used to determine the timing of the next inspection (under any future LA SEND framework).

131. Re-visit letters will be quality-assured by Ofsted and the CQC before the draft letter is sent to the local authority and the CCG. The draft letter is restricted and confidential to the DCS and the chief executive(s) of the CCG(s) and their representatives. The draft letter or any of its content must not be shared more widely or published.

132. The local authority and CCG(s) will have 10 working days to comment on factual matters in the draft letter. The HMI will review matters of factual accuracy and amend the letter as necessary. The HMI will liaise with CQC inspector colleagues regarding any changes to the factual accuracy of the letter. Ofsted will notify the local authority and the CCG(s) of the lead HMI's response to the factual accuracy check.

133. The local authority and CCG will receive an electronic version of the final letter, usually within 28 working days of the end of the re-visit. The final letter will be published on the local authority SEND section of Ofsted's website, normally within 33 working days.[15] The CQC will publish the report on its website alongside reports arising from other local area children's inspection and review activity.

After the re-visit

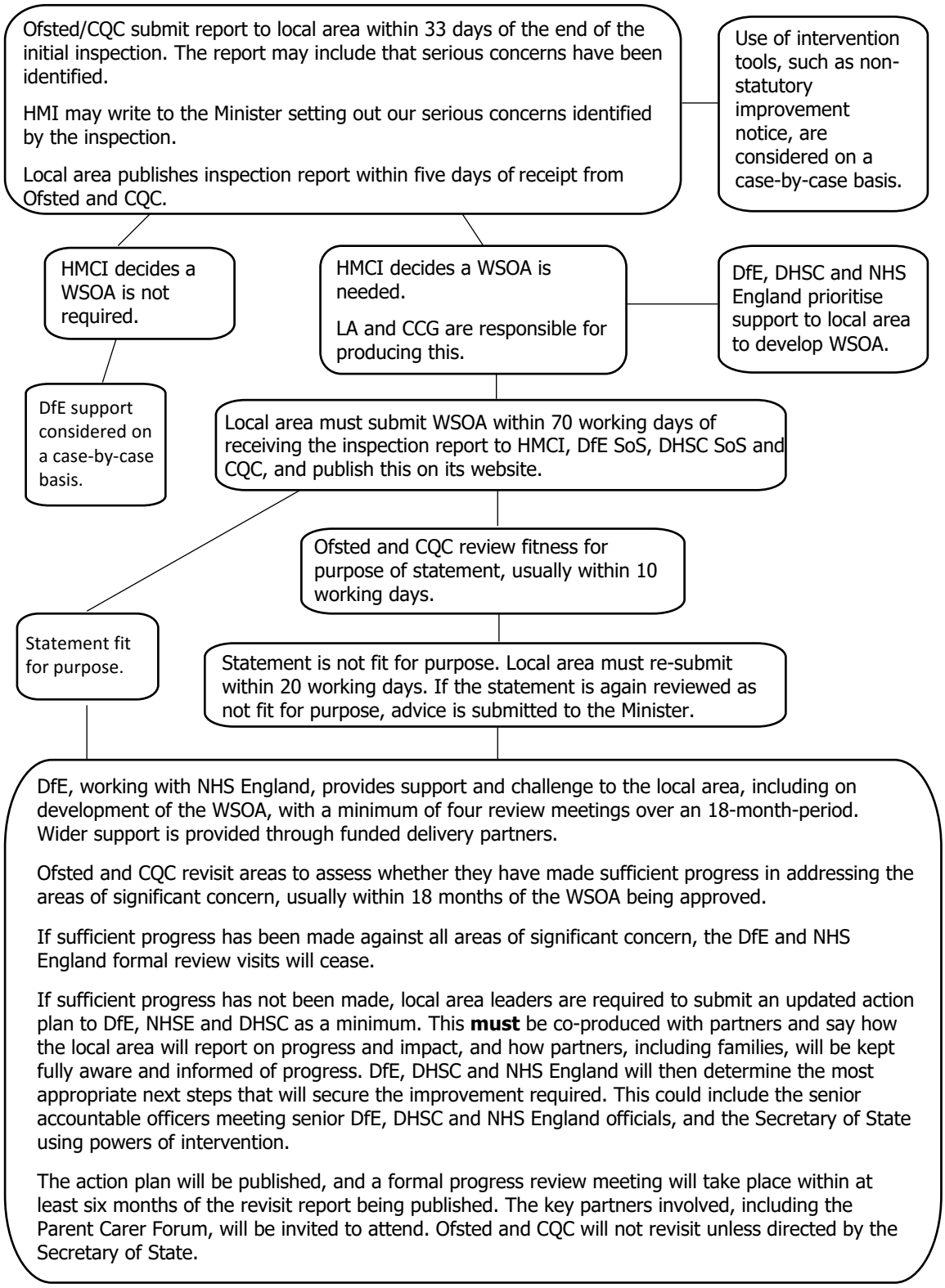
134. Arrangements to sign off and check the factual accuracy of the letter will mirror those for initial local area SEND inspections.

