

DSG Deficit Management Plan

Background

1. Like most English local authorities Herefordshire has now slipped into a cumulative Dedicated Schools Grant deficit position at the need of 2021-22 financial year. The deficit is £0.27m and solely attributed to overspend in recent years in the high needs block due to the legal requirement in the Children's Act to meet pupil need irrespective of available financial resources. Although the deficit is currently very modest at £0.27m, extrapolation using trend analysis from those five the local authorities with the largest DSG deficits and who had similar small deficits in 2016 forecasts that Herefordshire's DSG deficit could potentially rise to £30m by 2029-30.
2. Local authorities will become responsible for covering the deficit if the government (DfE/DLUHC) do not renew the temporary statutory override to ring-fence DSG deficits from councils' wider financial position in their statutory account. As it stands, this ring-fence is due to end after the accounts for the financial year 2022/23, at which point authorities will need to demonstrate their ability to cover DSG deficits from their available reserves. This will have significant consequences for Herefordshire as funding will be required to be diverted from mainstream council services such as Childrens, Adults and Highways to meet the cost of the DSG deficit.
3. Discussions with the DfE LA stakeholder engagement team and Herefordshire corporate finance colleagues agreed that a DSG deficit management plan would be prepared and considered by Schools Forum. In addition, the plan outline has been shared with our external auditors Grant Thornton in early July so that they can see we have the necessary steps in hand.
4. A recent survey by the Society of County Treasurers in 2021-22 shows that only 3 authorities out of 51 have a DSG still surplus and that Herefordshire is the smallest deficit of those 48 Local authorities in deficit. Compared to our statistical family neighbours we are the 2nd best out of 11. Nationally the biggest absolute deficit is Kent at -£104m and as a proportion of the DSG high needs block Dorset's deficit is -135%; Herefordshire by comparison is -1%.
5. A key assumptions in the preparation of this DSG management plan is that the DfE increases in high needs grant and sufficiency to meet cost pressures. The council's view is that the DfE has a critical responsibility to fund the high needs block adequately and that Herefordshire Council has an equally responsibility to spend the allocated DSG high needs grant funding efficiently. To date DfE have increased the high needs block funding by 2019/20 +4.7%, 2020/21 +14.9%, 2021/22 +11.2% and 2022-23 5.5%

History since 2016

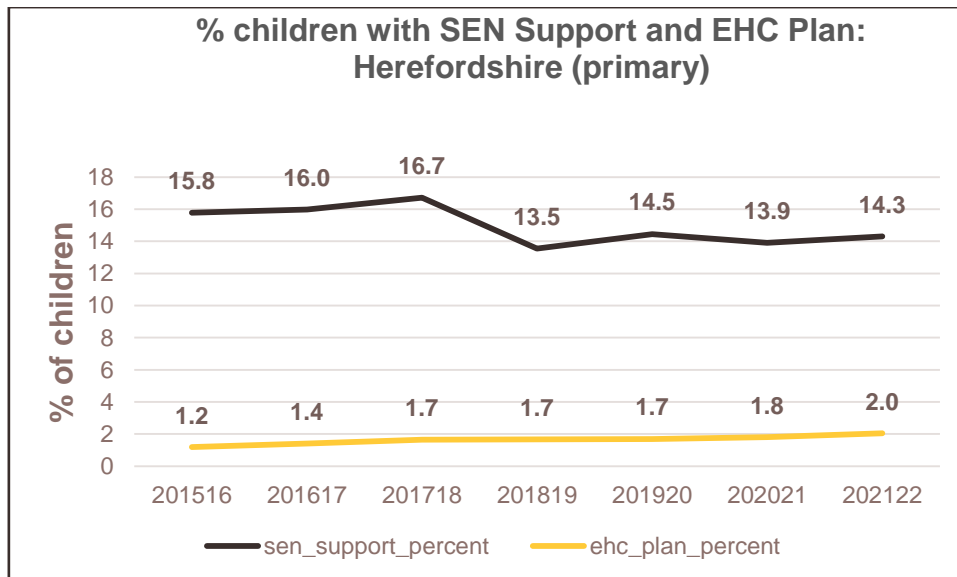
6. Trends since 2015-16 indicate on all measures that pupil demand for high needs help and support have on average doubled e.g. the percentage of primary children with EHC plans has increased from 1.2% to 2.0% and the percentage of secondary children with EHC plans increased from 1.2% to 2.5%.
7. Numbers in special schools with EHC plans have increased from 305 pupils in 2015-16 to 374 pupils in 2021-22, an increase of 22.6% over six years. Herefordshire special schools are now

largely full and in order to meet pupils are increasingly having to be placed in out county independent special schools.

