

Agenda Item
7

Commissioning Unit

Report to High Needs Block –

Report Status

For information/note
For consultation & views **x**
For decision

Report Title: High Needs Block Strategy – Appendix to High Needs and Early Years strategy.

Author: Vikki Monk-Meyer Head of Service SEN and Disability

The purpose of this paper is to outline demand and actions to manage demand for the high needs block across Special Schools, Alternative Provision and Hospital Provision 0-25 years.

Recommendations:

1. To note demand

1. Introduction

1. The purpose of this paper is to outline demand and actions to manage demand for the high needs block across Special Schools, Alternative Provision and Hospital Provision 0-25 years from 17/18 to 19/20. This will paper will set out actions to be taken and timescales in the context of national and local budgetary pressures

2. Background information

2.1 The population of children and young people with SEND in Haringey

Haringey has 1790 children and young people with Statements of SEN and Education Health and care plans. Of these children and young people 839 have statements still to be converted to an education health and care plan as of 13th September 2017. This an increase of 349 from 1441 statements in 2014 when the SEND reforms were first introduced.

2.1.1 Requests for Educational Health and Care Plans

Requests for new education health and care plan assessments are received at approximately 30 per month, with 53% declined on first request.

Haringey has refreshed our eligibility criteria as part of a multi-agency working party to look at this high rate of refusal. Approximately 150 Education Health and Care Plans are agreed per year with the highest number of new requests being for those with autism. There is an emerging trend for an increase in requests for those with mental health/challenging behaviour.

Of those EHC assessments carried out, 99% are agreed to issue as a plan. Of these 60% are issued within 20 weeks.

2.1.2 Of the 1790 children and young people with statements or EHC plans, 80 are under 5 years, 1128 are between 6 and 15 years, 369 are between 16 and 19 years, and 213 are over 19 years.

Ages of Children and Young People	Numbers of Children and Young People
5 and under	80
6-15 years	1128
Between 16 and 19 years	369
Over 19 years	213
Total	1790

Of the young people under 16 years there are 794 in mainstream schools with a range of additional support to meet their needs. The support was originally calculated with the equivalent number of teaching or teaching assistant hours.

Table to show types and ranges of support equivalent by year group

Hours and Years	Costs	Re c	1	2	3	4	5	6	7	8	9	10	11	
Under Threshold or draft	£6,000			3	1			1	1	3	1		2	12
15 hrs ta +	£8,312.85	6	6	9	15	15	16	30	22	27	22	24	24	216
20 hours +	£11,083.80	6	10	12	14	21	16	12	24	14	30	25	22	206
20 hrs ta + 5 hrs SMSA	£12,622.00	7	20	14	15	7	9	8	9	5	1		2	97
25 hrs +	£13,854.75	3	2	5	4	6	8	9	9	12	14	12	11	95
25 hrs ta & 5 hrs SMSA	£15,392.95	13	17	21	8	13	12	10	5	2	2	3		106
27 hrs ta & 5 hrs SMSA	£16,778.43	1	2	6	6	8	7	1	4	6	2	1	2	46
30 hrs ta & 5 hrs SMSA	£18,163.90	1	1		1	1		2	1	1	4	1	3	16
			37	58	70	64	71	68	73	75	70	76	66	66
														794

Chart to show the most commonly used levels of support across the year groups

It can be seen that numbers of children with statements or EHC's drops off slightly after year 8, and it is most commonly in those in the higher support bands in primary. This is likely to be due to children moving to special school at secondary transfer.