135. If a local area is considered to have made sufficient progress, the formal quarterly support and challenge visits from the DfE and NHS England will cease.

136. If a local area is making insufficient progress in any of the serious weaknesses identified, it is for the DfE and NHS England to determine the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and the CQC will not carry out any further re-visits unless directed to do so by the Secretary of State.

[15] LA SEND reports; https://reports.ofsted.gov.uk/search?q=&location=&lat=&lon=&radius=&level_1_types=4&level_2_types%5B%5D=18.

Annex A: Responding to findings from the local area special educational needs and disability inspections



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No. 160026

Lancashire Health and Wellbeing Board
Meeting to be held on 10 September 2019

Update on Population Health Management
(Appendix 'A' refers)

Contact for further information: Lindsey Roome, Programme Manager, Lancashire and South Cumbria Integrated Care Partnership on mobile 07900715203 at l.roome@nhs.net

Executive Summary

- To provide an update on the 20 weeks population health management accelerator programme as attached at Appendix 'A'.
- The Board to endorse the data sharing agreement to be signed by NHS and Local Authorities across Lancashire to support the development of population health management programme.
- Agreement to prioritise the flow of data.

Recommendation

That the Health and Wellbeing Board:

Discuss and endorse next steps to embed population health management as an approach to implement ICS priorities, in particular the development of neighbourhoods.

Background

Over the past 20 weeks, analysts have come together from disparate organisations to link data and collaborate with clinicians to produce actionable insights. Leaders from five neighbourhoods have mobilised existing or new multi-disciplinary teams. These teams have used data in new ways to focus their efforts and challenge established work habits.

This has taken focused leadership, commitment, energy, and courage to amplify and accelerate progress on integrating care, building on the strengths and capabilities of the system and to further improve Population Health Management. All five neighbourhoods involved in the programme along with the system wide Business Intelligence action learning set, acknowledge that they have come much further in 20 weeks than they ever expected to. This has brought a renewed vigour and belief, particularly in how front line teams feel they can provide and support health and care to deliver against the triple aim.

The Integrated Care System board have endorsed this approach for a sustainable, long-term shift in the way health and care is organised around the people of Lancashire and South Cumbria, where Population Health Management is the common approach underpinning all programmes and initiatives.

Lancashire County Council

Obtaining agreement and support to put the necessary Information Governance arrangements in place to allow the flow of data across Lancashire and South Cumbria Integrated Care System is crucial to enable the Population Health Management approach to be enacted.

List of background papers

N/A

Healthier Lancashire & South Cumbria

Population Health Management

LESSONS LEARNT AND IMPLICATIONS FOR FUTURE

Contents

- Context
- Learning from Neighbourhoods
- Optum on PHM road map
- So, what does this mean for us?

Acknowledgements

All ICP Leads, Clinical Leads, B.I leads
ICP Execs
ICS Execs
ICS Board Members

Declan Hadley, Digital Health Lead LSC ICS @declan_hadley
Eleanor Garnett-Bentley, Consultant Public Health LSC ICS @gb_eleanor
Lindsey Roome, Digital & Population Health Programme Manager @roome_lindsey

Context

- 20 weeks population health management accelerator programme
- Population health management is a core capability of a mature ICS in the LTP Implementation framework
- One of the key domains for supporting Primary Care Networks
- Provides a methodology to enable learning across system, place and neighbourhood levels

- Dr. Naheed
- Dr. Khandavalli

6

Across the 20-week programme, we enabled 5 Neighbourhoods to implement interventions using PHM techniques

	Cohort(s) Selected	Intervention Developed	Metrics of Success
Blackpool	30-50 Residents of House's of Multiple Occupancy with a depression co-morbidity	Health coaching focusing on holistic assessment, counselling, peer support and sign-posting to support groups	Use PAMs as part of the patient assessment process to determine what is important to them. Other cohorts of patients identified and interventions planned
Skelmersdale	Respiratory (COPD)	COPD Review and Group Interventions	1 -2 sessions successfully delivered. Goal setting PAMs and tracking outcomes Reduced A&E attendances and admissions Number rescue packs issued Reduce GP visits
Chorley	Patients aged between 45-60 years Patients identified as being Moderately Frail (9 to 11 eFI deficits) Patients having 10 or more Primary Care appointments between 1st January 2018 – 31st December 2018	Care Co-ordinator Social Prescribing Approach Bespoke data capture system developed	Improved PAMS Better Outcomes, experience of care, health behaviours, reduced cost
Burnley	30-50 Over 65s with a moderate frailty score (5 or 6 on Rockwood)	Populate Dashboard as baseline F2F Health Coaching Assessment Range of interventions & activities developed Peer support groups commenced Stakeholder and community engagement conducted Developed template as DQ EMIS template	Improvement in frailty score – eFI / Rockwood Improvement of Patient Activation Measure in 6/12 review Impact of intervention on non elective spend in secondary care Role and importance of Primary Care, Community Services and Community Assets recognised
Barrow	Patients with Mental Health issues co-existing with Physical Health issues	Develop a quality improvement approach to focusing on patients with SMI who have not had an annual physical health check Develop an information leaflet for patients to outline why they ae having a follow up post review	Improvement in PHC against the Morecambe Bay baseline position (19.3%) Assess the impact of PHC on expenditure on SMI across the quintiles