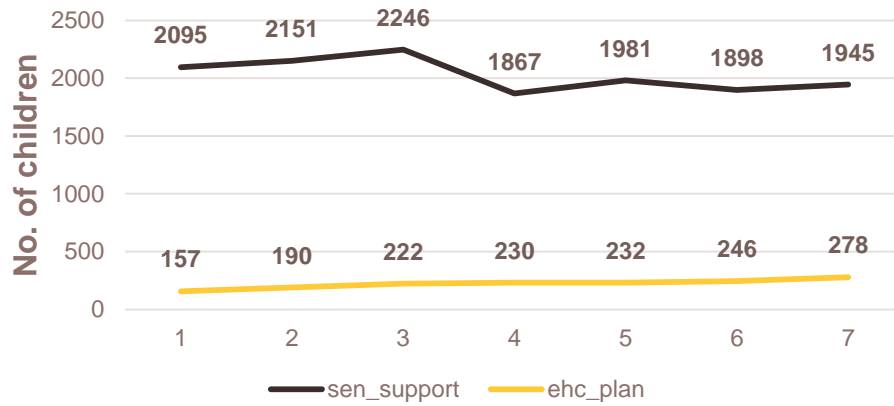
- Expenditure on out county independent special schools has grown significantly in the last three years. The number of pupils is estimated by assuming an average cost of £50k per pupil in 2015-16 and inflating by 2.5% pa. It can be seen that as special schools have reached capacity intake from 2020-21 pupil numbers placed out county have doubled from 13 pupils to 40 pupils. In approximate relative costs a pupil at a Herefordshire special school costs up to £28k whilst a pupil placed out-county is double this cost at around £60k. Hence the increase in 27 pupils since 2018-19 costs at least an additional 27 pupil x £30k = £0.8m which has to be found from within the same high needs budget. Details are set out in the table below;

| Financial Year | Expenditure £m | Number of pupils (estimated) |
|----------------|----------------|------------------------------|
| 2021-22 | £2.43m | 42 |
| 2020-21 | £1.68m | 29 |
| 2019-20 | £1.11m | 20 |
| 2018-19 | £0.7m | 13 |
| 2017-18 | £0.59m | 11 |
| 2016-17 | £0.33m | 6 |
| 2015-16 | £0.3m | 6 |

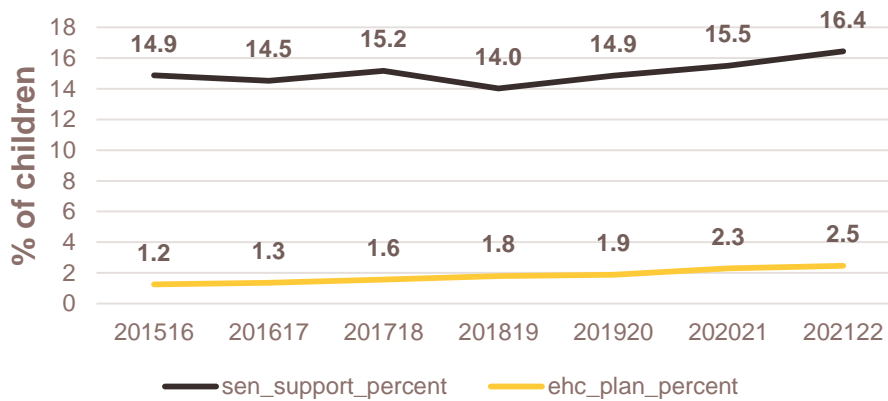
- The following graphs show the increase in children with EHC plans from 2015-16 to 2021-22



