



**Agenda Item
11**

Report Status

For information/note
For consultation & views
For decision

Report to Haringey Schools Forum – Date 10.6.2016

Report Title: Schools forum Update High Needs Block
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Purpose: Information and planning
Recommendations: To note overspend greater than anticipated caused by increased age range and unexpected spends To update the action plan and share actions agreed with the high needs block subgroup to mitigate the over spend

1. Report

1.0 SEND Reforms:

The SEND reforms 2014 have changed the legislation over duties to provide support to children from multiple agencies. The key features of the reform agenda are:

- A focus on impact and outcomes - particularly independent living and employment
- A requirement for the Authority and local Schools to publish their 'Special Educational Needs Offer' for Families and Young People with SEN and Disabilities on their websites
- Collaboration and Co-production with families
- Education, Health and Social Care Plans (EHC plans) to replace statements, but the threshold to remain as the child's significant learning need. These to be issued within 20 weeks
- The use of a personal budget for services within the Education, Health and Care Plan
- Extension of the EHC plan to 25 years for Young People in Education
- The extension of the duty to include children and young people in Youth Offending Services
- Joint Commissioning between Health, Education and Social Care

A number of the requirements of the reforms, whilst increasing the quality of the offer to children with SEND and their families, has also increased the financial demand on the high needs block budget.

The budget is used for three main areas:

- Support staff for children with SEND
- Additional financial support for settings meeting the needs of children with SEND
- Meeting the cost of specialist settings for children with SEND e.g. school places

The overspend on the high needs block budget in 2017 was anticipated to be circa 900K as reported to the high needs block in January 2016. There is a larger overspend anticipated of 1.3 million for year end 2016,.

The overspend on this budget is higher than anticipated due to a number of factors including:

- Increased number of young people supported due to the increased age range in the younger and older age ranges
- Higher than anticipated costs in the older age range as not enough pre commissioned college places

- Higher than anticipated costs in the older age range as top ups are higher than for school place
- Some actions funded, such as increased place costs in special schools, have been funded this year, but the full impact of bringing students back locally will not be achieved until September 2016 next year.

The boroughs progress in each area of the reforms will be briefly outlined, with outcomes and the financial impact explored.

SEND reforms update:

1.1 Local offer

Haringey's Local Offer for children with SEND and Disabilities is now operational and can be found on the Haringey website. There was a parent's event in March 2016 to review the offer and the types of services for children with SEND. Key themes that parents wanted were:

- To understand how schools support children who do not have an EHC e.g. role of the Senco, the types of interventions around literacy and numeracy that were commonly used and effective
- Information, advice and intervention from therapies such as Speech and Language Therapy and Occupational Therapy
- Respite and support for children with SEND e.g. after school clubs, holiday clubs and Saturday clubs
- Request for more training and information to parents about managing their children's needs, specifically behaviour
- Development of the autism diagnostic pathway and post diagnostic support
- Support pre-school from their children with complex needs

The event feedback will shortly be found on the Local Offer website and will form the basis of evaluation of the effectiveness of interventions planned.

1.2 Personal Budgets

The personal budgets policy has been published on the website. This outlines the current use of a personal budget for respite and support, and nursing support for children with significant medical needs. It will shortly be widened to transport and independent travel training. There are a small number of personal education budgets being used for individual support and therapies. The use of personal budgets for some aspects of the offer to children and young people will be an opportunity to give families greater control, but may also be a way of delivering more cost effective services e.g. personal budgets for transport and respite and support.

The personal budget for education is currently being used for a small number of families for services within the high needs block including:

- A personal assistant/mentor for one young person with SEND and mental health needs to ensure they get to college, support them with their work at college and then visit once during the week at home to assist with studies
- Tuition/home education at home for four young people who are not able to attend school or college. This is due to their complex physical needs, mental health and autism or mental health alone.
- To provide the therapies outlined in a child's education health and care plan when it cannot be provided in another borough or over borough boundaries.

1.3 Early Years

There are two new initiatives which will address some of the needs of children with SEND pre-school, and provide support for children with SEND without the need for a Education Health and Care plan. This is the top up to Under 5's in Early Years settings, and the new Portage Service to the pre schoolers. These services will ensure there is capacity to meet children's needs at an early stage in borough, provide input to the population of very young children with complex needs at an early stage. The aim is to meet children's needs at an early stage, resolving issues where possible, and increase parental confidence and capacity in meeting their children's needs. Providing this type of support will inform the authority of the needs of the children to allow for place planning of special school places, and ensure early planning for borough capacity.

