

EDUCATION SCRUTINY COMMITTEE – 23 SEPTEMBER 2020

PERFORMANCE UPDATE ON EDUCATION HEALTH & CARE PLANS IN OXFORDSHIRE

Report by Deputy Director for Children's Services and Education

RECOMMENDATION

The Education Scrutiny Committee is RECOMMENDED to note the progress made in relation to Education Health and Care Plans for children and young people with special educational needs and disabilities.

Executive Summary

1. This paper outlines the current position relating to demand and performance of EHCP's in Oxfordshire.

Introduction

2. Education, Health & Care Plans (EHCPs) for children and young people aged up to 25 were introduced in September 2014 as part of the SEND provisions in the Children & Families Act 2014. Local Authorities were required to ensure all plans (previously known as Statements of Special Educational Need) were converted to meet the specifications outlined in the new Code of Practice by 1st April 2018.
3. Education Health and Care plans are legally binding documents that detail the additional education, health and care support required by a child or young person between the ages of 0 -25 years in order to enable them to access learning.
4. The needs identified are outlined and described by relevant professionals who contribute to a holistic assessment and confirm how the child's difficulties or disability affect their learning. Plans are produced with interventions and support designed to aid them in accessing education
5. Oxfordshire received a statement of action at the time of its last Local Area Inspection in 2017 as a result of weak performance in the production of EHCPs.

Increasing demand for EHCP's in Oxfordshire

6. The combined total of children with statements of SEN and EHCPs in Oxfordshire remained around the 2,000 mark until 2015 when it started to increase year on year. This is a similar pattern to the national figures, although the growth from 2015 is more noticeable in Oxfordshire.
7. Information submitted in January 2020 for the National SEND audit confirmed 4,017 statutory Education, Health and Care Plans (EHCP's) maintained by Oxfordshire County Council. This is an increase of 463 (13%) from January 2019 and is higher than the increase reported nationally (10.2%). By June 2020, the number of EHCP's had increased to 4,355.

EHCP Requests and Assessments completed in 2019

8. There were 1,023 initial requests made for an assessment for an EHCP in Oxfordshire during the 2019 calendar year, which is an increase of 32% on the previous year's figure of 777.
9. There were 621 children and young people in Oxfordshire assessed and a decision was taken whether to issue an EHCP during the 2019 calendar year. Of these, 619 (99.6%) had a new EHCP made during the 2019 calendar year. This is higher than the national figure of 94.1%.
10. Over the last five years, the number of EHCPs (aged 0-25) issued per year in Oxfordshire has trebled, from 232 to 621 (+168%). This increase has been predominantly in the primary school age group. By June 2020 there were 4,355 EHCP's, which is an increase of 614 on the position in June 2019.
11. In 2020, between January and June there were 565 requests for an EHC needs assessment. This is almost identical to the number of requests made from January to June in 2019 (564 total). By June 2019, 293 assessments had been completed. In comparison, by the end of June 2020, the SEN team had completed 420 assessments.

Types of education placement attend by children with EHCPs

12. In Oxfordshire, the largest proportion of children and young people with EHCPs receive their education in mainstream schools (both maintained and independent) – 39%. This is followed by attendance at special schools – 36.1% (this is down from 38.6% in 2019). The proportion of children and young people in special schools is slightly beneath the national average of 37.3%, and the proportion in mainstream schools in Oxfordshire is in line with the national average of 39.1%.
13. Oxfordshire has a higher proportion of children and young people with EHCPs in further education (17.5%) compared with that nationally (16.5%)
14. A higher proportion of children and young people with an EHCP are in independent provision in Oxfordshire than nationally. 3.6% of the children in mainstream Oxfordshire schools are in independent schools (2.6% nationally).

Of the 1452 Oxfordshire children in special schools, 16.1% are in independent provision compared with 10.9% nationally.