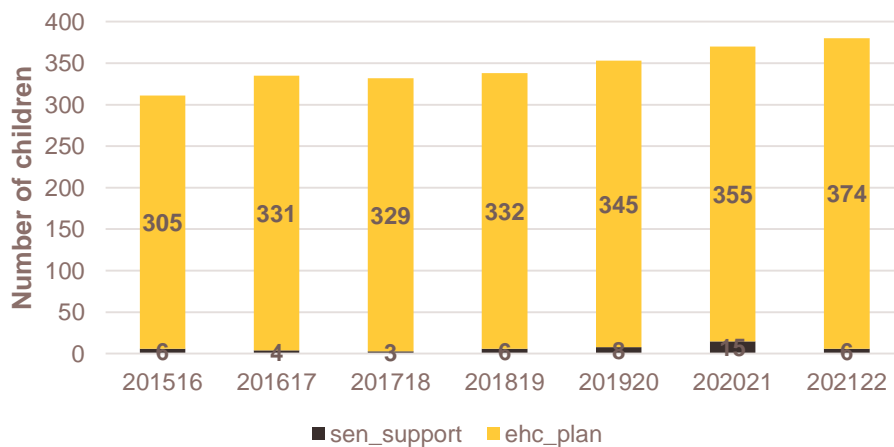
Number children with SEN Support and EHC Plan: Herefordshire (primary)



% children with SEN Support and EHC Plan: Herefordshire (secondary)



Numbers of pupils in Herefordshire special schools



Shortfall in government grant

10. Herefordshire's DSG high needs block funding allocation for 2015-16 was £13.6m and the Consumer Prices index was 100. The CPI index as at April 2022 was 120 hence one measure of inflation over this 7 year period is 20%. Revaluing the 2015-16 DSG allocation of £13.6m in 2015-16 for inflation gives an equivalent grant of £16.32m at 2022 prices (i.e. uplifting by 20% inflation). The DSG high needs allocation for 2022-23 is £22.99m which is an increase of 41% on the inflation adjusted 2015-16 grant. However given that pupil numbers with EHC plans has doubled in the 7 year period the shortfall in the DSG allocation by government can be seen as a significant contributory factor in the emerging Herefordshire overspend on high needs.

Actions taken since 2014

11. School Forum's Budget Working Group agreed in 2014 when the DfE first split the Dedicated Schools Grant into the schools block, high needs block and early years block that each block would be ring-fenced and cross subsidies would not be permitted. This introduced an annual financial discipline particularly for the high needs block that each year a balanced budget had to be set. Savings were required every year in order to achieve a balanced budget for example,
 - 2016-17 – actions to reduce a forecast £0.9m overspend on high needs including phase out the Kielder centre at Bishops school to save £250k in threshold costs, SEN support services £50k, charge SEN protection scheme to Schools Block £276k, PRU income increased by charging schools £150k, delegation on specialist medical, Visual impaired and hearing impaired costs to schools – protected by SEN protected scheme.
 - 2017-18 – actions to reduce costs by £1.1m following abolition of Education Services Grant by DfE. Some LAs continued to charge DSG for same services. External review of special school tariffs concluded as fair by comparison with statistical family LAs.
 - 2018-19 – change tariff matrix to 5 point range to save £300k, SEN support services savings £65k, control costs of SEN protection scheme by raising cap on school contributions from £120 x NOR to £130 x NOR – and subsequent increases to 158 x NOR.
 - 2019-20 – reduce PRU places from 80 to 50 to save £300k in place costs and £200k in tariff costs. Introduce 15 discretionary places which schools fund if they choose to place pupils. Further SEN Support services savings of £110k.
 - 2020-21 – transfer £60k from Central Support Services Block to support high needs block
 - 2021-22 – new Beacon College funded as part of Barrs Court academy trust. Improvements to tariff matrix. Merger of H3 hospital school with PRU and restructure to avoid large overspend.
 - 2022-23 – proposals for in-county autism hub to help manage/reduce cost of out county placements.
12. Lessons from DfE "safety net" work with other LAs (not sure if this is available yet)

Proposals for future action

A. Present and Proposed Provision for Autism

13. Autism Spectrum Condition, as the name suggests, represents a wide range of presentations and hence a wide range of responses in terms of provision. Work on segmenting the autism cohort has been taking place as part of the SEND Capital Investment Strategy agreed at Council Cabinet in April 2021 and this work to identify where there are gaps in provision is continuing including updating sufficiency work. We are working closely with the local branch of the National Autistic Society to develop the ideas around provision. We are grateful for the high level of interest shown.