"The clinicians got involved, dived in."

"Everyone having a sense of purpose and pace. While it hasn't been perfect, everyone has been very motivated to get this to work."

"I don't think we had brought the same section of people together previously, so doing things like bringing analysts and clinicians together has been helpful."

"The clinicians really engaged in the data sets… clinical engagement in data sets has been essential and fully embraced."

"The programme brought together people who have the same purpose, building a sense of camaraderie. Local teams are being activated."

"We need to focus on raising collective knowledge about what PHM is, and how different people play a part in this. Even people who might not see their role as part of this, like the receptionist, how can we help them understand their potential impact and why this matters?"

"We've only superficially scratched the service of what we could do in this space."

"Some of the Optum work has shown that when we come together, and have data learning sets, the connection really matters."

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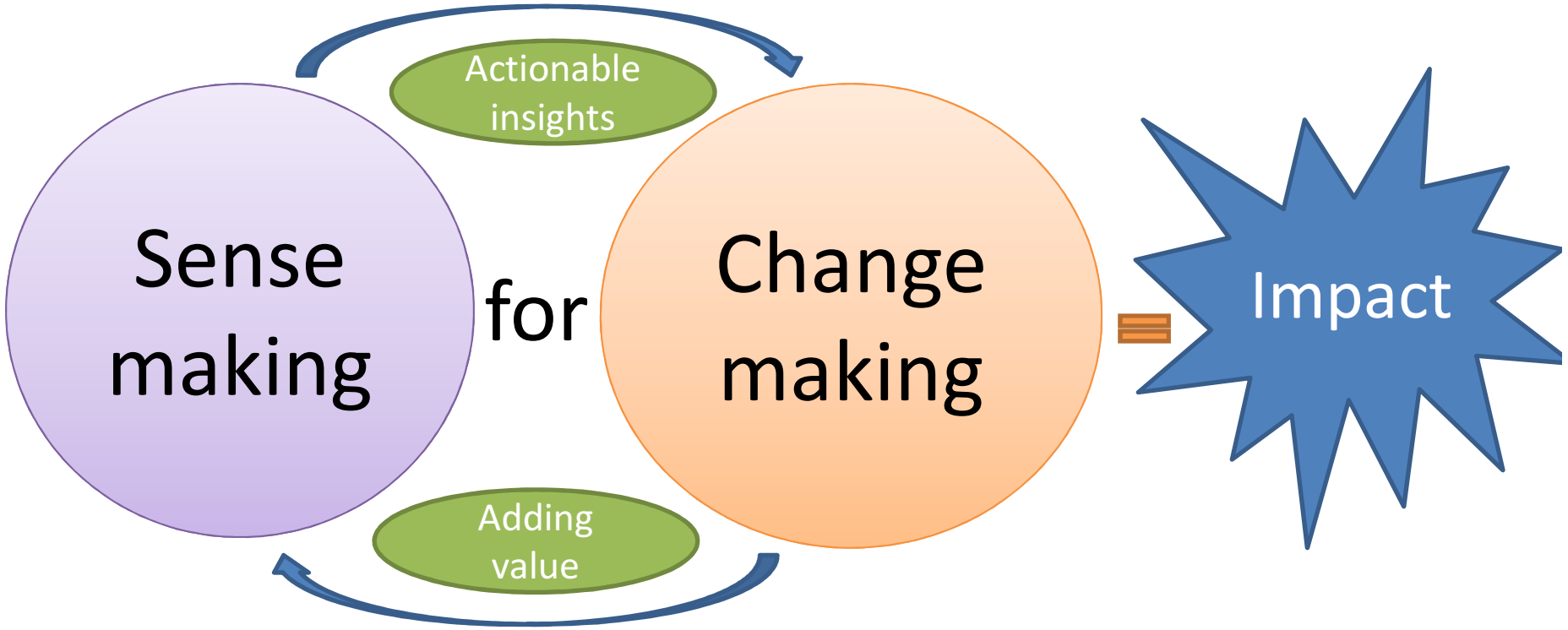
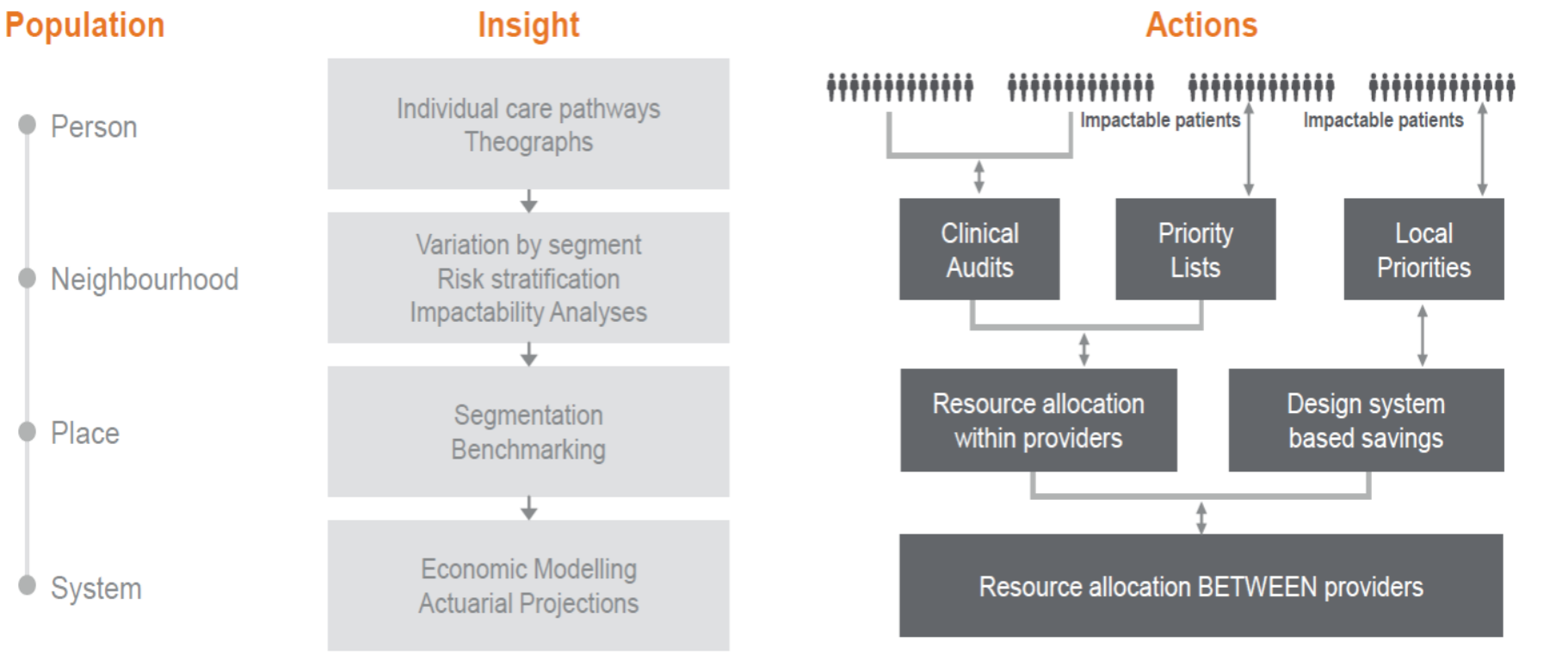
Population Health Management