1.4 Youth Offending

We have contacted 25 young people with statements to be converted into EHC. Of these 25 young people 4 are in custody however 21 are accessing education and still known to Youth Justice Services. We have established processes for requesting, assessing and resourcing EHC plans for those young people in secure settings and known to youth justice. A specific project work in this area, funded by the SEND reforms grant and carried out by a Speech and Language Therapist and an Youth Offending Team Manager indicated that these young people reported their main difficulties are being:

- Communication difficulties e.g. understanding explanations and limited negotiation skills
- Few friends
- Literacy difficulties and low self esteem

Most had subtle learning difficulties resulting in SEN and significant difficulties tolerating perceived pressure or failure e.g. they tended not to try in case they could not do something. There were common themes reported in what they thought would help them at school:

- Mentoring and advice through an identified adult
- No special needs assistant time
- Additional teaching time on a one to one out of class time e.g. at the end of the day or before a class.

The approaches need to be developed further however this will be helpful in future planning and input into EHC's for this group of young people.

2. Population of children with SEN and Disabilities:

2.1

In April 2016 Haringey had 1600 children and young people with Statements of SEN and Young People with Learning Difficulty Assessments, this is an increase of 186 children from the last time of reporting where there were 1414 with statements. The increase in numbers is as a result of the young people with learning difficulty assessments, whose statements were converted into Education Health and Care Plans this year.

2.2 All of the children's statements will be converted into Education Health and Care plans over the next three years, and most of the Young People's Learning Difficulty Assessments (LDD). The conversion of the LDD will depend on whether the Young Person is choosing to stay in Education until 25 years, and their request for a conversion, as the SEND code is clear that the request for an Education, Health and Care Plan is required from the Young Person themselves. For Young People who require less adjustment they may choose not to have their LDD converted, however it is expected that most will request a conversion or have a conversion requested by an advocate.

2.3 The speed of converting the existing volume of statements to an education health and care plan has increased, with the volume of conversions standing at approximately 18% of the total number to be converted. The time taken to achieve this has significantly increased with the last 10% being completed over a three month period. This would indicate that we are likely to achieve our aim of converting all statements and learning difficulty assessments to education health and care plans by April 2018.

2.4 Over the year, 291 new EHC plans have been issued with 195 in progress. We are continuing to have requests of the EHC assessments at the rate of approximately 20 per month with 16 agreed to go to completion representing 192 new plans per year.

2.5 Demands for Education Health and Care Plans

Increase in numbers of EHC plans by age range

Total No of Children & Young People with statements or plans maintained by Haringey,
Mar 2016: 1600

	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016
Pre-School	10	8	9	14	4	8
Reception	49	52	51	54	61	63
Year 1	66	57	62	72	64	90
Year 2	80	77	69	75	86	76
Year 3	83	95	92	82	88	101
Year 4	82	95	111	104	92	93
Year 5	84	93	112	122	116	99
Year 6	118	100	109	130	121	126
Year 7	115	129	114	118	139	122
Year 8	119	120	131	117	117	138
Year 9	125	123	118	137	118	128
Year 10	117	131	124	125	138	115
Year 11	98	116	130	130	124	134
Year 12	69	59	76	41	37	120
Year 13	55	54	46	22	32	82
Year 14	30	45	39	8	8	69
Year 15						29
Year 15 plus						7
	1300	1354	1393	1351	1345	1600

The majority of the Increase is the conversion from statements and LDA's into education health and care plans.

The reforms have increased the numbers of children to be supported by extending the age ranges. This means that less young people have left education and proportionately more will require support through the top up's and school places.