1. Mainstream Schools

14. The vast majority of children with autism will attend their local school and their needs can be met with 'reasonable adjustment' by the school. Most of these children will not need an Education Health and Care Plan (EHCP).

15. As part of the Herefordshire all-age autism strategy (date), a commitment was made to train all practitioners across all agencies in autism awareness. In order to tackle this in the education workforce, in 2019, Herefordshire Council commissioned the Complex Communication Team from Birmingham City Council to deliver the Autism Education Trust (AET) training with a view to this being rolled out to all of Herefordshire's schools. This involved school leaders attending the L3 leadership training before each school is offered whole school training. This training provides strategies for school staff to meet the needs of children in their schools. It is also the training that the all-party parliamentary committee on autism recommended that all schools should engage in.

16. To date, 38 schools have been trained or have a date for their training. As the next academic year is the last of the 3-year programme, we will be making a big push to have the vast majority of our schools engage. To date, a further 25 have signed up for next year's cycle. Following the training, schools are encouraged to develop an action plan by using a self-evaluation provided. Similar training is also being sought for EY practitioners (some have already attended AET sessions) and college staff.

2. Mainstream autism bases (MAB) for autism in mainstream schools

17. For children with autism who need additional support but are over a period of time able to attend mainstream classes, MABs are able to provide individual support and scaffolding to encourage inclusion to the greatest degree possible. MABs are specialist provision and require an EHCP.

18. We have 2 bases for autism at Hampton Dene Primary (KS1 and KS2 classes of 10 pupils each) and The Bishop of Hereford Bluecoat School (one class of 8 pupils KS3 and KS4). Both schools have a 'good' Ofsted judgement. Although the Hampton Dene classes were newly-built and expanded in 2012/3, both the MABs at both schools are now full. We are proposing a feasibility study with Hampton Dene to extend the number of pupils they take. As part of the new sufficiency work, we will be looking at recent trends in demand. It is also likely we will need to develop further MAB provision in other mainstream schools.

19. The Local Authority also commissions Hampton Dene Primary School to provide autism outreach to other schools for pupils with a diagnosis of autism. This supports other mainstream schools to develop strategies to address the needs of autistic pupils within their school population.

3. Autism Hub for secondary

20. Through our previous detailed sufficiency work, it has been identified that there are a cohort of secondary-age children with anxiety who would be unable to access a mainstream secondary school but do not have cognitive learning difficulties.
21. We are seeking to create a separate hub that is managed by an existing school in Herefordshire. The aim would be to create a low-stress environment with highly trained staff qualified in the teaching of autistic pupils. This should allow pupils to follow a largely mainstream curriculum without their anxiety interrupting their learning. Our analysis of the population suggests that there are between 15 and 20 pupils falling into the following categories:-
- Pupils initially picked up by the Home and Hospital Service. Once the service has re-engaged the pupils, the part-time tuition is not able to provide a full broad curriculum;
 - Pupils where parents have decided to home educate to avoid the anxiety created by secondary school; or,
 - Pupils where we have made an independent school placement to provide the type of environment described at high cost and distance.
22. We are working with HC property services to identify a suitable premises in a location that is fairly central to the county to reduce travel time for pupils and transport costs. Based on these numbers, we would be initially aiming to provide a KS3 and KS4 class. We will be seeking expressions of interest to run this autism hub. Timescales will be determined by the time taken to identify a building and the degree to which it needs refurbishment. We will be seeking agreement to spend some of the High Needs Capital Grant allocation on this and a number of other capital projects link to the SEND Capital Investment Strategy.