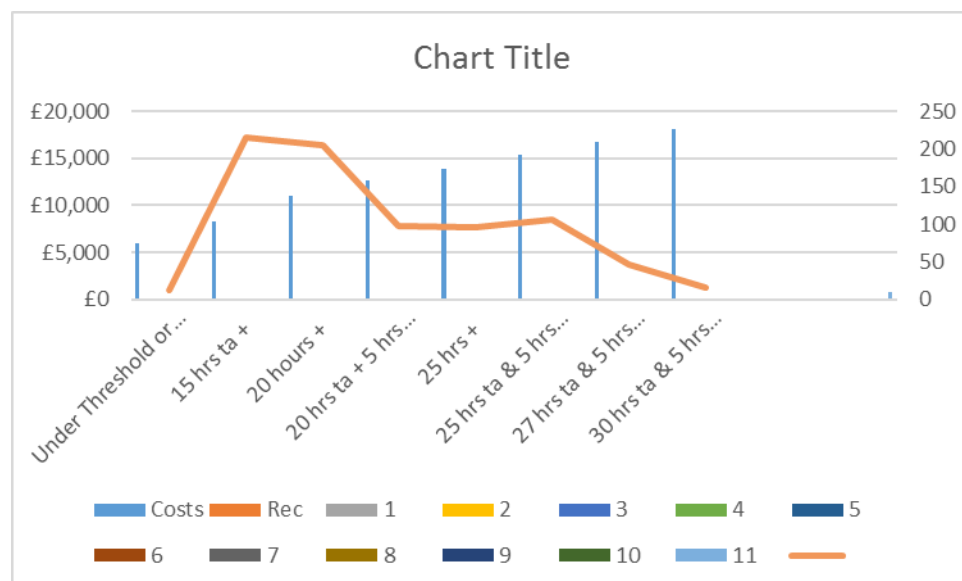
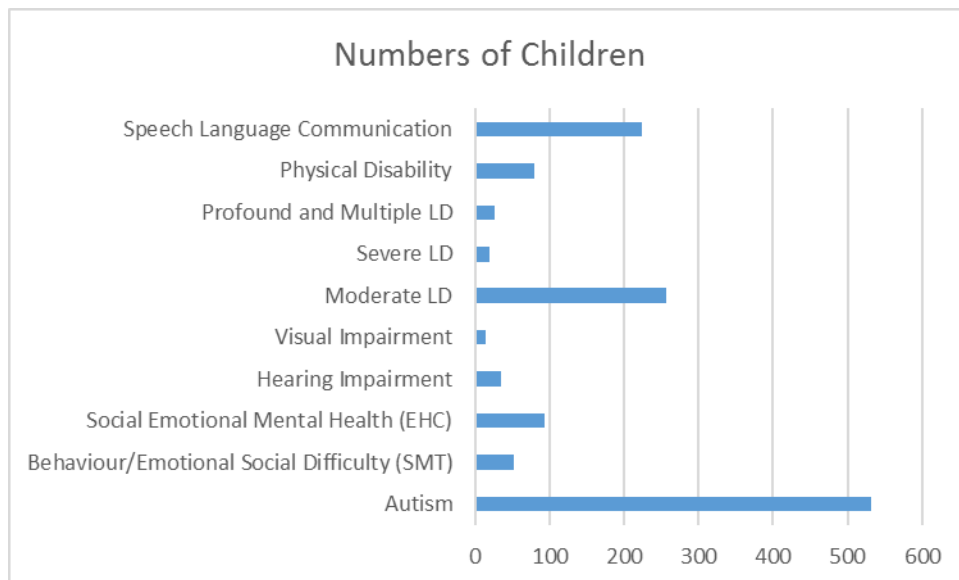


Chart to show the most commonly used types of support in each year group.

This chart shows the lower levels of support are used most commonly when issuing an Education Health and Care Plan.



This chart demonstrates the categories of need when issuing an Educational health and care plan. As can be seen from the chart the most commonly occurring reasons are Autism, moderate learning disability and speech/language and communication needs. In addition, there is a trend which shows that the category of SEMH is increasing, as there are 52 young people with a category of BESD on their statement, which is now known as SEMH. There are 94 young people with a category of SEMH.

- 2.1.3 The under 5's population is increasing as requests are received for children and babies with complex medical conditions who meet 'continuing care criteria' are being made earlier. Children meet continuing care criteria when part of their interventions require staff trained in medical interventions e.g. they may be oxygen dependent
- 2.1.4 Haringey has a high number of young people over the age of 19 years who have remained in education. Of these young people 31 have complex learning disabilities and their stated outcomes are potentially achievable either through a social care package or through an educational package.

