

Public Document Pack
SOUTHEND-ON-SEA CITY COUNCIL

People Scrutiny Committee

Date: Tuesday, 31st October, 2023

Time: 6.30 pm

Place: Committee Room 1 - Civic Suite

Contact: Stephanie Cox (Principal Democratic Services Officer)

Email: committeesection@southend.gov.uk

A G E N D A

- 1 Chair's Introduction & Apologies for Absence
- 2 Declarations of Interest
- 3 Questions from Members of the Public
- 4 Minutes of the Meeting held on 30 August 2023 (Pages 3 - 6)
- **** **ITEMS FOR PRE-CABINET SCRUTINY / CALLED IN FROM THE FORWARD PLAN**
- 5 Healthy Lifestyles Services Procurement 2024 (Pages 7 - 10)
- **** **OTHER SCRUTINY MATTERS**
- 6 Transition Planning between CAMHs and Adult Mental Health (Pages 11 - 26)
- 7 Food for Learning Briefing (Pages 27 - 28)
- 8 EPUT transition programme (Pages 29 - 38)
- 9 Co Production Framework (Pages 39 - 64)
- 10 **Southend SEND Area Partnership: SEND Strategic Action Plan 2023-2026** (Pages 65 - 100)
Please note that this item is for information only.

Chair & Members:

Cllr T Cowdrey (Chair), Cllr K Murphy (Vice-Chair), Cllr B Beggs, Cllr S Buckley, Cllr C Campbell, Cllr P Collins, Cllr A Dear, Cllr N Folkard, Cllr J Harland, Cllr D Jones, Cllr G Leroy, Cllr A Line, Cllr R Longstaff, Cllr C Nevin, Cllr M O'Connor, Cllr D Richardson, Cllr N Ward, O Richards, A Quinn, T Watts and L Williams

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SOUTHEND-ON-SEA CITY COUNCIL

Meeting of People Scrutiny Committee

Date: Wednesday, 30th August, 2023

Place: Committee Room 1 - Civic Suite

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Present: Councillor T Cowdrey (Chair)
Councillors K Murphy (Vice-Chair), B Beggs, S Buckley, C Campbell, P Collins, A Dear, J Harland, D Jones, G Leroy, R Longstaff, C Nevin, M O'Connor, D Richardson, *M Borton.
O Richards, A Quinn, T Watts, L Williams, J Ayo (Co-opted Members)

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors H Boyd, T Cox and J Moyies (Cabinet Members)
N Hoskins, K Ramkhelawon, M Harvey, A Green and P Scott (EPUT)

Start/End Time: 6.30 pm - 9.07 pm

16 Chair's Introduction & Apologies for Absence

(a) Chair's Introduction

Prior to the consideration of the matters set out in the agenda, the Chair outlined their expectations of the standard of conduct and behaviour to be shown at the meeting.

(b) Apologies for Absence

Apologies for absence were received from Councillors Folkard, Line (substitute: Cllr Borton) and Ward.

17 Declarations of Interest

The following interests were declared at the meeting:

(a) Councillor Borton – Minute 20 (School Admissions Arrangements) – Council appointed Governor at Milton Hall school; Minute 23 (EPUT) – Daughter is one of the matrons/services mentioned in the report.

(b) Councillor Nevin – Minute 24 (oral and dental health inequalities) – NHS Employee.

(c) Councillor O'Connor – Minute 23 (EPUT) – Works for South Essex Advocacy Services.

(d) Councillor Richardson – Minute 23 (EPUT) – Works as a therapist.

18 Questions from Members of the Public

There were no questions from members of the public relating to the responsibilities of the Committee.

19 Minutes of the Meeting held on 11 July 2023

Resolved:

That the minutes of the meeting of the Committee held on 11th July 2023 be confirmed as a correct record.