4. Special Schools

23. All of our special schools continue to serve many pupils who have autism and a severe learning difficulty (or in the case of Brookfield, those with a primary need of SEMH who also have autism). All of our special schools are judged good or outstanding except Brookfield which is improving from its current requiring improvement judgement. It is anticipated that these children will continue to be a part of the special school population.
24. High levels of demand for special school places has meant that there is very little space available in schools. The knock-on impact for pupils with the highest level of dysregulation resulting from their autism is that it has made it increasingly difficult to provide the space that meets need and in some cases, it has been necessary to find an alternative independent school placement.
25. A capital bid for funding for a new free special school has been submitted to the DfE. This will be aimed at meeting the needs of special school children with autism and severe learning difficulties. It is anticipated that a decision will be notified before April 2023.

5. Use of Independent Schools

26. For some pupils with extremely severe needs or where we have insufficient local provision we have been required to purchase 38-week day places, often at much higher cost at nearby Independent and Non-maintained Special Schools (INSS) specialising in autism. These are usually just outside of Herefordshire's borders in neighbouring counties.

27. The number of placements and spend for this type of setting has increased considerably. This has risen from around £400k in total five years ago to £2.9m. There have been 73 children attending INSS over the past 4 years (not all for the full 4 years). Of these, 18 had ASD. There is also often a significant cost to the Council to transport children to these settings, which is placing additional pressure on the Council transport budget.
28. The hub proposal described above is aimed at reducing our use of INSS.
29. There are also a smaller number of children (between 5 and 10) with very high level needs that include severe learning difficulty, severe autism and very challenging behaviours where we have had to accommodate them following family breakdown. These are funded as part of a multi-agency jointly funded budget and placed in residential settings, ideally not more than 50 miles from Herefordshire to allow the family to visit.

B. The Development of Nurture Group Hubs for Children with Attachment Difficulties

30. We are seeking to try to identify early and address the needs of children early through 12 months of intensive attachment-based support. It also aims to reduce the flow of children at later ages with entrenched patterns of behaviour into specialist provision for SEMH needs. Schools Forum have agreed to allocate £200k annually for an initial 2-year period from the High Needs block to pilot the development of a network of nurture hubs across the county. Bids to host a nurture hub were sought from schools and the following schools were successful for a September 2021 start:

Leominster Primary
Broadlands Primary, Hereford
Ashfield Park, Ross
Lee and Gorsley Goffs combined

31. This has now been extended to include Lord Scudamore in Hereford from September 2022.
32. We are also piloting a secondary nurture model with Earl Mortimer College
33. Entry to the primary nurture hubs is agreed by the Team Leader for the Behaviour Support Team, who is the nurture hub co-ordinator and the nurture hub school. The Behaviour Support Team are funded to carry out observations and provide advice to EY and KS1 settings (in addition to their traded work). Settings and schools are not charged for this work. This enables the team to have a working knowledge of which children will need the high level of support and removes any disincentive in terms of cost to the setting.
34. There are 7 places per hub. The benefit to the host school is that they get additional resource to address the needs of some of their own children but they must take at least 2 children each year from other neighbouring schools. In this initial year, schools have received support and training to set the provision up and have been steadily building up to full capacity.
35. At the end of the 12 months of support, which is a strict time limit, for those children placed from other schools, a discussion needs to take place between the family, original school, NH school and NH co-ordinator regarding whether the child returns to the original school or stays with the NH school.

36. An EHC Plan is not required to access the nurture hubs. However, for children where it is relevant, the time in the NH is an excellent opportunity to assess their needs thoroughly and request an EHC assessment where appropriate.

37. The NH project will be evaluated after 4 terms of operation and recommendations on the continuation will be made by the budget working group of the Schools Forum

C. Focus more on the service and how prepared it is for changes coming from Central Government. Challenges going forward with upcoming guidance

38. The SEND Green Paper 'Right Support, Right Place, Right Time' was published in March 2022. Initial consideration of the paper has resulted in the following observations

