

Southend-on-Sea Borough Council

Department of the Chief Executive

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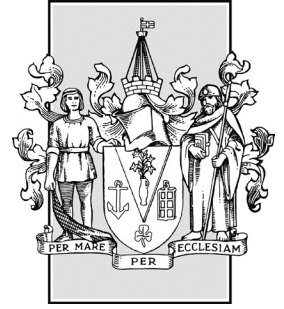
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PEOPLE SCRUTINY COMMITTEE - TUESDAY, 11TH APRIL, 2017

Please find enclosed, for consideration at the next meeting of the People Scrutiny Committee taking place on Tuesday, 11th April, 2017, the following report(s) that were unavailable when the agenda was printed.

Agenda No Item

12. **Scrutiny Committee - updates (Pages 1 - 6)**
- (a) Appendix 1 – Essex HOSC Task & Finish Group Summary Report
 - (b) Referring to item 6.2 of the covering Report, update regarding the St Luke's Primary Centre Development
13. **In depth scrutiny report - 'Alternative provision - off site education provision for children and young people' (Pages 7 - 28)**
- Report of Chief Executive

Copies of the above mentioned documents will be available at the meeting

Transforming emotional wellbeing and mental health services for children and young people

Background

A sub-Group of the Essex Health Overview and Scrutiny Committee (HOSC) made up of councillors from across Essex (including two from Southend-on-Sea Borough Council) has been reviewing mental health services for children and young people in Essex ('the Group'). A YEAH! 2 report published by Healthwatch Essex in 2016 had highlighted issues around perception, signposting and accessibility to services aimed at children and young people and the group used the evidence from that report as a primary source of information for the review. The Group wanted to look at these issues and the level of co-ordination and 'joined-up' working between different partners in the wider system and include a review of a new service now being delivered by North East London Foundation Trust (NELFT) that has been running since November 2015.



Top row: Councillors Jill Reeves, Jo Beavis, Keith Bobbin, Jenny Chandler
Front row: Councillors Helen Boyd, Caroline Endersby, Andy Wood

The Group spoke to

The Group spoke to North East London Foundation Trust (NELFT), Healthwatch Essex, school staff, Essex County Council officers and some community and voluntary bodies.

Service Transformation

NELFT has now restructured its service delivery to meet the requirements of the new contract and is moving towards increased prevention and early intervention to help the wider health system build resilience. The service is available from a single point of access and provides early advice, assessment and support and, where appropriate, more specialist support such as psychiatrists, social workers and care packages. However, reconfigurations can take time to 'bed-in' and it is important to remember that as a local system it is less than 18 months into a five year transformation plan. NELFT remain in a period of substantial change and transformation and the Group have been impressed by their commitment and drive to carry out this change.

Recommendation 1:

A strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies should be developed.

Recommendation 2:

There should be a clear aspiration for a defined, acceptable 'Essex waiting time' for access to the NELFT service that is considerably less than the current national and contractual standard.

Recommendation 3:

That opportunities within the voluntary sector for further early intervention initiatives to build community resilience should be explored.

Recommendation 4:

- (a) To develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment; and
- (b) indicate the extent of any potential for collaborative working with other agencies to assist this.

Recommendation 5:

- (a) That regular performance reporting should be expanded to include:
 - (i) A breakdown of the concentration of referrals from different sources (particularly highlighting differences between schools);
 - (ii) How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment;
 - (iii) The numbers exceeding the 'acceptable Essex waiting time'; and
 - (iv) An illustration of the patient focussed benefits achieved from early intervention;
- (b) That key performance data be publicly available;
- (c) That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).

Continued...



Recommendation 6:

There should be a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools).

Recommendation 7:

There should be clearer communication of service thresholds and provision not only with service users but also with partnership organisations.

Recommendation 8:

The continued shortage in Essex of specialist mental health clinicians should be highlighted to the Essex Employment and Skills Board and included in the wider Essex strategy addressing skills shortages across the county.

Recommendation 9:

- (a) All Essex Schools should understand and develop the best practice established by some schools who use early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole school training and have a supportive ethos;
- (b) A summit or more locality based mini-summits on mental health should be arranged for all Essex Schools to share learning and best practice; and
- (c) A school mental health network be established for school mental health champions to share information and experience on a regular basis.

The full report of the Group is available [here](#).

The challenges being faced

The challenges of carrying out the service reconfiguration have been exacerbated by increasing referrals, particularly during the transition period of the first few months of the new contract. NELFT are also managing a caseload that at times last year was almost double the level inherited from the previous provider– it is now still over 50% higher than November 2015.

The turnover of staff that was seen in the early months of the new model was always likely as some staff might feel that they would be unable to integrate into a new way of working. However, in recent weeks the vacancy rates have been significantly reduced. Recruitment issues for educational psychologists (provided by local authorities) have also been highlighted during the review.

Measuring performance

The Group are encouraged by a recent improvement in waiting times but a longer period of time is needed to identify if there is a consistent downward trend. The national target set by the NHS of 18 weeks for referral to first treatment is perceived by young people to be too long to wait.

Schools

All the schools that were visited had established processes to escalate concerns and were providing good signposting and positive messages about, and activities on, wellbeing around schools. Some local schools have or contract-in their own counselling service whilst some have discontinued their direct contracts with these community and voluntary sector providers and left parents to contract directly with them. The community and voluntary sector believe there is an unharnessed opportunity here for them to supplement the services being provided to schools by NELFT.