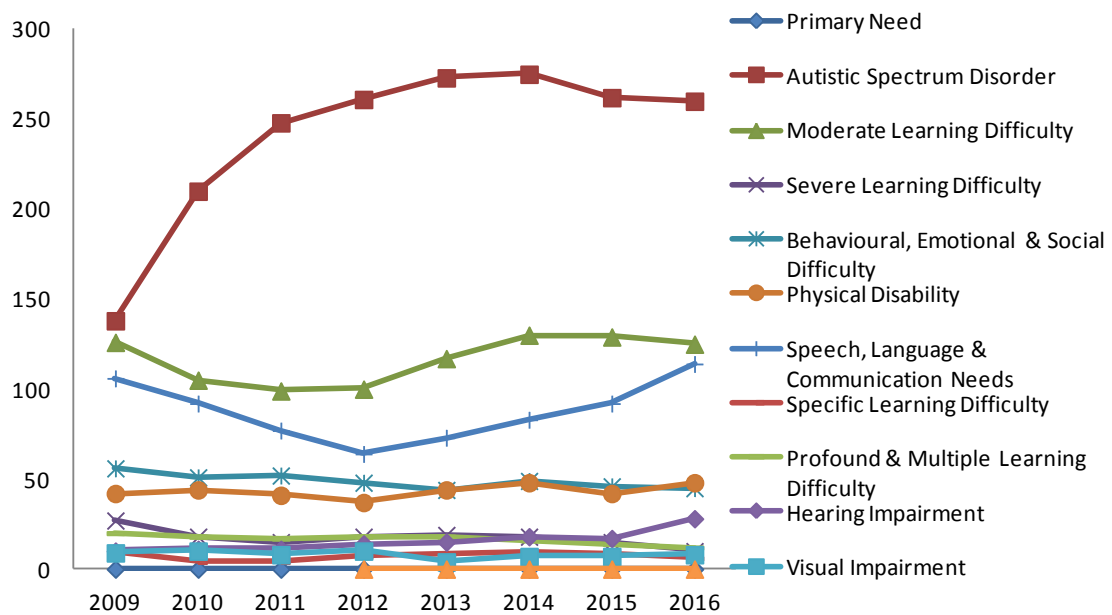
From the above table it can be seen that the extended age range means that 441 children are being supported in the over 16 age group this year, compared to 201 in 2014-2015, which is an increase of 240 children in this particular cohort.

2.6 Presenting needs on statements/EHC's

The Young People with Statements of SEN or Education Health Care plans in Haringey have identified on their statement the following primary needs:

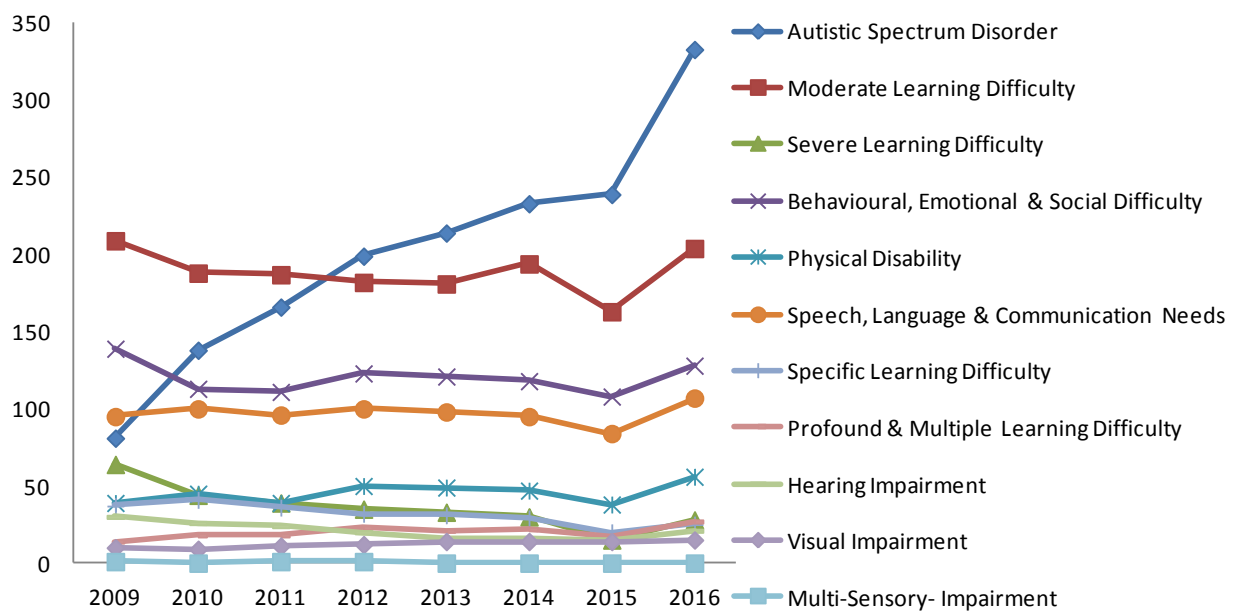
Presenting needs primary aged children:

Figure 1, Number of Primary children with by need (Pre-school/Nursery to Year 6,) Source: Haringey SEN 2016



Presenting Needs Secondary Aged Children

Figure 2, Number of Secondary children by need (Year 7 to Year 14,) Source: Haringey SEN 2016



In primary aged children the highest presenting need is children with autism which is showing a levelling off of rate of diagnosis.

In secondary however there has been a sharp increase, which would indicate that there is an increased likelihood of diagnosis the older the student, and also that those most likely to stay in education for longer, and require support, are those with autism.

All other areas of primary need appear to show a steady state across the age ranges.

3.0 Funding from High Needs block

The high needs block funds three main areas for children with SEND, those being:

- Services and staffing to support children with SEND e.g. Advisory Teachers, speech and language therapy
- Top up and additional financial support for children with SEND in their settings
- School places such as special school places in borough and out borough for those with SEND.

3.1 Services and Staffing to support children with SEND

There are no overspends on the staffing lines except the Lovaas line, which shows an overspend of 14K.

Lovaas is a specific intervention for children with Autism using an approach known as Applied Behavioural Analysis, originally designed by a practitioner called Lovaas. This is the teaching approach used in Treehouse School, and in some home intervention programmes, which involves high levels of one to one input from staff following a detailed behavioural intervention. It is a high costs intervention, with less effective outcomes for older children, the packages that remain were provided after parental challenge at a SENDIST tribunal for two families. Some of the spend on this line is due to miscoding of the top ups for home educated children. Work has begun to reduce this type of support and bring the children into school full time. This will reduce this spend.

3.2 Additional funding into settings for children with SEND

This includes top up funding for those in special schools, mainstream schools and in colleges.

3.2.2 Mainstream schools top up E41284

The overspend here is due to increased numbers of children. Time from a special needs assistant still represents the most frequent request for support from parents and schools.

Level of Support	Number of children with these hours Nominally Allocated
SMSA (lunch time)	220
0-15 hours	242
16-20 hours	288
21- 25 hours	193
25+ hours	88

Of those children with 15+ hours support, many go onto college without maths and English and need to re—take at an average top up of 3,500K. This would indicate that alternative interventions needs to be explored with this group specifically at an earlier stage. The complexity of some children’s needs have also increased in the mainstream cohort meaning that top up’s have had to match the increased complexity of the children.

3.2.3 Higher Education top up E41286 and E41260

These are the top ups for providers such as Haringey 6th form, Area 51, Harrington’s Scheme and Conel.

This year, due to the increase number of young people wanting to access education, both place funding and top up had to be paid to some providers who had received a higher than usual number of applications for college places. This means that the proportionate cost of the places for each young person was higher as it included the base funding of £6,000 as well as the top up.

Due to colleges places being out borough, the top up funding for those in college places also appears on the independent and voluntary sector line.

The cost of the support for older age group is considerably higher than the costs of support in the lower age ranges, and there is less in borough maintained provision.

The spend on this group of young people constitutes the majority of the increase spend on line E41260, which is the out borough providers of independent and voluntary groups. This includes colleges such as Barnet and Southgate, and Ambitious for Autism.

3.2.4 Special Schools Top up E41283

This spend has increased in line with the increased numbers on role at Riverside and The Brook, which have provided 8 further places at The Brook and 6 further places at Riverside. There have also been 7 children in the Special Schools who have required increased staffing support to maintain their places.

4.0 Independent and Voluntary Sector E41260

4.1 There are two main areas of need most likely to not be met by in borough maintained provision, those being:

- Those with social emotional and mental health difficulties
- Those with Autism and mental health needs but without severe learning disabilities
- Those with Autism and severe learning disabilities and highly challenging behaviour.