- The Review identifies the problem that we have been highlighting locally for some time – nationally (and locally) we are spending a lot yet, often with poor user satisfaction, despite the efforts of very committed staff across all agencies.
- It is positive that it is clear that an inclusive system is what is needed... but the recommendations still create tensions in support of anti-inclusive practice. Maintaining the EHCP system which is seen as the 'golden ticket' creates a perverse incentive.
- Implementing many of the recommendations, if, following national consultation, remain in the subsequent white paper, would not present a challenge to Herefordshire other than the resource and lead time to deliver them. Many of these are already wholly or partially in place e.g. SEN referral panel is not dissimilar to the proposed model, we have already changed the PRU funding model to what is being suggested, we are operating a funding matrix; changing to a national model would not be too much of a challenge, we already have a good relationship with health partners. There are many more examples.
- Great store is placed on a set of national standards to give national consistency in a wide variety of areas within the SEND system. This clarity helpful but such standards are open to interpretation and local precedent might be difficult to overcome. There would be a need to engage with national training sessions on the interpretation of the standards.
- The Green Paper identifies 'incentivising' inclusive practice. We are not certain that the solutions proposed are radical enough e.g., high needs funding has limited change proposed. The question is whether this the same system with more bolted on. Does it need a more radical overhaul to examine what the 'levers' of change need to be in order to deliver the inclusive education system and wider SEND system? Herefordshire is in a good position to engage with any changes in the way High Needs funding is delivered having been a part of the DfE's investigative work on a possible national High Needs funding formula.

39. The SEND Strategy Group has discussed the review and will be submitting a collective response from the local area. We would urge all interested parties to also submit a response.

D. Challenges facing the SEND System in Herefordshire

40. Fundamentally, the main issues across the SEND system are ones of dramatically increasing demand and the inability to recruit staff in Herefordshire. To a large extent, these are national difficulties, although Herefordshire's geographical position and small population makes the recruitment of specialist staff more difficult. The national 'care crisis' has also had an impact on the ability to deliver certain services. It is also evident that the pandemic has had a significant impact on the lives of children, young people and their families. This is expressed in a greater number of children exhibiting need and some children exhibiting much more severe need. It has

also had an impact on the resilience of families of children with SEND. It is very difficult to disentangle the short-term impact of the pandemic or to determine the enduring level of need created by COVID as discrete from an already rising demand curve that was observed prior to COVID. The following are illustrations of these pressures:-

1. SEN Assessment Service and Education, Health and Care Plans (EHC Plans)

41. The service has experienced a 26% increase in the number of referrals for EHC Plans between April 2021 and March 2022. This is in addition to an increase from 623 EHC Plans to 1050 since the SEN Reforms were introduced in 2014.
42. The team has been able to maintain the headline figure of issuing 85% for issuing new plans to time (Commented on by the DfE as a high level of performance nationally) last year. However performance in this and other areas has declined rapidly to a point where the team is overwhelmed by work. In particular, this year we have not met the phase transfer deadlines for Y6, Y11 and Y14 for many children causing anxiety for families about the future plans for their children and young people along with a lack of time to update families. It is also taking unacceptably long periods of time to update the EHC Plan following Annual Reviews. This has resulted in dramatically reduced levels of client satisfaction and confidence in the team and the Council. Complaints has risen to record levels. This is in turn having a detrimental impact on staff well-being resulting in 2 members of staff (from a workforce of 6) having periods away from work in the past 12 months. It is important to understand that there is a cumulative impact of the increasing numbers of EHC Plans. Unlike many social care plans, very few EHC Plans are ceased before the YP is 16 with many continuing to 19 years or even up to 25 years. Each plan written has to be reviewed annually by the educational setting and the SEN Team has to decide on amendments to the plan. At each phase transfer, there are many more plans to update for the next stage of education.

Mitigation:

- a) Work with the Director of Children and Young People to include a higher level of staffing in the medium-term financial planning.
- b) Additional temporary staff to be recruited to try to clear the backlog.
- c) Piloting a more rapid way of collecting amendments to EHC Plans following annual review
- d) Plans for an improved database system with a public-facing portal allowing easier communication– yet to commence.