Partnership working

The service provided by NELFT should not be the only resource available for emotional wellbeing and mental health services for children and young people in the local health system – there are other agencies that can and should fulfil an important role. In particular, the Group would like to see closer working with the community and voluntary sector to assist even greater focus on prevention, early intervention and community resilience. There may come a time when the NELFT single point of access could be a gateway to the voluntary sector in addition to the services provided by NELFT.

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The information contained in
this document can be translated,
and/or made available in alternative
formats, on request.

Published April 2017.

St Luke's Medical Centre Update

1. Background

St Luke's Health Centre is situated in the St Luke's ward of Southend-on-Sea, Essex. It sits in temporary portacabins in the car park at the back of the Cumberlege Lodge site on Pantile Avenue. The site is in a dense residential area which severely limits alternative land options. The current GP service is provided by Virgin Care UK under an APMS contract which commenced on 2nd June 2016 and is for a period of 10 years.

St. Luke's Practice moved into temporary portacabins in 2009 during initial plans for a new health centre on part of the Temple Sutton School site. The local LIFT Co, Prydium, has worked on many options for redevelopment over the last 5 years, none of which were taken forward due a variety of reasons including the varied and challenging NHS landscape and a series of restructures from 2010 – 2013.

The original 5-year temporary planning permission for the portacabins expired in February 2014 and Prydium extended the planning permission on the Service Development Proposal for the St. Luke's site in February 2014 for 3 years and expressed the importance of finding a permanent solution for the area. The current planning permission expires on 22nd May 2017.

The current plan is for the planning consent to be renewed for a maximum period of eighteen months to enable relocation from the portacabins to co-locate with intermediate care services within the Cumberlege Intermediate Care Centre (CICC).

The high level plan below provides milestones and timeframes to deliver the project, with the second table showing the phases of the project lifecycle.

2. High Level Project Plan – St Luke’s Health Centre

Milestone	From	To	Responsible Organisation
Work up design for the refurbishment works that are required to make the building compliant to operate as a primary medical care centre	Mar-17	Mar-17	NHS Property Services
Completion of and submission of planning permission for a period of eighteen months maximum	Mar-17	Mar-17	LSI Architects / NHS Property Services
Determination of planning application & expiration of existing permission	May-17	May-17	Southend Borough Council
Options Appraisal of the relocation of some integrated care services	Jun-17	Jun-17	Southend CCG, SEPT & Southend Borough Council
Architect drawings developed and submitted	April 17	Jul-17	LSI Architects
Agreement to alter and lease discussions	Jul-17	Sept 17	NHS Property Services / Southend Borough Council
Funding agreement gained for the refurbishment works	Sep-17	Sep-17	NHS England/Southend CCG
Identify route to market Tender & procure provider for refurbishment if value determines requirement	Sep-17	Nov-17	NHS Property Services/Southend CCG
Relocate services required to enable refurbishment works	Nov-17	Nov-17	Southend CCG, SEPT & Southend Borough Council
Refurbishment works carried out	Nov-17	Mar-18	Preferred Provider to be Identified
Move St Lukes medical practice into Cumberlege Lodge	Mar-18	Mar-18	NHS Property Services
Demolish Portacabins and level site	Mar-18	May-18	NHS Property Services
Surface site for parking	May-18	Jun-18	NHS Property Services

St. Luke's Development Phases

Phase 1 - Stability and Service Provision for Patients

Phase one will focus on gaining planning consent for the continuation of primary medical services to be delivered from the existing portacabins for a maximum period of eighteen months. This will enable the identification of the refurbishment works required at Cumberlege Lodge to ensure that the building is compliant and fit for service delivery as required with current infection control requirements and legislation.

Phase 2 – Technical & Financial

Phase two will ensure that all the technical aspects such as;

- Leases, (to include change of use)
- Consents (agreement to alter)
- Design and layout suitable to accommodate GP Surgery confirmed and signed off
- Finance
- Route to market identified and tender (if required)
- Identification of any re-location of exiting services required for refurbishment

Phase 3 – Refurbishment Works

Refurbishment will take place.

Phase 4 – Mobilise GP Service

St Luke's practice will be moved into Cumberlege Lodge co-located with CICC.

Phase 5 – Place Based Care

The CCG will continue to work on the delivery of place based care to maximise benefit and outcomes for patients.

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Report of Chief Executive
to
People Scrutiny Committee

11th April 2017

Report prepared by:
Fiona Abbott

**In depth scrutiny report –
'Alternative provision – off site education provision for children and young people'
A Part 1 Agenda Item**

1. Purpose of Report

To seek formal approval to the draft report of the scrutiny project – 'Alternative provision – off site education provision for children and young people'.

2. Recommendations

- 2.1 That the report and the recommendations from the in depth scrutiny project, attached at **Appendix 1** be agreed.
- 2.2 That the Chairman be authorised to agree any final amendments to the draft report.
- 2.3 That in accordance with Scrutiny Procedure Rule 10 (Part 4 (e) of the Constitution), to agree that the Chairman of the Project Team present the final report to a future Cabinet meeting.