20 School Admissions Arrangements for Community Schools 2025/26; The Coordinated Admission Scheme for Academic Year 2025/26 and review of the relevant area

The Committee considered the report of the Executive Director (Children and Public Health), by way of pre-Cabinet scrutiny presenting the school admission arrangements for Community Schools 2025/26 and the coordinated admission scheme for academic year 2025/26.

Resolved:

That the report to Cabinet be noted.

21 Domestic Abuse Strategy Update

The Committee considered the report of the Executive Director (Adults and Communities), by way of pre-cabinet scrutiny, presenting the proposed Southend Domestic Abuse Strategy 2023-2026.

On consideration of the report the Cabinet Member for Public Health, Adult Social Care and Constitutional Affairs, informed the Committee that since the publication of the report a number of minor changes have been to the strategy.

The Committee discussed the report in detail and asked a number of questions which were responded to by the Cabinet Member and Executive Director (Adults and Communities).

Resolved:

That, subject to minor amendments/changes, the report to Cabinet be noted.

22 Passenger Transport Services - Performance Monitoring

The Committee received a report in relation to the ongoing monitoring of the performance of the Vecteo Joint Venture Company established for the provision of passenger transport services.

The Committee discussed the frequency of reports and agreed that a further performance monitoring report is presented to the 6th December 2023 with a view to six monthly thereafter.

Resolved

That the report be noted.

Note: This is a Scrutiny function.

23 Essex Partnership University NHS Foundation Trust

The Committee received a presentation from the Chief Executive Officer and the Chief Operating Officer, providing an overview of EPUT's key priorities and progress.

The Committee asked a number of questions which were responded to by the CEO and Chief Operating Officer from EPUT.

Resolved:

That the presentation on EPUT be noted.

24 Oral and Dental Health Inequalities

The Committee received a presentation from the Director of Public Health, supported by MSE ICB, regarding oral and dental health inequalities in Southend. The Committee also considered a paper from Healthwatch Southend on their Health and Social Care Committee Inquiry into NHS Dentistry.

The Committee asked a number of questions which were responded to by the Director of Public Health and health representatives. The Director of Public health informed the Committee that this matter would also be presented to the Southend Health and Wellbeing Board in December 2023.

Resolved:

That the presentation and the Health and Social Care Inquiry into NHS Dentistry be noted.

25 Work Programme

The Chair informed the Committee that there will be a focus on children and young people's transition into adulthood at the next meeting.

Chair: _____

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Meeting: Cabinet
Date: 26 September 2023
Classification: Part 1
Key Decision: Yes
Title of Report: Healthy Lifestyles Services Procurement 2024

Executive Director: Michael Marks
Report Author: Jess Siggins
Executive Councillor: Cabinet Member for Adult Social Care, Health, Public Health and Constitutional Affairs

1. Executive Summary

- 1.1. The proposed decision is for the re-procurement of the Healthy Lifestyles services for a new contract in September 2024. As part of planned service development many service elements were expanded through contract variation since contract start, increasing the value of the Healthy Lifestyles provision. Due to this, a review was required to establish any future total budget for procurement, and despite engagement with key stakeholders, a total budget was not updated on the procurement plan within the policy time frame which is why this documentation is required.

2. Recommendations

It is recommended that Cabinet:

- 2.1. **Go out to tender for Healthy Lifestyles services via standard competitive procurement process to put in place a new service by 1st September 2024 at a contract value of £650,020 per annum for a maximum period of 5 years.**

3. Background

- 3.1. On 1st July 2019 the Council commissioned Everyone Health to provide the “Wellbeing Service” (Also known as Healthy Lifestyles services), as part of a comprehensive programme of health and wellbeing interventions and services for people living and working in Southend. The contract price was £281,000 per

annum and contract length was a maximum of 5 years, and was due to expire on 31st May 2024 (and will be extended to 31st August 2024 to allow time for procurement).