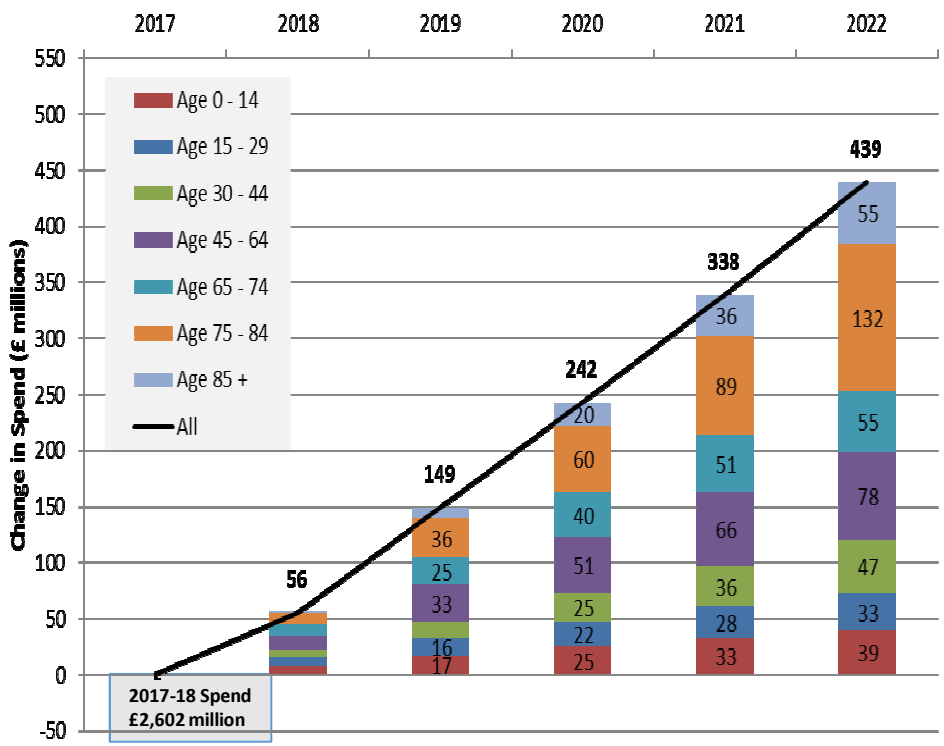


Population Health Management – Actions from Person to System and from System to Person



Unmitigated spend projection by segment

By zooming in on the projected **change** in annual spend compared to 2017/18, population segments can be prioritised for action



Observations

- Health system spend is forecast to increase by £439 million over the next 5 years
- Most significantly in the 75+ (frailty / end of life), but also 45-74 (multi-morbidity)

The results relate to NHS operational years. “2017” is shorthand for 2017-18.

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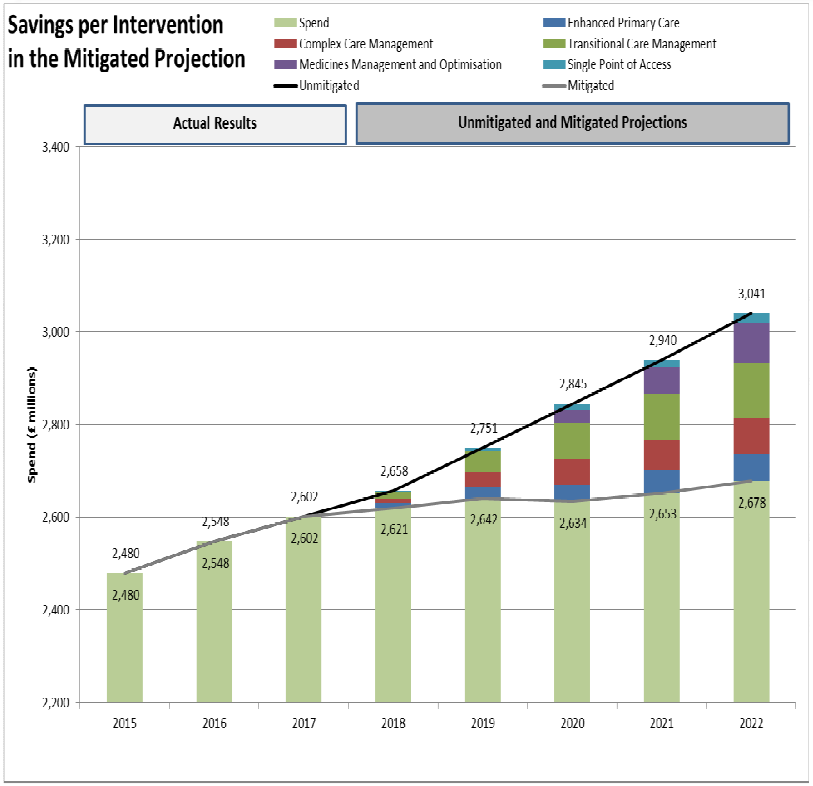
Modelling the Impact of Interventions

The projections of unmitigated demand are the baseline for testing the impact of new interventions. The modelling approach allows the impacts to be quantified in relation to population segments.