3. Background

- 3.1 The People Scrutiny Committee selected its topic at the meeting on 12th July 2016 (Minute 132 refers). The project plan was agreed by the Scrutiny Committee on 11th October 2016 (Minute 356 refers).
- 3.2 The specific focus of the review was to (a) investigate the current alternative provision for permanently excluded pupils (or at risk of exclusion); (b) whether it meets the needs / discharges responsibility effectively, happens in a coordinated way and aims for securing good outcomes for every child; (c) to determine the future shape of alternative provision of the local authority to provide and make recommendations to further improve outcomes, attendance and accountability for those in alternative provision.
- 3.2 The Member Project Team, which was Chaired by Councillor James Moyies, met on 7 occasions and considered a range of evidence to inform their approach, including witness sessions and site visits. The Project Team comprised Councillors Helen Boyd, Steve Buckley, Mo Butler, Chris Walker, Margaret Borton, Cheryl Nevin and Caroline Endersby. Officer support was provided by Brin Martin, Catherine Braun and Fiona Abbott.

4 Recommendations

- 4.1 The scrutiny report is attached at **Appendix 1**. Draft versions of the report have been shared with the project team and will be shared with the witnesses.
- 4.2 It should be noted that approval of any recommendations with budget implications will require consideration as part of future years' budget processes prior to implementation.
- 4.3 Scrutiny is recommended to endorse the following conclusions from the review, for approval by Cabinet:

Inclusion

1. That in the changing school landscape around academisation etc. the Deputy Chief Executive (People) write to the Regional Schools Commissioner, Mr Tim Coulson around the need for all schools to be inclusive and intervene early to address any underlying causes of disruptive behaviour, involving multi-agency assessment and support for those that demonstrate persistent disruptive behaviours thus limiting use of Alternative Provision (with the exception of for medical reasons or other exceptional circumstances).
2. That the Council contact Ofsted for there to be some appropriate recognition around how schools are supporting children who are at risk of exclusion.
3. All schools should encourage early parental engagement to undertake preventative work to provide support for pupils at risk of referral to Alternative Provision and / or exclusion. The project team is keen that early interventions, including early help assessments, assessments for special educational needs including autism spectrum functions, assessments around the child's health and where appropriate adult service interventions, ensuring support focuses on the child and family. Where relevant these interventions should begin as early as possible within primary schools and early years providers and professionals. (The support needs to focus on the child and family).¹
4. Urge schools to work together to spread knowledge. Some schools are doing excellent work and need opportunities for shared learning to increase standards in mainstream / Alternative Provision settings across the board.
5. Southend has the expectations that Alternative Provision should only be the 'last resort' and need to ensure that where all preventative measures have been exhausted and the young person remains at risk of permanent exclusion, that schools look to meet their needs through registered Alternative Provision rather than permanently exclude.
6. Linking to the Recommendations above, there is a key role for the newly created Education Board to be an important, key driver for improvements.

¹ The role of the school nursing service is also something that should be explored further.

Outcomes

7. Recognition that every learner should make good progress, regardless of the educational setting (link to Recommendation 1 above).
8. That the Deputy Chief Executive (People) lobby the LGA to raise with the DfE for a change in policy and clarification about the registration of Alternative Providers.
9. Consideration be given to explore the best way to look at creating an 'index of regulated Alternative Provision'.
10. To continue to review the emotional and mental health commissioning and consider whether it meets the increasing need of pupil mental health and emotional wellbeing needs, linking to the Essex HOSC review undertaken in 2016/17 (see [Essex HOSC Task & Finish Group Report](#)).
11. Have high aspirations for all young people in schools and need balanced, broad and appropriate curriculum (vocational qualifications at KS4 and do not want to increase demand for Alternative Provision) with the clear expectation for high attendance and for full time education.

Post 16

12. Consideration be given to improved pathways for the provision of post 16 education, training and employment, for those pupils who have accessed Alternative Provision and have not been able to return to mainstream schools (& development of appropriate KPI's).

5. Other Options

Not applicable.

6. Corporate Implications

- 6.1 Contribution to Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation; prosperous - ensure residents have access to high quality education to enable them to be lifelong learners and have fulfilling employment.
- 6.2 Financial Implications – there are financial implications to some recommendations but as yet they are unquantifiable. However, any recommendations progressing with associated financial implications will need to go through the annual budgetary process before implementation, as currently no revenue or capital budgets exist for the proposals.
- 6.3 Legal Implications – none.
- 6.4 People Implications – none.
- 6.5 Property Implications – none.
- 6.6 Consultation – as described in report.

6.7 Equalities Impact Assessment – none.

6.8 Risk Assssment – none.

7. Background Papers –

- Project team meeting notes – meetings held on 1st September 2016, 29th September 2016, 8th November 2016, 16th November 2016, 5th December 2016, 30th January 2017, 16th March 2017.
- Notes from witness sessions.
- Updates to Scrutiny Cttee – 29th November 2016 and 24th January 2017
- Other evidence as described in the report.

8. Appendix

Appendix 1 – in depth scrutiny project - draft report

‘Alternative Provision – off site education provision for children and young people’

People Scrutiny Committee
In depth scrutiny project 2016/17

DRAFT

Preface

“The People Scrutiny Committee decided that its in depth project for 2016/17 would be on Alternative Provision, looking at off site education provision for children and young people.

The project team, of which I am Chairman, decided that the specific focus of the review would be on looking at current Alternative Provision for permanently excluded pupils, whether the current provision meets needs and secures good outcomes for every child and make recommendations for the future shape of Alternative Provision.

