

21st March 2022

Increasing Demands Across the Local Area



Agenda

- Pressures across Education, Health and Social Care
 - Children and young people with SEND
 - Children and young people at risk of exclusion
- Mitigation
- Future Pressures



Education (Schools)-key pressures

- Schools and settings feeling the pressure in meeting needs of children and young people with SEND and those who are at risk of exclusion
- Training and development of key staff due to sickness and vacancies
- Issues regarding a range of professionals suggesting that the CYP requires an EHCA which is placing pressure on schools
- Access to universal services, School Nurse, Health Visitor
- Increase demand for our Inclusion and Outreach model
- Sufficiency of places for children with SEND and for those who have been excluded
- Children awaiting placements

Education Mitigation

- Challenge and support for schools to reduce the number of exclusions
- Specialist project set up with 2 secondary schools in partnership with key agencies
- Training for professionals re EHCA process
- Training and development for key staff
- Working with partners to resolve the issues re access to universal services, School Nurse, Health Visitor
- Inclusion and Outreach model
- Communication and support



SEND, EHCPs and Exclusions (All)

Key Pressures

Statutory Assessments

- 63% increase in referrals for statutory assessment (300 individual referrals for assessment)
- Pressures on ALL services for statutory advice for every referral. Social Care, Health, EP, Schools

Annual & Interim EHCP reviews

- Interim Reviews risen by 55% (100 interim reviews)
- The increase in new EHCPs equates to a 20% increase in EHCPs to be maintained via Annual Review by Summer 2022. Increase from 1300 to 1600 plans in total.

Exclusions

- Increase in rate of exclusion - 43 Permanent Exclusions since September 21
- More children with an EHCP and those looked after at risk of exclusion
- 34% of excluded children have SEND

20 Week EHCP Process – Pressure points

Pressures in health/ schools impacting on referral numbers and nature (63% increase)

Example: Exacerbation of need due to Covid/ delayed therapies / late identification

Child is identified as having SEND.

A referral for EHC assessment is made.

A multi-agency assessment is undertaken.

A person centred meeting is held with family

A plan is drafted and finalised

Placement

A plan goes into the annual review cycle

An interim or emergency review can be called

Increase in EHC referrals will increase the number of EHC plans to review over a 12 month period. Estimated increase of 300 by Summer 22.

Increase in statutory assessments coupled with staff absences (covid) impacting on assessment timescales and issuing of plans.

This increase places additional pressure on key services such as EP & social care alongside SEND Team.

SEND & Resources = 268 days lost to sickness since March 21 (50 days Covid).

SEN2 20 week completion timescales:

2020 = 99%

2021 = 86% (not yet published)

Increase in children requiring a change of placement at the end of statutory assessment.

55% increase in the number of interim (emergency annual reviews) because a change of placement is required or child is at risk of exclusion.

Increase in case work for staff (average 25-30 cases per FTE, up from 18)

Resulting increase in in year demand for placements is impacting on sufficiency plans.



Mitigation SEND and children at Risk of Exclusion

Statutory Assessments

- 1 x temporary FTE recruited January 22
- 1 x temporary FTE approved to be advertised
- Agency support for plan writing
- Recruitment of additional Education Psychologists

Annual & Interim EHCP reviews

- Additional roles incorporated into team during restructure – 2 x EHC Coordinator posts
- Seeking approval for agency support for case work to cover staff sickness/ absence/ bulges in work demand.

Exclusions

- Working with AP providers to become registered to support with demand
- Exploring agency support for cover at CLC to ensure 6th day education expectations can be met.
- Special Project
- Developing new commissioning model

← Introduction of Outreach and Inclusion model →



Sufficiency Key Pressures

Mainstream

- Increased complexity of children requiring support post-pandemic lockdown, more expensive support
- Increased number of children claimed for through the High Needs Matrix

Resource Provision

- Increase in need for children to move from mainstream
- Lack of SEMH provision driving specialist need

Specialist and Alternative Provision

- Increase in number of children requiring place at Y7 (33% increase on last year)
- Increase in place changes required after review (83% increase)
- Increase in assessments of which 59% will require specialist)
- Increase in the number of Alternative Provision places required