15. The SEND Sufficiency Strategy emphasises the development of provision in Oxfordshire maintained by the Local Authority to meet the increasing demand. The difference in cost of different types of provision is demonstrated below:

Type of Provision	Average cost per pupil	Range
Mainstream School (primary)	£3,500 top-up per annum	£2,174 - £7,392
Resource Base	£13,600 top up per annum	£11,508 – £15,746
Alternative Provision	£9,468 per annum	£180 - £66,932
Local Authority & Academy Special School	£17,600 per annum	£17,600 - £50,000
Independent and Non-Maintained Special School (non-residential)	£56,000 per annum	£3,179 - £56,771
INMSS (residential)	£75,700 per annum	£18,441 - £219,617

16. Three quarters of the 619 EHCPs made during 2019 in Oxfordshire were for children and young people in mainstream schools (74.8% - 463 children). This compares positively to the national rate of 68%, as well as having a lower proportion of children and young people with new EHCPs in special schools (14.7% - 91) compared with that nationally (18.7%).
17. Investing in increasing places in Oxfordshire schools reduces the need for high-cost places in independent schools, and there has been significant Capital investment to support the creation of additional places for children with SEND. An additional 169 places were created between 2011 to 2019, at a cost of £14.59m. This expansion of places at existing Oxfordshire Special Schools takes our total number of Special Schools places to 1,255, and a further 100 places scheduled to receive pupils during 2020.
18. Between October 2018 and December 2020, an additional 68 Resource Base places will have been created.

EHC Needs Assessments – Timeliness

19. The SEND code of practice states that the EHC needs assessment and plan process, from the point when an assessment is requested (or a child or young person is brought to the local authority's attention) until the final EHCP is issued, must take no more than 20 weeks. This is a shorter time limit than the 26 weeks previously given for the completion of statements. The special education needs and disability regulations allow for exceptions to the time limits in certain cases.

20. The completion of assessments and plans in Oxfordshire has not kept pace with our statistical neighbours, regional or national averages (see Table 1).

Table 1 – New EHCP’s issued within 20 weeks (excluding exceptions)

	2015	2016	2017	2018	2019
Oxfordshire	32.8	31.0	36.7	47.3	50.4
Statistical Neighbour (average)	72.1	66.8	71.6	74.1	72.0
South East (average)	56.8	43.1	52.8	51.0	47.4
England (average)	59.2	58.6	64.9	60.1	60.4

21. Failure to meet the 20-week deadline was highlighted as an area of weakness in the 2017 Local Area SEND inspection. At the point of the revisit in October 2019, the recovery indicated progress, and Ofsted commented that “more new EHC needs assessments were being completed within the statutory timeframe than in the past.” They noted that “despite a significant increase in the number of requests for EHC needs assessments, the percentage of new EHC plans finalised within the required 20 weeks was broadly in line with the national average.”

Table 2 – New EHCP’s issued within 20 weeks (excluding exceptions)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
Monthly Perf. (all plans)	52%	69%	69%	49%	52%
Rolling (YTD)	45%	47%	49%	49%	-
Month Perf (due in month)	64%	84%	58%	50%	-
England 2019 figure	60.4%				

Quality of Plans

22. The high volume of EHC plans being produced resulted in unmanageable caseloads in excess of 350 cases per worker. A change in the staffing structure (increasing the number of posts to manage the current cases and the increasing demand for new assessments) reduced caseloads to 200-250 per worker. While this change was necessary, it has contributed to a slow rate of improvement in this aspect of the written statement of action. This was highlighted in the 2019 SEND Local Area Revisit, and a number of actions are being implemented to improve the quality of EHC plans. These will be monitored by the Department for Education (DfE) who will have oversight of the Accelerated Progress Plan.
23. The Quality Assurance framework is being revised. This is to ensure that themes identified are addressed and targets set for team performance.

Financial and Staff Implications

24. Changes to the staffing structure in July 2019 were intended to better manage the demand for assessments and bring down caseloads. The reorganisation was completed to plan however, it had an impact on performance with fluctuations in the achievement of deadlines while staff were recruited. Teams are now stabilised, with all but three positions in the SEN Teams occupied by permanent staff.
25. Officers are working closely with schools and settings in order to develop our SEND and inclusion strategies. We are also required to produce a deficit repayment plan in partnership with stakeholders in order to address the significant financial pressures which currently exist within the Dedicated Schools Grant high needs block.
26. We must focus on reducing the demand for special school and independent and non-maintained specialist placements. This relies on partnerships between OCC and schools. We can enhance the outcomes of children through provision of early intervention and a fully inclusive curriculum.
27. There are wider budgetary implications if demand for EHCPs continues to increase and we fail to develop capacity for Oxfordshire children to receive their education within the county. It is essential that we ensure a sufficient supply of local, high quality, mainstream, special school and resource bases which deliver good outcomes for children.

Equalities Implications

28. An equalities impact assessment will be undertaken as part of the High Needs Block Recovery plan.

HAYLEY GOOD

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