I would like to thank my colleagues on the project team and those who contributed to the review – this proved to be a timely project – and one which led to many more questions.

I would like to extend my gratitude to all those who have been involved in the project for which I have been proud to take the lead and I commend this report for publication.”



**Councillor James Moyies
Chairman, People Scrutiny
Committee**

“As Vice Chair of People Scrutiny, I am delighted to have been involved with this project reviewing our Alternative Education Provision Services for children and young people in Southend. I am grateful to Members who gathered evidence, to form the basis of our 12 recommendations.

From the outset, we agreed that we should share best practice from schools and providers across our town, placing the child and family at the centre of what we do.

What we learned would be that using consistent assessments, signposting to early interventions as a prevention tool, improving the post 16 pathway, clearly would be fundamental in achieving successful educational outcomes for our young people.

I hope that this report will be a catalyst, to influence education strategy in the future and bring about a positive improvement. I commend this report to you.”



**Councillor Cheryl Nevin
Vice Chairman, People Scrutiny
Committee**

1. Scope of the scrutiny review and expected outcomes

Members of the People Scrutiny Committee undertook an in depth project looking at Alternative Provision – off site educational provision for children and young people. Led by the cross party project team members, the project had the following scope and expected outcomes:-

Scope of the project:-

- (i) To investigate the current Alternative Provision for permanently excluded pupils, those deemed at risk of exclusion and for other pupils who, because of illness, or other reasons (behavioural, emotional, social challenges), would not receive suitable education.
- (ii) To investigate whether the current provision meets the needs / discharges responsibility effectively, it happens in a coordinated way and aims for securing good outcomes for every child. This will include the implementation and effectiveness of the Council's fair access protocol, an agreement between schools as to how we collectively manage the education of these learners.
- (iii) To determine the future shape of Alternative Provision that is the responsibility of the Local Authority to provide and make recommendations to further improve the outcomes, attendance and accountability for those in Alternative Provision.

Expected outcomes:-

As a result of the project, it is envisaged that the Council working through its partners in schools and the Alternative Provision providers will:

1. Over time, ensure that learners who are service users of Alternative Provision return to, and remain at, their substantive and permanent school as soon as appropriate;
2. Ensure that older service users within Alternative Provision are helped to secure appropriate and relevant sustainable pathways into further education, employment or training;
3. That over time, the outcomes for service users improve in comparison to the national relevant cohorts.

2. Background to the report

Legislation, definition of Alternative Provision and current provision in Southend

Alternative Provision is defined as education arranged by Local Authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period exclusion; and pupils being directed by schools to off-site provision to improve their behaviour’.

Local authorities are responsible for arranging suitable full-time education for permanently excluded pupils, and for other pupils who because of illness or other reasons would not receive suitable education without such provision. This applies to all children of compulsory school age resident in the local authority area, whether or not they are on the roll of a school, and whatever type of school they attend (s19 Education Act 1996).¹

Alternative provision is where pupils engage in timetabled, educational activities away from school, for example by attending a pupil referral unit (PRU) or participating in commissioned courses and activities.

This review has looked mainly at the alternative provision that is the responsibility of the local authority to provide for permanently excluded pupils.

PRUs were given delegated budgets from April 2013 and changes to legislation required Local Authorities (LA's) to delegate budgets to the management committee of the PRU from 1st April 2013. The relevant regulations prescribe how PRU's budget shares are to be calculated and what funds for high needs pupils can be retained centrally by a LA. The funding arrangements for PRU also changed from 1st April 2013.

The PRU is Seabrook College, which currently delivers alternative provision and prevention pathways; outreach service for behaviour and reintegration support; individual tuition service.

Southend YMCA Community Free School is an alternative provider and opened in September 2013. It caters for up to 40 pupils and provides for children aged 14 – 16 at KS4, who require an alternative offer to mainstream education. Admission is by schools referral.

At the time of the scrutiny review, the Local Authority was in the process of renegotiating the 3 service level agreements currently held with Seabrook College and the new Academy Sponsor Parallel Learning Trust.

¹ *Statutory guidance on alternative provision was issued in January 2013 – see **Alternative provision, statutory guidance** DfE 10th January 2013. Directing a pupil off-site for education to improve behaviour derives from s 29A of the Education Act 2002, introduced by the Education and Skills Act 2008.*

Seabrook College is a federation of two schools/provisions the PRU and special school for Social, Emotional and Mental Health. Under the Parallel Learning Trust there are plans to separate the two provisions into two separate establishments. To support this, the Local Authority are in the process of sourcing new accommodation to meet the needs of both provisions on one site and ensure all key stages have access to suitable accommodation both for indoor and outdoor learning.

Over the last year or so, there have been consistent capacity issues in most year groups due to a steady number of children being admitted to the college but with limited numbers reintegrating back into mainstream. This has had a significant impact on the number of prevention places available due to the rise in pupils on roll. There has also been a significant rise in permanent exclusions from academy secondary schools, impacting upon place need.

The changes in the proposed agreements focus primarily on tightening the service objectives and key performance indicators, in order to measure outcomes more robustly.