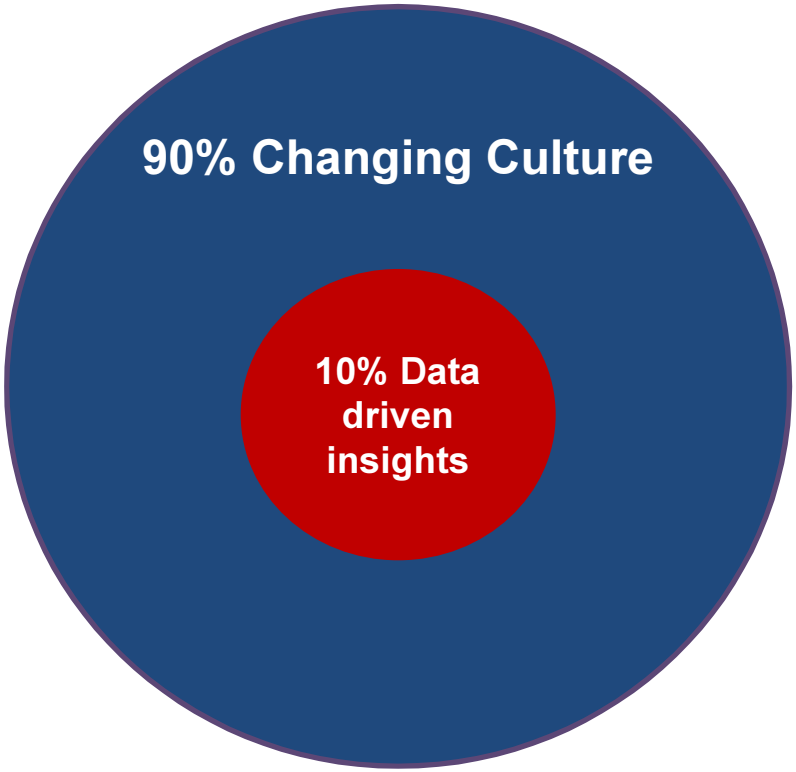


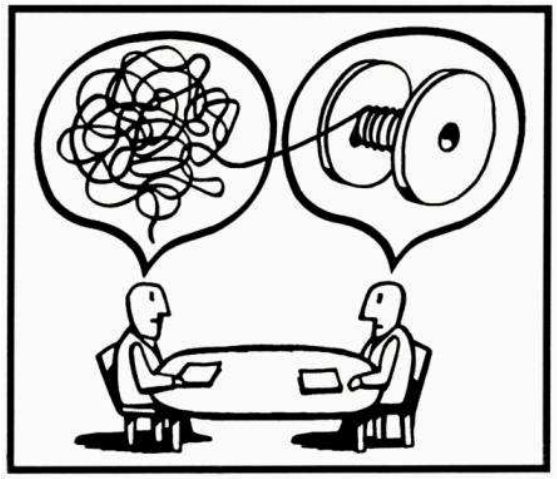
Mitigated Projection - Population Segment View

- With the PHM approach, the interventions are designed around clearly defined population segments and the impacts are quantified at this level.
- Resource allocation and operational plans can be formulated in terms of population segments.
- The chart shows indicative savings due to each intervention and the resulting "mitigated projection".

Healthier Lancashire & South Cumbria

What it really means!





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Adrian McCourt, Optum

Achievements and Reflections

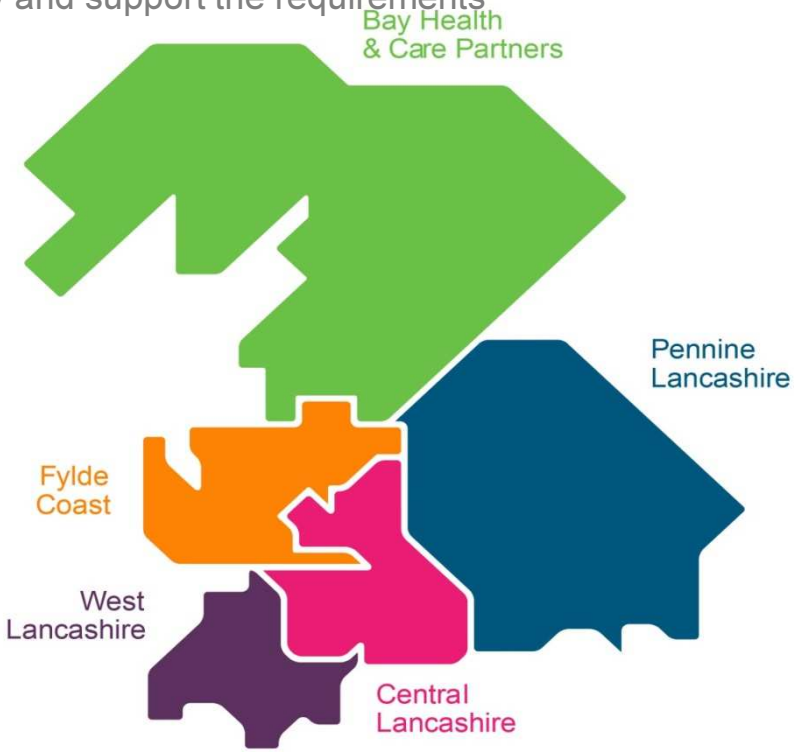
Achievements of the programme

- IG solution implemented to allow creation of linked patient level data set. Longer term plan developed to support ongoing data linking and addition of further complimentary data sets.
- Neighbourhood patient level analytics produced for all 5 participating PCNs. BI and Analytic methods and materials transferred to BI Action Learning Set group. Longer term analytics plan developed.
- All 5 neighbourhoods implemented patient level interventions and delivered actual change to patient pathways in 20 weeks. Scale and sustain plan for neighbourhoods detailed in Roadmap.
- Local leads, who will act as point of contact for future analytics support, identified. Future requirements and resourcing outlined in local analytics and IG plan.
- Unmitigated system level model produced and method for completion of mitigated model transferred to financial leads.