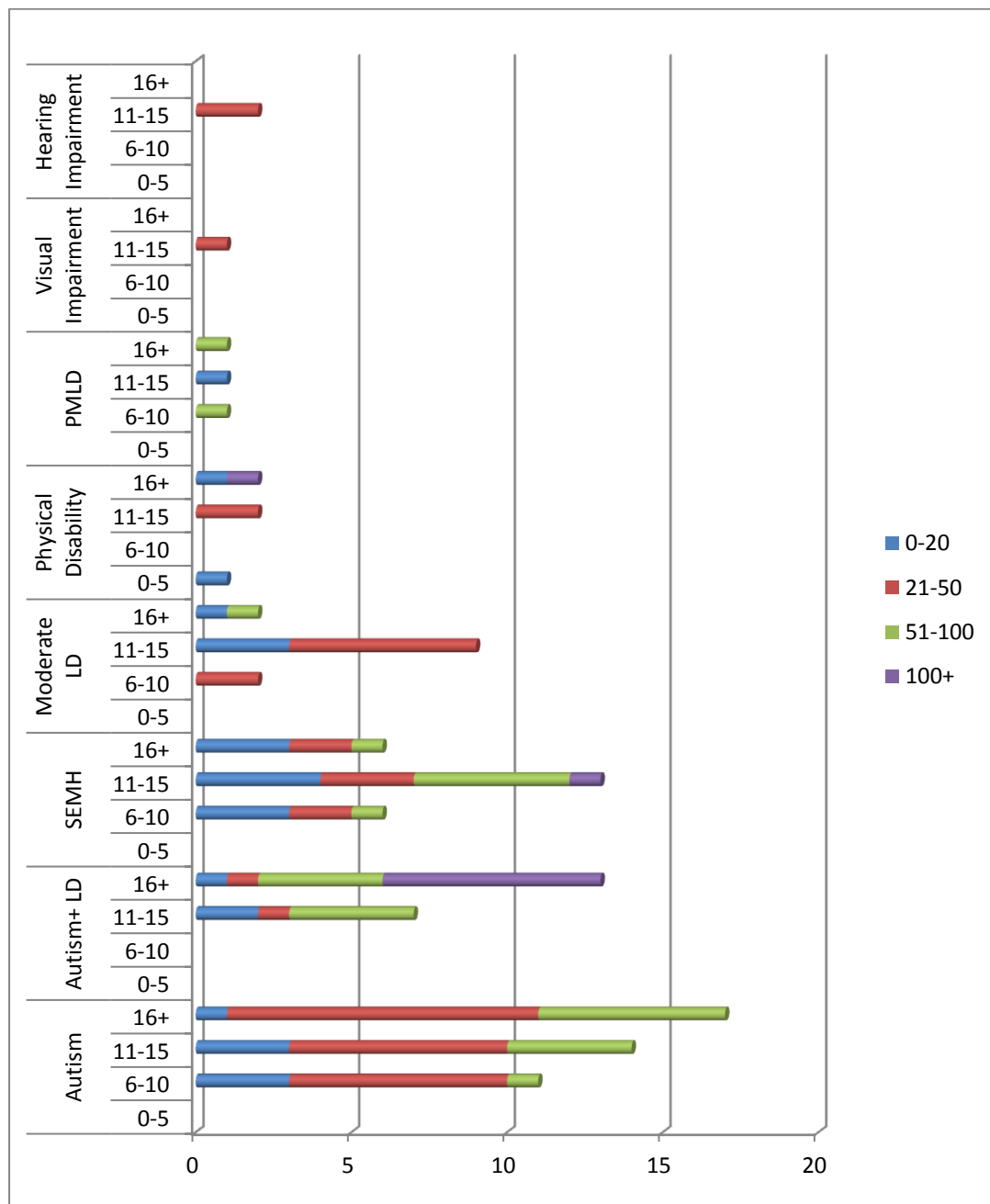
Of those above, many are over 14 years, with a significant number over 16 years. Whilst there is in borough provision for the post 16 group, there is a large cohort going out borough for their support with 21.3% attending colleges outside of Haringey or in independent settings. This means that the true cost of the increased age range is not visible on the budget lines under 'higher education'. (Which should be interpreted as education post 16 years).

	Type of Specialist Provision	2016		
		In borough	Out borough	Total
Maintained	Haringey Sixth Form Centre	114	-	114
	Colleges	10	39	49
	Special Post 16 Institution - Day	5	5	10
	Special Post 16 Institution - Residential		2	2
	Other day places	2	2	4
	NEET	46	-	46
Sub-total		177	48	225
Sub-total (percentage)		78.7%	21.3%	100%

There remains a high proportion of young people who are NEET in this cohort, with targeted working being done with post 16 college improvement officer to address this group.