Although Seabrook have been able to provide education from the sixth day of permanent exclusion, to date they have had limited impact on reducing the numbers of children being excluded in Southend. The proposed service specifications, focuses upon prevention within mainstream schools and improving schools systems and strategies for nurture and managing behaviours, with specific KPI's measuring pupil exclusions. The Parallel Learning Trust has been successful in improving outcomes both educationally and behaviourally in other areas and in particular is practised in ensuring an effective revolving door, whereby pupils enter the provision, receive the right support and then are enabled to successfully integrate back into mainstream. In addition to measuring the success of the work undertaken with schools, there remains a focus on the success of the work with pupils on the roll of the PRU including improving educational outcomes, behaviour and access to quality, full time education, an area that had previously been raised as a concern by Ofsted.

Permanent exclusions by school type

The following table is taken from the Annual Education Report 2015/16, reported to Cabinet on 21st March 2017.

Permanent exclusions by school type

	2012/13		2013/14		2014/15	
	No. of permanent exclusions	% of the school population	No. of permanent exclusions	% of the school population	No. of permanent exclusions	% of the school population
Primary						
Southend	0	0.00	0	0.00	0	0.00
England	670	0.02	870	0.02	920	0.02
Secondary						
Southend	x	x	6	0.05	5	0.04
England	3,900	0.12	4,000	0.13	4,790	0.15
Special						
Southend	0	0.00	0	0.00	0	0.00
England	60	0.07	70	0.07	90	0.09
Total						
Southend	x	x	10	0.02	10	0.04
England	4,630	0.06	4,950	0.06	5,800	0.07

Notes

Source SFR26/2016 - Table 16
SFR10/2016 - Table 11.1 for pupil enrolment figures

Data Final

The national school census data for 2015/16 will be published in July 2017. However, local intelligence indicates that since 2015 there has been a year on year increase for both permanent and fixed term exclusions. The trend is of great concern and mirrors national trends.

3. Methods

The Committee was supported by a project team comprising:-

- ✚ Councillor Moyies (Chairman), Councillors Boyd, Buckley, Butler, Walker, Borton, Nevin and Endersby.
- ✚ Officer / partner support – Brin Martin, Head of Learning, Cathy Braun, Group Manager for Access and Inclusion and Fiona Abbott, project coordinator.

Evidence base

The project team met on 7 occasions and considered a range of information and evidence, as set out in the following pages.

Briefing / information considered by project team during review

- (i) Snapshot of Alternative Provision in Southend and exclusion data by schools
- (ii) Relevant legislation
- (iii) Fair Access and Managed Move Protocol
- (iv) Alternative Provision checklist
- (v) Exclusion data
- (vi) Information on national review of Alternative Provision
- (vii) Information from Cllrs Moyies and Boyd's visit to Seabrook College on 8th November 2016
- (viii) Inclusion data
- (ix) Information on funding of Alternative Provision (PRU) and YMCA

Witnesses:-

The questions were sent to the witnesses in advance² and the project team met with the following people at the 3 witness sessions: -

Witness session 1 - Project team meeting on 8th November 2016

- Early Help Family Support - Carol Compton MBE and Jane Arnold
- Fair Access - Cathy Braun
- Executive Councillor – James Courtenay

Witness session 2 - Project team meeting on 16th November 2016

- Mr Mark Schofield, Shoeburyness High School
- Mr Jamie Foster, Chase High School
- Ms Sarah Greaves, Southend Virtual School
- Mr Maurice Sweeting, Southend Education Board

Witness session 3 - Project team meeting on 5th December 2016

- Mr Mark Aspel, Seabrook College
- Ms Annette Turner, YMCA Free School
- Matt King, Trust Links
- Emma Inmonger, NELFT

The project team also met with Mr M, a carer on **30th January 2017** and with representatives from an unregistered alternative provision provider on **16th March 2017**. Three members of the project team arranged to meet with some young people and their families on **8th March 2017**.

The project team would like to formally thank the witnesses for giving up their time to attend and for sharing their insights.

The project team explored the following issues at the session – current provision, whether it is meeting needs effectively, the future shape of provision - and following main themes emerged during the sessions:-

² List of questions at each session is attached at **Annex 1**

Pointers of what was discussed at session 1

Current provision:-

- Dealing with most vulnerable group of learners.
- Ensure an effective revolving door and positive managed moves – expectation has to be for use of Alternative Provision and placements as time limited and schools should get in support instead and keep young person in mainstream – i.e. for them to return to mainstream (unlikely for KS4 in reality).
- Seabrook College is the pupil referral unit (PRU) (also a special school) – Alternative Provision has to be appropriate – schools can also commission their own Alternative Provision. In fact the majority of Alternative Provision is commissioned directly by schools. It is the schools responsibility to commission and monitor educational outcomes and achievements. We do know that the educational outcomes from Seabrook are not good enough.
- It is the schools responsibility to monitor all Alternative Provision for their pupils including unregistered providers. The LA provides guidance pack for them to use.
- YMCA Free School is rated 'Good' by Ofsted but has limited provision – places are commissioned through mainstream or Virtual School. Can be selective in its intake (Seabrook can't as fulfils the LA statutory responsibility).
- Heard about use of Fair Access Protocol but issue is around where they get placed.
- In some cases, rather than child being permanently excluded, often parents move their child to different school in borough – likely to be Futures, Chase etc. – which have own issues.
- Alternative Provision should work alongside parents and strive towards this.
- Mention of Early Help offer and prevention programme which has been beneficial. Single front door process - use whole family approach for different outcomes. However this is reliant upon schools making referrals. Most children permanently excluded or at risk of, have had little or no involvement from early help services.