2. Demand for Specialist Educational Places

43. Coupled with the rising demand for EHC Plans has been the increasing demand for specialist educational places. The spring census in 2022 showed that we had 380 children placed in Herefordshire's special schools with a further 55 children placed in specialist resourced provision in mainstream. Herefordshire's special school population has grown by 18% in the period 2016-21 (nationally 19%). We have few remaining places in our specialist provision and as described in the autism section (Section A5) above we are having to commission increasing numbers of independent and non-maintained places. This is resulting in more children having to travel outside of the county for their education and placing a budgetary pressure on the High Needs budget.

Mitigation:

- a) Planning for long-term re-development of the specialist SEND estate in line with the SEND Capital Investment Strategy agreed by Council Cabinet in April 2021.
- b) Short to medium-term planning for additional space in our existing buildings using the High Needs Capital Grant.
- c) Further sufficiency work to continue to predict likely demand.
- d) Application to the DfE Free School Programme for new build to increase capacity and improve outcomes for children with SEND.

3. Waiting times for appointments at Children's Health Clinics

44. These include Therapy Services (speech and language therapy (SALT), Occupational Therapy (OT) and Physiotherapy, initial and follow-up paediatric appointments at the Child Development Centre (CDC), Multi-disciplinary assessments for autism and CAMHS.
45. Waiting times for paediatric appointments with the community paediatricians are now as long as 89 weeks for non-urgent appointments.
46. The standard measure of waiting lists for therapy services is for new assessments for children to be seen within 18 weeks.
47. During the lockdown periods of the pandemic, it was not possible to run physical clinics but this allowed the services to work differently. Speech and Language Therapy (SALT) ran very successful tele therapy assessment and treatment sessions using Zoom. They have been able to maintain lower waiting times following the return to normal referral rates. Physiotherapy continued to visit children in their own homes, supporting parents and schools as much as possible. Occupational therapy staff used the time away from schools to create workshop education videos for topics such as sensory interventions and hand writing. As a result of the experience during COVID, the SALT Team have continued to use virtual consultations in some situations which does reduce the waiting lists. This is less suitable for OT work which mostly needs to be face to face.
48. National COVID recovery funding was deployed by the CCG to provide additional resource to reduce the backlog and was deployed in Occupational therapy to reduce the backlog waiting list to 12 months. This reduction is continuing with an additional therapist being funded throughout 2022. Speech therapy has had an additional therapist funded and this is being used to support complex needs children in special schools where we have a large caseload requiring ongoing interventions alongside teaching staff.
49. Progress has been maintained with the waiting lists for SALT and Physiotherapy now reducing towards the 18 week timescale. Waiting times for OT appointments remain high at around 12 months. Over many years it has proved difficult to recruit OTs and this remains the case. We continue to work on recruitment and grow your own staff development.
50. The Bladder and Bowel service have had a paediatric specialist in post for 12 months, funded by the CCG. This is showing great results and reducing continence issues for our children and young people.
51. Demand for multi-disciplinary assessment for autism has increased. The paediatric team at the CDC have introduced new ways of working in order to increase the number of children being

assessed. This is aimed at reducing the waiting list and addressing the increasing demand. Both Health and Education have temporarily increased the staffing to address this. This might not be sustainable within existing budgets over the long term. For pre-school children, the aim is to diagnose early to allow children with the most severe needs to attend a developmental group with high levels of input in advance of attending school. A consequence of the backlog in assessments is that some children are being diagnosed later with less opportunity to work in the specialist groups. This might also reduce the opportunity for parents to engage with 'Early Bird' a package normally offered alongside the children's groups to support parents of children with a diagnosis and also risks children having less time to support transition into school.

Mitigation:

- a) Interim additional funding from the CCG and High Needs Block for staff to reduce the waiting lists.
- b) CCG commissioned a 'balanced approach' review for the therapy services. This should distribute work more successfully across the system and address some of the joint commissioning issues
- c) CCG review of the autism and ASD pathways.