2.2 Ceasing of Educational Health and Care Plans

2.2.1 Few Education Health and Care plans have ceased for children since 2104.

2.2.2 Education Health and Care Plans can cease when:

- Young people achieved their educational outcomes - This means in joint working with adult learning disabilities team and health colleagues. There needs to be common understanding of what is an educational outcome.
- Young people move into employment – educational establishments and young people and their families know how to access and make use of career's advice to establish and maintain a young person in employment. There are local services emerging for careers advice.
- Young people move into higher education – aspirations need to be high and young people and their families need to transition successfully onto the systems of support in university.

Up until the introduction of the reforms, approximately 150 young people left education each year. This has reduced in the last two years and was approximately 10 young people in 2016 and 26 in 2017.

This has a significant budgetary impact. Resources attached to a young person's plan varying from £8,000 to £55,000 for a small number of this year's leavers. The likely impact of these young people leaving education is approximately £300,000 returned to the DSG to be used for other children.

2.2.3 Challenges to provision in educational health and care plans

The number of tribunal requests from families about their children's educational health and care plan has remained similar over the last three years e.g. 12 per year, however the type and theme has changed. The most common requests have been for provision for pre-school children and those over 16 years.

These are the age groups where an education health and care plan is a new educational offer and there are limited examples of case law.

2.2. Types of need that give rise to the request for an education health and care plan (add provisions in plans and cohorts)

The increase in diagnosis and requirement for specialist advice or provision for young people with Autism is clear. There is also an increase in the referral and request for funding for education for young people with mental health needs in inpatient private hospital beds. This has risen from £12,000 in 2015-2016 to £100,000 in 2016-2017.

2.3 Local capacity to meet needs and contributory factors

2.3.1 Mainstream schools

2.3.1.1 There is limited skill set and provision for managing the mental health and education of young people with autism and without Learning disabilities, and this tends to give rise to requests for special school places.

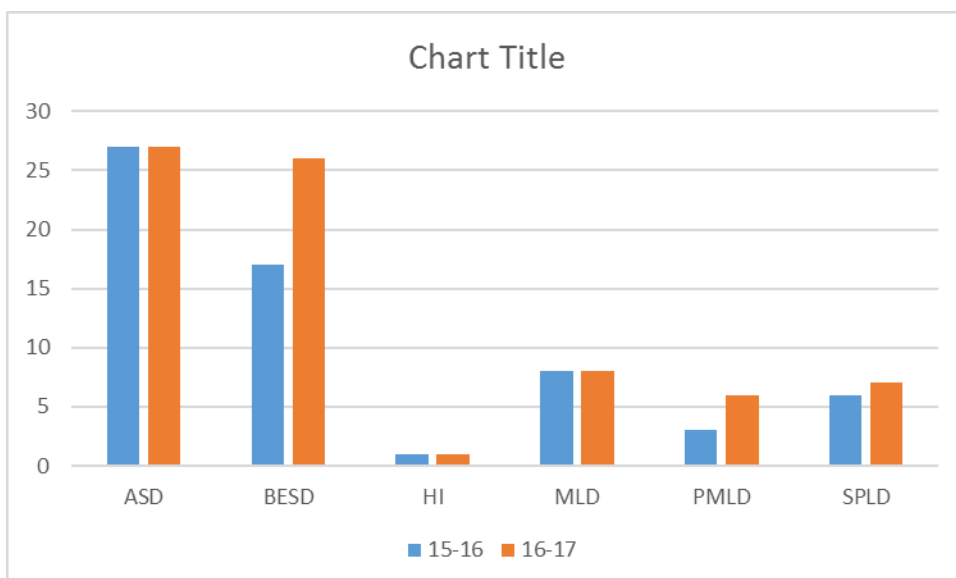
2.3.1.2. The increased demand is also coming at a time when the financial support provided into children’s existing education health and care plans has become devalued e.g. There has been no uplift in hourly rates for support for children in school since 2008, so top up’s which should assist a school to support a child in a variety of ways according to need across a day, are no longer sufficient to fund the differentiation required. This impact of this is rising top up rates, and potentially also more challenges to including children with SEND in mainstream school.