Meets needs / discharges responsibility effectively?:-

- Some schools have pulled back from using some providers because not meeting needs (educational outcomes).
- Shrinking role of LA, due to Academisation. Role of Regional Schools Commissioner. Education Board has oversight.
- LA have responsibility for providing Alternative Provision for permanently excluded pupils and create a PRU, which is what Seabrook is. Seabrook has strong sponsor and the LA will continue to commission them – also commissioned for preventative work.
- Seabrook needs to be 'Good' – and also get young people back into mainstream "get revolving door unstuck".
- Mainstream school role as well and drive inclusiveness.
- Prevention is key – peaks of referrals are at transition points e.g. Year 6 into Year 7 when move. Behaviour management in mainstream is part of prevention as well.
- Recent example of schools with 'zero tolerance' approach being used which led to the permanent exclusion of a Year 7 within the first 2 weeks of school term – the school didn't refer to Early Help service or engage in preventative approaches.

- Some see behaviour only and so child ends up in Alternative Provision – others see beyond and drive further – can't see child in isolation to other factors.
- Need to remember that far more remain in education than are excluded. Prevention has to be part of whole family approach.
- For prolific / entrenched cohort, Alternative Provision doesn't meet needs.
- Virtual School monitors Looked After Children.

Future shape:-

- Against encouraging greater use of Seabrook / Alternative Provision.
- Schools need to be more inclusive.
- Increased mentoring.
- One secondary school is very good at inclusive pathways and has Alternative provision in own school.
- For some schools academisation has meant that successful inclusive pathways have been removed.

Other comments:-

- Role of Ofsted – targets.
- Role of Regional Commissioner in new education landscape.
- Best practice elsewhere.
- Outcomes not great generally for Alternative Provision.
- Male dominated profile.

Pointers of what was discussed at session 2

Current provision:-

- School A – if students can't engage / disrupt learning of other students – offer different curriculum and work with LA – if use Alternative Provision, use YMCA. Like it because smaller / more personalised.
- School A – academisation is around raising standards of behaviour and students need to catch up – some can't cope in this environment and core who can't shift. Exclusions have increased due to changes in standards.
- School B – we have specialist pathways – Yrs 7 – 9 aim to re-engage; if doesn't happen, Yrs 10 – 11 Alternative Provision is possible. Have very few numbers in Alternative Provision. If use Alternative Provision, use YMCA. Only use Seabrook if 'nowhere else to go'.
- School B – relationships between secondary schools strained at moment.
- School B – historically Alternative Provision not been great (and is located in former factory currently!). Best provision is in the school the young person is at (pathways).
- School B – inclusion equals quality education for all.
- Frustration in delay for Seabrook becoming an Academy and move to its new site.

Meets needs / discharges responsibility effectively?:-

- School A – use home tuition services occasionally (emergency). Have personal curriculum rather than pathways.
- School A – if do use YMCA sell as a positive step. See the YMCA as 'classroom off site' – Seabrook as a failure to cater for their needs. "Everyone knows that".
- School B – the current Alternative Provision (environment and education) is not quality and does not meet needs of town.

- School B – by time of transition – behaviour is ingrained. Problems have been ‘managed’ at primary – isn’t sustainable at secondary. Hit ‘brick wall’ in Yr 7 pretty quickly.
- School B – ultimate aim is to reintegrate – need to work alongside schools earlier.
- School B – happy with outcomes of YMCA – does job, well. Seabrook – needs to re build reputation.
- School C – revolving door must happen.
- School D – primary schools use Alternative Provision – need to change behaviour – Does Alternative Provision need to be off site? Need to bring Alternative Provision into schools earlier ‘all about reintegration into mainstream education’. Outreach needed.

Future shape:-

- School B – need to make sure schools develop (aspirational) pathways as much as can working together with the community – use (our) limited resources to make a difference. Need long-term strategy / plan proposals. Need early intervention.
- School D – sharing good practice.

Other comments:-

- Southend situation – a factor? (4 single sex grammars, 2 faith schools) – means difficult children are concentrated in certain schools – also central and east of town has more socio economic problems than west.
- Seabrook has SLA around outreach resource, delivered to both primary and secondary schools.
- Discussion on mental health factors.
- Some pupils move around schools and move when difficulties occur.
- Inclusion teams at some schools better than others.
- Incentives to take difficult pupils not there – have a results driven system.
- Aspiration factors at different providers.

Pointers of what was discussed at session 3

Current provision:-

- Many pupils will be placed on the roll of the PRU via Fair Access Panel – specifically year 11 who have been out of education and therefore not GCSE ready.
- PRU is the ‘default provider’ and take most challenging and vulnerable.
- PRU does preventative work in schools.
- Some movement between PRU and YMCA.
- Funding position leads to competition – need to work together.
- KS4 – don’t go back to mainstream as best option is for pupils to remain settled and achieve.
- PRU – believe will be outstanding – MAT is way forward.

Meets needs / discharges responsibility effectively?:-

- Some schools don’t know how to manage students effectively and also have lost their inclusion units (or key staff moved on).
- Need prevention before get to exclusion point.
- Mainstream can focus on behaviour rather than other issues.
- Alternative Provision provider in partnership with schools outlined – assessed as a positive alternative.