4. Children with Disabilities Social Care Team including Short Breaks and Placements for Children with a disability.

52. The Children with Disabilities (CWD) Team has also experienced increasing demand over the past 12 months with a 30% increase in demand for work needing to be carried out by a social worker and similar increases for other work the team carries out. Some of this demand has been as a result of families not having support during lockdown which has exacerbated the ability of some families to cope. This additional demand has resulted in a waiting list of cases needing to be assessed for short break arising for the first time. Currently, 11 families have waited more than 1 month (reduced from over 20 two months ago), the longest wait is 10 months with an average of 4 months. Although immediate safeguarding risks should be referred through the MASH, delay in providing the short break adds pressure to families, potentially increasing risk. The lack of capacity has also had a significant impact on team performance.
53. Over recent years, it has often been difficult to find foster placements for children with disabilities who need to be accommodated by the Council. However, usually within 6 to 8 weeks, a placement can be found. Since the end of the pandemic, there have been several instances where both emergency and long-term placements have not been available for periods of 4-6 months. This has had a further impact on the capacity of the team in terms of safety planning and associated court work, again reducing time for other work.
54. The commissioned short break (respite) offer was severely reduced following COVID with several providers pulling out or reducing their service for families. Two of our overnight respite providers did not re-open after the pandemic and our main day-time provider decided that continuing operation in Herefordshire was not viable. This left many families without a package to meet their assessed needs. Cases that were audited during this period were deemed inadequate because of this rather than the social work practice. A considerable amount of progress has been made recently by the commissioning team in securing an overnight provider and a day-time activity provider. Reviews of these new providers have been positive from families using them. However, a small number of families remain without an offer that meets their assessed need.

Mitigation:

- a) Work with the Director of Children and Young People and Service Directors to include a higher level of staffing funded through the transformation fund including the addition of further management capacity. Additional posts have been advertised but have not attracted any suitable candidates over a 6 month period.
- b) A formal project to improve the sustainability of the short break offer along as well as to offer more choice to families.
- c) Triaging of cases on the waiting list to assess and mitigate risk. Cases are then allocated for assessment on the basis of risk and time waited.
- d) An increase in direct payment rates from July to match wage inflation. Families take direct payments in lieu of a commissioned short break and are able to make their own arrangements.
- e) Improved support for families using direct payments to make that more sustainable.

E. Potential Risks of OFSTED/CQC Local Area Inspection on SEND

55. The following areas are identified by the SEND Strategy Group as being relative strengths of the system in Herefordshire:-

- Good relationships and engagement between local statutory partners
- Much improved strategic engagement and co-production with parents and carers
- Multi-agency arrangements for Early Years SEND are successful.
- Outcomes for children identified as needing SEN Support are good
- Our specialist SEND educational schools and settings are judged good or better with the exception of one school judged as requiring improvement. This school is continuing to improve.
- The CAMHS Service is meeting its expected performance and expanding the range of services it offers, e.g. the Mental Health in Schools Teams.

56. The following areas are identified as areas for development where current work is improving:-

- Good progress is being made in co-producing the published 'Local Offer' of information and support. Work on promoting this to parents and carers is the next stage.
- Arrangements for Children's Continuing Care are improving with a protocol in place for the first time.
- The CCG commissioned a 'balanced approach' review for the therapy services. This should distribute work more successfully across the system and address some of the joint commissioning issues. Some good examples of joint commissioning e.g. Section 75 agreement are already in place.
- The quality and breadth of EHCPs: A quality assurance framework for has been introduced and is developing. Several external audits of the quality and breadth of plans have been undertaken.
- The training offer to schools and early years settings with regard to SEND has improved, L3 SENCO award for EY, Autism Education Trust training for all schools, a range of training from the educational psychologists
- An improved continuum of provision for children with social, emotional and mental health needs.
- A clear capital Investment strategy is in place (April 2021) for specialist SEND settings with work progressing on a wide range of projects.
- Advice into the EHC system from care and health has improved.
- Improving knowledge within the Children with Disabilities Team in relation to deprivation of liberty and mental capacity.
- Improved and detailed protocols and procedures for Preparing for Adulthood (PfA).

57. In addition to the areas highlighted in section D above, the following other areas are in need of significant development:-

- Fuller engagement in the SEND agenda by senior leaders needs to be evident.
- Outcomes for children with EHC Plans, particularly at KS4 are weak.
- An evidenced explanation for the differences in the patterns of identification of need in Herefordshire compared to nationally
- Poor public health outcomes for disabled children including obesity and dentistry