Independent

- Lack of places locally and regionally in maintained and academy sector driving demand
- Market forces will show increase in costs
- Inflation also impacting on costs

Sufficiency Mitigation

Mainstream

- Review funding model
- Inclusion and Outreach Support

Resource Provision

- Review designations and increase expertise specialisms
- Add in SEMH provision

Specialist and Alternative Provision

- Increase local places as set out in timeline
- Reviewed AP model to increase registered provision
- Introduce SEMH assessment centre at secondary

Independent

- Regional discussion to explore a local residential education model with local academies and local authorities
- Competitive Academies and Maintained specialist with larger place capacity in partnership with rest of tees valley



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Health Services-key pressures

- Increase in referrals to therapy services (particularly SLT and PT) have increased waiting times
- Difficulties accessing OT services
- Increase in waiting times to see a consultant as a result of increased referrals
- Staffing challenges in 0-19 services meant a pull back from universal and targeted work
- Increase in inappropriate referrals in CAMHS and LDCAMHS causing high caseloads and increased demand.
- Reduction of uptake in Annual Health Checks from last year
- No escalation process for children who are most at risk in the community meaning that Health do not know about them soon enough to prevent admission
- Increase in referrals received to the Neurodevelopmental Pathway



in partnership with



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Middlesbrough
moving forward

Health Mitigation

South Tees Foundation Trust

- Additional Therapy clinics for therapy services
- OT and PT pathway design to increase accessibility for children
- Additional Clinic sessions for Consultants
- Recruitment of advance nurse practitioners
- Review of community nurse structures following the Advance Nurse Practitioner being more embedded.

Mental Health services

- Restructure of strategic leadership and a clear pathway into services
- Neurodevelopmental pathway and the bubble of support
- Increased workforce development into GP and primary care network to increase uptake of Annual Health Checks

Community development

- SEND nurse now appointed into 0-19 services
- Increase in 0-19 services allowing for an increase in universal and targeted work at an earlier point
- Development of the Dynamic Support Register and CETR pathways to identify those at risk at an earlier point

Social Care -key pressures

- New Arrivals to Middlesbrough who do not have any professionals involved and getting assessments/services in place
- Staff absences where children have not been able to have access to services e.g. COVID has significantly affected children with disabilities, with additional health needs and the anxiety for their parents & carers
- Services have not been in place because of staff shortages and impact of COVID – these means Children with Disabilities have not had the short breaks or services identified
- The number of community activities and / or short breaks have increased (15%) and will continue to increase
- The increase in EHCA's and new requests come through Children with Disability which impacts upon capacity for Social Work in that Team
- Occupational Therapists waiting time is increasing to 8 weeks

Social Care Mitigation

Partnerships

- Working closely with SEN; EMAT and Health for individual children and young people
- Recruitment of Designated Social Care Officer
- Children with Disabilities Resource Panel includes Health colleague

Children with Disabilities & Short Breaks Service

- Realignment of resources in the Children with Disabilities Service
- Home Support moved to be line managed by Gleneagles Manager
- Increased number of social workers and senior practitioners
- Re-commissioning of Community Activities by June 2022

Practice Development

- Eligibility Criteria for Children with Disabilities revised
- Workforce development for wider understanding across all social work and stronger family services
- Lead Practice Champions

Wider System Impact

- Increase in requests for transport adding to pressures within the transport service
- Increase in requests for additional hours for Direct Payment Workers
- Increase in statutory advice requests from EPs, CWD Team, Social Care and all Health providers
- Significant pressure on High Needs Budget
- Pressure on schools and settings to meet need and identify SEN
- Increase in waiting list for therapies, assessments (Autism, SALT, CAMHS, OT, Physio, Sensory assessments)
- Difficulty in recruitment across key areas
- Adult Social Care
- Adult Health Services
- **Impact on families and young people**

Future Pressures

- COVID- unknown
- SEND Review
- High Needs Funding
- Adult Social Care
- Adult Health Services
- New Local Area Inspection Framework