- Mental health provision – single point of access.
- School medical provision at hospital an issue – provision needs to be developed.
- Outcomes by alternative providers at KS4.

Future shape:-

- Schools need to adopt corporate parent role rather than traditional ‘teacher’ role.

Other comments:-

- Role of school nursing service – utilised effectively by schools?
- Challenge back to schools – how meet needs (inclusion) – all around preventing children ending up in Alternative Provision.
- Alternative Provision needs to be positive – engage and inspire – add value and provide different perspective to child’s life and future.
- Seabrook has to take referrals as PRU; YMCA can decline pupils.
- PLT is commissioned to provide medical services, behaviour outreach and PRU.
- Key is don’t want young people to go to Alternative Provision.
- Risks associated with academisation.

Meeting with carer on 30th January 2017 and Alternative Provision provider on 16th March 2017

The project team met with Mr M, a carer at its meeting on 30th January 2017. He provided his candid and personal views on his experiences with Alternative Provision providers in the area.

The project team met on 16th March 2017 and met with representatives from ‘Figure of Eight Education’ who are an unregistered alternative provision provider based in the town. They outlined their positive experiences of reintegrating young people back into mainstream education and their plans moving forward.

Emotional wellbeing and mental health service

Since November 2015, North East London Foundation Trust (NELFT)³ have been operating a new contract to provide emotional wellbeing and mental health services that focus on more low intensity early interventions through a single point of access.

Councillors Boyd and Endersby were part of an Essex wide Task and Finish Group reviewing mental health services available for children and young people across Essex. The group focused on some of the issues around perception, signposting and accessibility to services aimed at children of school age. The group also looked at how the wider system worked and explored some of the issues around the level of co-ordination and ‘joined-up’ working between agencies.

As part of this review Councillors Boyd and Endersby also undertook site visits to 3 schools in the borough. This highlighted the best practice established by some schools using early intervention, access to pastoral support, mentoring, liaison with outside agencies, whole school training and supportive ethos. This Group made 9 recommendations and the report can be found by clicking on the following link – [Essex HOSC Task & Finish Group Report](#).

³ <http://www.nelft.nhs.uk/about-us>

4. Our Conclusions / Recommendations

Overall the project team concluded that mainstream school in the majority of cases is the best setting for pupils. Alternative Provision is the right place for some pupils who are disengaged from mainstream education, or who have reached the stage in their educational life where it is better for them to remain within Alternative Provision rather than move back into the mainstream.

There is evidence of good practice at both primary and secondary level, but it does not appear to be consistent across all schools. The focus should always be that the child is at the centre of what do.

With regard to the PRU, there was recognition that need to 'unstick the revolving door for all children and for the door to start revolving' i.e. as one child comes in another enters the PRU, another is successfully reintegrated back into mainstream.

The project team considered the delay in Seabrook College becoming an Academy was frustrating and has not helped the PRU move forward as quickly as wished.

At KS4 (i.e. school Years 10 and 11) the provision is different as it is recognised it is unlikely they will return to mainstream and the focus is about being settled and achieving the best outcomes for them at this stage in their education (qualifications, reducing likelihood of becoming NEETS).

The preventative support for pupils who are at risk of permanent exclusion / in Alternative Provision needs to be strengthened. The work undertaken by schools such as Shoeburyness High School was seen as good practice, which should be shared and should be emulated by other schools across the borough and by schools all working together. The issues of inclusion and accountability were also key themes during the review. Members felt that if schools invested in preventative work and had a more inclusive policy and 'bought into' fair access, then it should be encouraged.

The project team noted the extensive support the LEA is providing to the PRU.

The project team however heard that there is no longer a dedicated member of staff from the local authority who routinely visits other alternative providers, in particular the unregistered provision.

Overall, the picture which emerged during the review was that it feels fragmented. There are registered providers and numerous other alternative providers, some of whom work directly with families who have chosen to home educate their children. All Alternative Provision providers should be registered with the DfE to ensure they comply with the standards to be registered as well as routinely receive inspections through Ofsted and will raise this with the LGA for a change in policy. The project team feels that there must be greater clarity on the status and quality of the education being provided – often to our most vulnerable children and young people, facing many challenges and although schools remained responsible for commissioning placements (including assessing, monitoring and reviewing), children

should not be placed in any provision that does not fall under additional scrutiny and routine inspections from Ofsted.

The project team makes 12 recommendations – and these are around the current provision, minimizing the need for and use of Alternative Provision, future shape of Alternative Provision, to further improve the outcomes, attendance and accountability for those in Alternative Provision.⁴

Our recommendations:-

Inclusion

- 1. That in the changing school landscape around academisation etc. the Deputy Chief Executive (People) write to the Regional Schools Commissioner, Mr Tim Coulson around the need for all schools to be inclusive and intervene early to address any underlying causes of disruptive behaviour, involving multi-agency assessment and support for those that demonstrate persistent disruptive behaviours thus limiting use of Alternative Provision (with the exception of for medical reasons or other exceptional circumstances).**
- 2. That the Council contact Ofsted for there to be some appropriate recognition around how schools are supporting children who are at risk of exclusion.**
- 3. All schools should encourage early parental engagement to undertake preventative work to provide support for pupils at risk of referral to Alternative Provision and / or exclusion. The project team is keen that early interventions, including early help assessments, assessments for special educational needs including autism spectrum functions, assessments around the child's health and where appropriate adult service interventions, ensuring support focuses on the child and family. Where relevant these interventions should begin as early as possible within primary schools and early years providers and professionals. (The support needs to focus on the child and family).⁵**
- 4. Urge schools to work together to spread knowledge. Some schools are doing excellent work and need opportunities for shared learning to increase standards in mainstream / Alternative Provision settings across the board.**
- 5. Southend has the expectations that Alternative Provision should only be the 'last resort' and need to ensure that where all preventative measures have been exhausted and the young person remains at risk of permanent**

⁴ Note - the Department for Education (DfE) recently commissioned a report on Alternative Provision [Alternative provision: effective practice and post-16 transition](#) This is a literature review looking at research evidence, published articles and Ofsted reports for evidence of good practice.