Lessons from the neighbourhoods

The following lessons have been derived from the case study and support the requirements identified for longer term sustaining and scaling

- Support systems to make progress by starting where they are and developing key elements of their infrastructure
- Identify dedicated, protected resource at all levels of the system and ensure this contains the right expertise
- Commit significant up front effort to ensure IG requirements and linked data sets are in place
- Support teams to make progress without the data being perfect and should start with what they have
- Facilitate Action Learning Sets with specifically skilled resource
- Enable MDTs to draw their own conclusions from linked data set insights. Then coach them to apply PHM approach based on these conclusions



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Embed and Sustain 2-4 Months

Neighbourhoods
- Continue with ALS support with the inclusion of BI (to ensure PHM approach perpetuates) to embed learning and approach
- Define tangible benefits against quintuple aim
- Develop a replicable process and approach to roll out

Data and analytics
- Embed PHM approach within analyst team through additional ALSs
- Re run neighbourhood data and provide insights as to the PHM patients cohorts with the largest opportunities
- Develop next level PHM capability within system BI resource, inc. predictive modelling
- Support the development of a business case for a pop health analytics system hub

Actuarial Models
- Develop ICP actuarial models (mitigated and unmitigated), and ICS model in order to understand patient and financial flows and business case for PHM investment

PCNs
- Support the development of the L&SC PCN offer- ensuring PHM approach; confirming how the many support offers align

Leadership
- Develop, with LSC colleagues, a L&SC Pop Health Management plan with clear articulation of priorities and responsibilities at System, place, PCN and person levels
- Develop consistent view of **what** PHM means for ICP exec teams and **how** it will be applied to achieving existing strategic imperatives- single control total, PCNs etc.

Promote and Scale 6-12 Months

Neighbourhoods
- Scale to all PCNs : Minimum support and data pack; accelerator cohort additional support through ALS

Data and analytics
- Coaching/ ALS for dedicated PHM system BI resource
- Development of at scale pop health analytics capability

Finance and incentives
- Using Actuarial modelling and linked data set to understand impact and then to align incentives to behaviour and system value

Leadership
- System PHM capability development plan, linked with Lancaster Uni and Edge Hill

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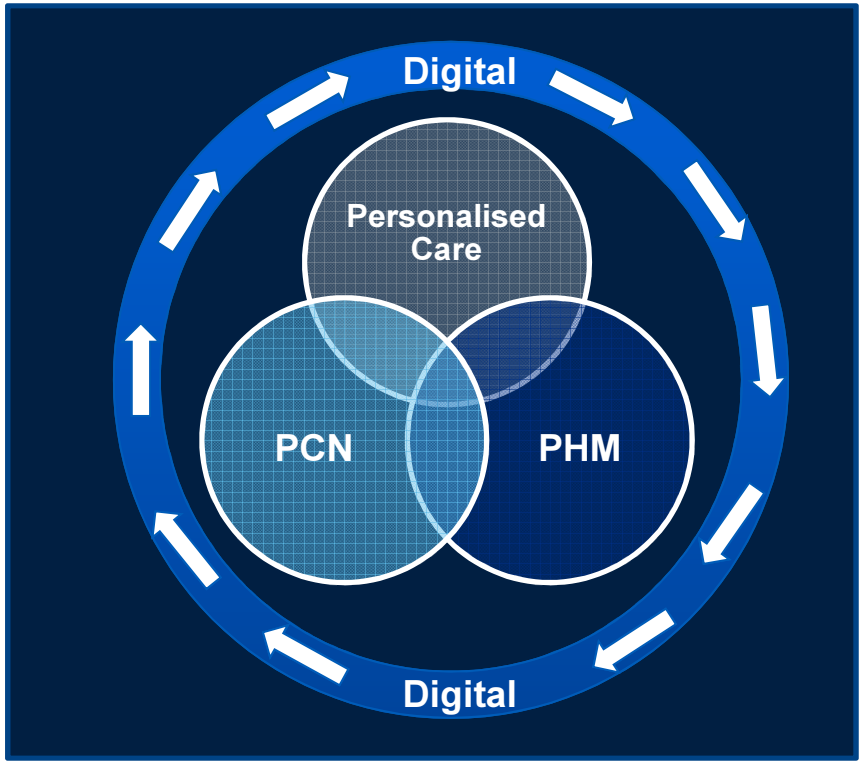
So, what does this mean?