2.3.1.3 The support systems funded through the Local Authority and some aspects of Health Services cannot meet demands e.g. Services such Occupational therapy. This is giving rise to more requests for personal budgets for children, and also potentially higher costs spot purchasing for individual children.

2.3.2 Special schools

2.3.1 There are local gaps in services in terms of specialist provision. This includes Autism, and Social emotional and mental health special school places. The requests for Special School places continues to outstrip demand, which means that there have been increased numbers of requests for independent school places. For those young people under 16 years the independent special school places used were 79 in 2015-2016 and 89 in 2016-2017, with the majority of additional school places for those with SEMH. There is a natural synergy with transport costs as numbers of independent school place provision increases. There was a decrease in number of residential special school places commissioned however from 16 in 2015-2016 to 12 in 2016 - 2017. The decrease was in the SEMH places.

Table to show places commissioned in independent school places or places in other boroughs over 2016 and 2017.



2.3.2 Some of the Special Schools cannot be used to maximum capacity due to issues around building capacity. They are older buildings that need an uplift, or do not have the appropriate capacity to meet the needs of young people with more challenging behaviour due to building layout.

2.3.3 Some of the Special Schools no longer have the capacity of staffing from therapies and specialist nursing to meet the school's needs, and the intake of more complex children. This means that more expensive spot purchasing is required to meet medical needs from health/education.

2.4 Comparative costs of provision

2.4.1 The average top up costs associated with the EHC's for young people in mainstream vary but the average cost is 5K per EHC for those in mainstream school, 8K for those in college, higher for those YP with Significant LD. College top up requests are significantly higher than those for young people at school, which comparatively less evidence of differentiation. Challenges to these top up rates have been escalated to the Dfe with joint working ongoing with local boroughs in this area.

2.4.2 The average top up for Special School have been reviewed, with the outcomes that further reductions are impractical as they would destabilise the schools. Schools where top ups have been reduced have seen a request for transfer for some students as the quality of intervention has reduced. This has resulted in an overall increased rather than decreased spend.

3.0 Commissioning and contracts

Contracts are due for review

Contracted Service	Value of Contract	Date of contract
Markfield Parent Partnership	£98,000	Contract to be reviewed by April 2018
Royal National Institute for the Blind	£177,000	Contract to be review 2017
Specialist Equipment Purchase - Millbrook	£85,000	Contract to be reviewed by April 2018
Enhance EHCP support writer	£55,000	Contract not in date - extension
Speech and language Therapy	£460,000	Contract under review
Occupational Therapy	£45,000	Contract to be reviewed

		by April 2018
--	--	---------------

The contracts above do not represent full spend on these types of service, however as they above contracts are not covering many of the types of need and therefore in addition to the above there is spot purchasing of similar services from other providers.

A robust review of all contract is required in order to ascertain full spend and also ensure that there is best value for money. Where it has been necessary to spot purchase individual services or school places, some providers have indicated that they would be open to conversations about a reduction in cost if there was a contract in place.

4.0 Income generation

- Simmons house hospital school - re-couplement of education costs from those not in NCL area
- Tuition Service agency costs – flat rate of 8K per child pro rata'd for attendance introduced.
- Review functioning of complex care panel to ensure appropriate challenge, funding agreements and representation.

5.0 Promotion of Inclusion and strategy for managing those with Social Emotional and Mental Health Needs.

Overall there is an indication that due to both financial and academic pressures, increased support is needed to include children with SEND, particularly SEMH, or include those in their local population where there are higher levels of need. This is evidenced by levels of SEN exclusions and increases in requests for SEMH independent school places. This is coinciding with an increased incidence of mental health need, which the borough has not previously experienced as a significant issue for our local population.

There is a need for this pathway to be more thoroughly explored through working across Early Years and Schools and between agencies, in order to identify what early interventions are required to address this issue, and where existing services can better establish their links to reduce this emerging need.

Vikki Monk-Meyer

Head of Service SEN and Disabilities