4.2 There is limited specialist provision for this age range e.g. specialist college offers, and the placements on offer are often high cost.

The table below shows the proportionate cost of each child out borough by banding of primary need, age range and cost of placement in thousands with ranges from 0-20, 21-50, 51-100 and 100+K.



It can be seen that Young People with Autism in the 16+ age group, and those in the 11-15 age range with Social Emotional and Mental Health needs are most likely to have the highest cost independent school placements.

4.3 Joint Working With Adult Services

For young people with complex needs going through transition, the needs identified within their Education Health and Care Plans after 18 years need to be met by the relevant agencies e.g. adult social care or adult health services in a joint funding arrangement. The assessment of adult social care or funding through adult services is carried out by an adult social worker or a continuing care nurse via the health services.

To date adult social care services have contributed to the costs of college placements for those with complex needs who are choosing to remain within education, and are working with children's SEND services to ensure support at home and at school for this complex group of young people.

This is in recognition of the fact that the young person is likely to require supervision and support with activities of daily living that are outside the usual education offer at this age range. This has contributed £485,000 towards these young people's costs whilst in education.

4.4 If a young person has such significant challenging behaviours that they meet the threshold for health services funding, there is no joint funding agreement in place to date. This means that the college places for those with autism, challenging behaviour and severe learning difficulties are fully funded by the high needs block currently. This group of young people are also the most vulnerable to severe mental health difficulties and hospital admission. The services to this group of young people is also being explored through an initiative known as 'transforming care' which aims to reduce the numbers of young people likely to be admitted to hospital as a result of mental health difficulties.

4.5 There are thirteen young people in 38 or 52 week residential schools, with five young people due to leave this year and transition to adult services. The aim is for these young people to come back to borough and access local education with support post 19 years. The education offer available to these young people may not be broad, and is likely to be independent from maintained provision. Not all will come back to education, with some going into social care settings. Supporting these young people locally will be a reduction in cost of approximately 200K. The most group of young people most frequently requesting residential college after the age of 18 years are the group of young people with high level autism, where the pathways of support for this cohort of people are not well defined locally.

There have been no new starters for residential in the academic year 2015 - 2016 academic year, however there will be one young person starting in

September 2016, and there have been three further requests. These young people have higher level autism and borderline mental health difficulties.

4.6 Number of young people going into independent settings

This has reduced slightly over the last year, from 27 to 23 young people, however due to the high cost of the placements for the over 16's and the lack of joint funding this with the CCG means this has not reduced the overall cost as yet.

4.7 Numbers of Young People in hospital Placements

There are three young people currently in hospital due to significant mental health needs. Two have transitioned from residential schools and one from a day school. Two of the three are looked after young people and all have a diagnosis of higher level Autism.

5. Reasons for the financial position being worse than predicated

5.1 The original predications for the young people accessing education post 16's were based on top up only. Unfortunately due to the numbers of young people staying on in education, several of the settings received higher numbers of young people than commissioned places. This meant that the base funding (element 2) had to be paid as well as the top up. This accounts for 156K of the overspend. This is likely to re-occur in the costs.

5.2 There were unexpected Early Years costs totalling 92K that were not included in the original forecast. This will not re-occur in the costs as a result of a re-structure.

The remaining amount is due to the increased numbers of students accessing education post 16 years.

6. Previous initiatives to reduce pressure on the high needs block:

6.1 Changes to the secondary schools funding for SEN which favours the intake of students with SEND. The affects of this will be seen in April 2017 however all secondary transfer students have been placed in local maintained settings without the need to approach independent providers.

6.2 Increase in special school roles in September 2016 this will reduce the need for out borough places. See above - the

affects of this will be seen in the budget for April 2017 as only place costs are present rather than reduced out borough places

6.3 Use of the tuition centre for more bespoke curriculum for those with autism but no learning disabilities and those with social emotional and mental health needs.

6.4 Charging for the education accessed by those with additional needs at Simmon's House. This is not an initiative that can be pursued as the place funding has been delegated to the boroughs, however it will give reasons for not paying invoices received for top up's from other medical centres. Total cost last year were 12K.