⁵ The role of the school nursing service is also something that should be explored further.

exclusion, that schools look to meet their needs through registered Alternative Provision rather than permanently exclude.

6. Linking to the Recommendations above, there is a key role for the newly created Education Board to be an important, key driver for improvements.

Outcomes

7. Recognition that every learner should make good progress, regardless of the educational setting (link to Recommendation 1 above).
8. That the Deputy Chief Executive (People) lobby the LGA to raise with the DfE for a change in policy and clarification about the registration of Alternative Providers.
9. Consideration be given to explore the best way to look at creating an 'index of regulated Alternative Provision'.
10. To continue to review the emotional and mental health commissioning and consider whether it meets the increasing need of pupil mental health and emotional wellbeing needs, linking to the Essex HOSC review undertaken in 2016/17 (see [Essex HOSC Task & Finish Group Report](#)).
11. Have high aspirations for all young people in schools and need balanced, broad and appropriate curriculum (vocational qualifications at KS4 and do not want to increase demand for Alternative Provision) with the clear expectation for high attendance and for full time education.

Post 16

12. Consideration be given to improved pathways for the provision of post 16 education, training and employment, for those pupils who have accessed Alternative Provision and have not been able to return to mainstream schools (& development of appropriate KPI's).

Annex 1

Questions to witnesses at witness sessions

Aim of sessions - to understand the use of Alternative Provision for young people in Southend and how this has benefited children unable to succeed within mainstream education:-

Questions for Session 1 – 8th November 2016	
1	Does the current provision meet the needs of children and young people? (expectations, outcomes, benefits, challenges)
2	What do you see as the main challenges around use of Alternative Provision?
3	What is the role / duties of the LA?
4	What are the circumstances that would prompt a school to consider seeking Alternative Provision and what would you expect to have been done within mainstream prior to this happening? What guidelines and advice is available before decisions are taken to use Alternative Provision?
5	To your knowledge, are there any alternatives available other than Alternative Provision for children displaying these needs/concerns?
6	What do you see as the future shape of alternative provision in the changing educational landscape (improve outcomes, attendance, accountability)
Further questions from Members, general discussion from points raised.	

Questions for Session 2 – 16th November 2016	
1	What are the circumstances that would prompt a school to consider seeking an Alternative Provision for a young person?
2	What would you expect to have been done first within mainstream to meet their educational, social, emotional and behavioural needs before seeking an Alternative Provision?
3	What guidelines and advice is available before decisions are taken to use Alternative Provision?
4	To your knowledge, are there any alternatives available to schools other than Alternative Provision for children displaying these needs/concerns?
5	Once in Alternative Provision, what do you consider the schools responsibilities are to the young person?
6	Once a young person is placed within an Alternative Provision, what do you see to be the expectations for: the young person, the alternative provider and the school
7	What do you see to be as the main benefits of Alternative Provision to the young person and the school
8	What do you see as the main challenges (around use of Alternative Provision)?
9	Over the last 3 years, what have the outcomes for young people accessing Alternative Provision from your school been in relation to: Educational attainment Personal achievement

	Behaviour Attendance
10	What percentage of pupils left your school as NEET in 2015?
11	What percentage of these pupils had accessed Alternative Provision?
Further questions from Members, general discussion from points raised.	

Questions for Session 3 – 5th December 2016	
1	Does the current provision meet the needs of children and young people? (expectations, outcomes, benefits, challenges)
2	What do you see as the main challenges around use of Alternative Provision?
3	What do you see as the role / duties / responsibilities of the LA, mainstream schools and commissioners?
4	What are the circumstances that would prompt a school to consider seeking Alternative Provision and what would you expect to have been done within mainstream prior to this happening? What guidelines and advice is available before decisions are taken to use Alternative Provision?
5	To your knowledge, are there any alternatives available other than Alternative Provision for children displaying these needs/concerns?
6	Over the last 3 years, what have been the outcomes for young people accessing your Alternative Provision in relation to: Educational attainment Personal achievement Behaviour Attendance
7	What percentage of your children have a diagnosis of autism and are there any children awaiting autism diagnosis? To your knowledge have your staff had autism awareness training which recognise autistic behaviours, challenges and barriers?
8	What percentage of pupils left your provision as NEET in 2015?
9	What experience do you have of children returning full time to mainstream provision after accessing an Alternative Provision? Do you consider your provision as having a role in supporting children's success in achieving within mainstream school?
10	What do you see as the future shape of alterative provision in the changing educational landscape (improve outcomes, attendance, accountability)
Further questions from Members, general discussion from points raised.	

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