We need Board support to work differently to improve health and care at scale

1. We need to strengthen our capability on analytics and insight generation, including I.G B.I, CSU, LA, Universities, AHSN (In progress)
2. Embed PHM as a core component for primary care development (In progress)
3. Wider Provider sector engagement to connect with PCNs (needs developing)
4. Resources prioritised/identified to support Neighbourhood development (To be agreed)
5. Adopt Population Health Management as a methodology to implement ICS Priorities (To be agreed)

What's next – improving health and care at scale



- Roll out to the other 36 Primary Care Networks
- Action Learning Sets
- D3P
- Pop Health Management Institute
- Offer of Support to Wave 2 sites – architecture
- Alignment to LHCRE

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Population Health

Working in partnership with our communities to help local people live longer, healthier lives.
People are at the heart of everything we do.

Primary Care Networks

Personalised Care

Population Health Management

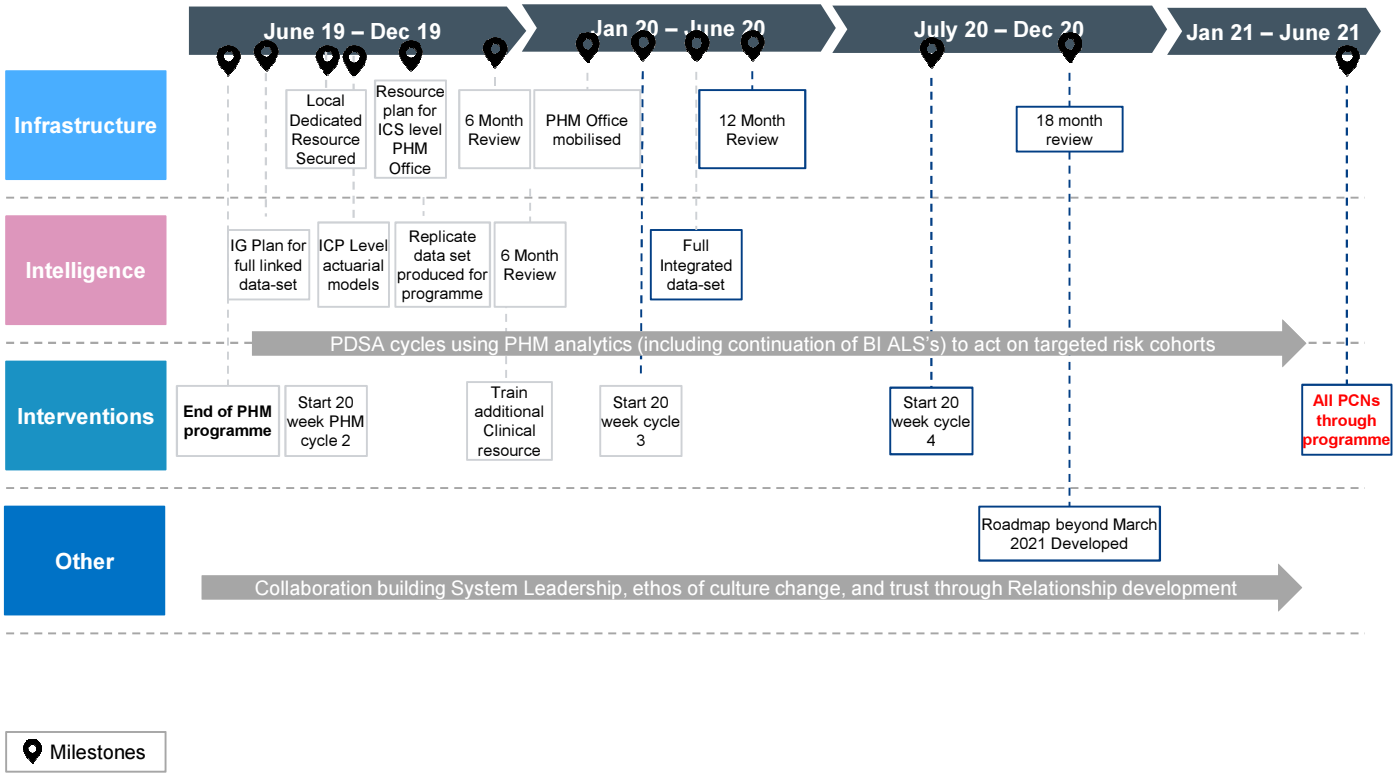
healthierlsc.co.uk/populationhealth

Next Steps

- Continuing with supporting 5 neighbourhoods and developing mitigated scenarios
- Sustainable IG arrangements
- Support PCN development
- Ongoing support to ICPs
- Strengthening system wide PHM Capability

Our Initial roadmap identifies key steps to enable us to further strengthen our PHM capabilities (Needs to be agreed across the system)

We have set out key milestones agreed as a result of the programme



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