6.5 Audit and review of the use of additional top up's for those already in independent school places. This initiative has started and is beginning to show some reduction in the top up's.

Some of the above factors will mitigate the increased spend, however more radical actions are required to contain the spend which require schools forum consideration and agreement. The impact of these changes will be approximately 200K directly from bring the children more locally, however it will also reduce the spend from increasing.

7 .0 New Initiatives

7.1 . The cost of top up.

This would include banding the post 16 top ups to predictable more rates. This is likely to reduce the spend by approximately 100K.

It could include reviewing the top up's provided to mainstream schools and reducing the hourly rate. The top up's have not been increased for many years, however and there is a risk that schools will ask for more hours to compensate. This was not an approach agreed by the high needs block as there has been no uplift on the rates for a number of years.

7.2 Amendments to the criteria for the Education Offer

Areas are approaching the increased age range differently, with some only offering education funding up to 21 years unless there were exceptional circumstances. This will increase the pressure on adult social care services to provide a different offer to the young people if not accessing education. The Code of Practice 2014 does not state exceptional circumstances only, however. The COP states that those continuing to make education progress

and outcomes should be supported, but does not define educational progress. The financial implications of this age cut off are financially favourable to the high needs block, however this would not be an equitable offer and would also create a pressure elsewhere, in adult social care, without providing a quality experience for the young people. This is not a recommended course of action.

It is recommended that the eligibility criteria are re-defined and include that courses after 22 years would not be funded unless there are circumstances which would "guarantee employment for the young person if education continued after this period", or if "the young person has complex needs and is gaining skills which would allow them to move into supported living". This would reduce the pressure on the High needs block and also better define the outcomes anticipated for the young person as a result of the agreement of funding.

7.3 Joint funding review for those eligible for adult services within education, or ceasing of educational health and care plans if the young person is fully CCG funded. This is on the premise that those young people have the most challenging presentation and are therefore likely to make the least progress. Currently the joint funding criteria is not defined. There is currently work started with the CCG to look at other boroughs approaches to the joint funding of education top up for complex children. The financial impact of securing joint funding between health and social care is between 500k and 800K in favour of the high needs block, with 500K being contributed last year by other agencies.

7.4 . Review of the staffing offer and services to children with SEND funded through the high needs block. This would mean ceasing all or part of a service funded through the budget managed for children with SEND. The advisory teachers for Hearing Impairment and Visual Impairment would be out of scope for this as they are statutory. Whilst there would be a favourable financial impact of this model, the services of specialist teachers are required to support those children to stay local. A mixed model could be used to review and delete any new vacancies in the inclusion and advisory teachers service and later in the SEN teachers teams and offer some as traded instead to colleges. The deletion of a post and move to traded would move money back to the high needs block.

7.5 Invest to save models such as new specialist provision for SEMH and Autism both pre and post 16 years. This would mean committing some of the high needs block to support the opening or commissioning of a local provision such as an SEMH offer or Autism provision post 16 years. This would only be costs effective immediately if places were held for those currently in higher cost out borough places and the young person would be willing to move from September 2016. This would be possible if smaller numbers of places were commissioned and local locations could be found.

This could also be achieved by de-commissioning some of the already commissioned related services e.g. 5 places from TBAP to be commissioned from another provider and bring 5 children back from more costly provisions.

7.6 Review of the criteria whereby additional funding is provided across all schools to recognise levels of children with EHC's. This would mean that the additional funding to schools, currently applied across all school under a funding formula, would be applied to specific schools only who have a higher than average level of children with EHC's.

Please see appendix 1 for the revised financial plan and back to budget agreements.

8.0 Summary

The high needs block is unlikely to have any further significant uplift in the future and as a result resources need to be provided from within the current budget. The numbers of children and young people, and the costs of their interventions, have significantly increased the pressure on this budget. The numbers will now continue to grow, albeit at a slower pace, as the majority of the conversions to Education Health and Care Plans in the upper age ranges have been completed.

It is key that there is local provision and clarity of offer for all children and Young People with Autism and SEMH, with a shared understanding of the admissions for specialist provision criteria across all settings. The local skill set needs to grow for those in mainstream, with an agreement on how this is provided through maintained or traded services.

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June 2016