- 3.2. The purpose of the service is to improve the health and wellbeing of the resident population in Southend, delivering or supporting a range of service areas, including:
- Weight Management
 - Wellbeing Coaches (Health Trainers)
 - Making Every Contact Count
 - Physical Activity Interventions eg. Exercise Referral / Health Walks
 - Postural stability / Strength and Balance (Falls Prevention)
 - Social Prescribing
 - Mental health support / Emotional Health and Wellbeing
 - Generic self-management
 - Stop Smoking and Tobacco Control
 - Alcohol recovery
 - Diabetes prevention
 - Carers Support
 - Other emerging services as required or commissioned in the City
- 3.3. Initially, Everyone Health was responsible for the delivery of the 'Gateway' into the programme, the Wellbeing Coach Service, Making Every Contact Count training and Adult Weight Management services. The programme was expected to develop and evolve over the period of this contract to meet local need.
- 3.4. Led by national and local evidence as well as best practice in other local authorities, the service (and programme of interventions) was expanded by Public Health to include Outreach Health Checks in 2019, Workplace Wellbeing in 2020, and Social Prescribing, Falls Prevention and Physical Activity offers in 2021, as well as a separate contract for GP Health Checks, increasing the overall investment into Everyone Health services to £622,500 per annum.
- 3.5. During the contract term, it has been noted that Smoking Cessation services (currently delivered at £50,000 per annum) would also align well to the offer, which focuses on sustaining behavioural change and encouraging improved health – by combining these offers into one contract there is an opportunity for better value for money and more efficient use of resource.
- 3.6. The service requires an innovative approach to improving health and wellbeing, utilising community assets, emerging technology and ensuring collaboration with a broad range of partners and service areas, which is why service development has taken place during the contract lifetime and subsequently impacted updates to the procurement register.

- 3.7. Following a commissioning review and resident consultation, the Healthy Lifestyles procurement has been planned, and the Council is aiming to go out to standard competitive tender to put a new Healthy Lifestyles contract in place by 1st September 2024.

4. Reasons for Decisions

- 4.1. There is no suitable option to extend the service further, so to ensure suitable time for procurement, tender evaluation, contract award and mobilisation of a new Healthy Lifestyles service by September 2024, the procurement would need to commence prior to the next agreement of the procurement plan and therefore requires this decision to be documented.
- 4.2. To reduce pressures on Health and Social Care and on public sector services, it is essential that the system put in place these services to enable people to enjoy a healthy and active life, have opportunities to promote their wellbeing and to encourage self-care and manage their conditions if they have a life limiting illness, within their communities.
- 4.3. A key component in reducing demand is effective primary, secondary and tertiary prevention, which is supported by the Healthy Lifestyles services. The NHS Long Term Plan reflects this by focusing on building an NHS fit for the future by; enabling everyone to get the best start in life, helping communities to live well and helping people to age well. It is essential that people are able to maintain behaviour change in the longer term to benefit not only their health but their quality of life; this can be achieved through self-management, improved health literacy and confidence.
- 4.4. If this decision were not approved, the contract would expire without replacement, likely leading to existing provider staff redundancies, and there would be a significant gap in necessary provision. The Council may not meet statutory duties and obligations regarding Public Health.

5. Other Options

5.1. Do Nothing / Do Not Procure

This option is not recommended, as the Council would likely not meet statutory duties and obligations regarding Public Health, the contract would expire without replacement, likely leading to existing provider staff redundancies, and there would be a significant gap in necessary provision.

6. Financial Implications

- 6.1. There are no additional budget pressures or direct financial implications to this decision, as it seeks to maintain existing Public Health expenditure. The Council will seek to retender the Healthy Lifestyles services (including smoking

cessation) in a new contract at a value of £650,020 per annum for a contract term of 3 years + 1 + 1 (5 years maximum), which is a total contract value of £3,250,100.

7. Legal Implications

7.1. None

8. Consultation

8.1. The Healthy Lifestyles procurement has been planned following public consultation on the services.

9. Other Implications

9.1. None

10. Appendices

10.1. None

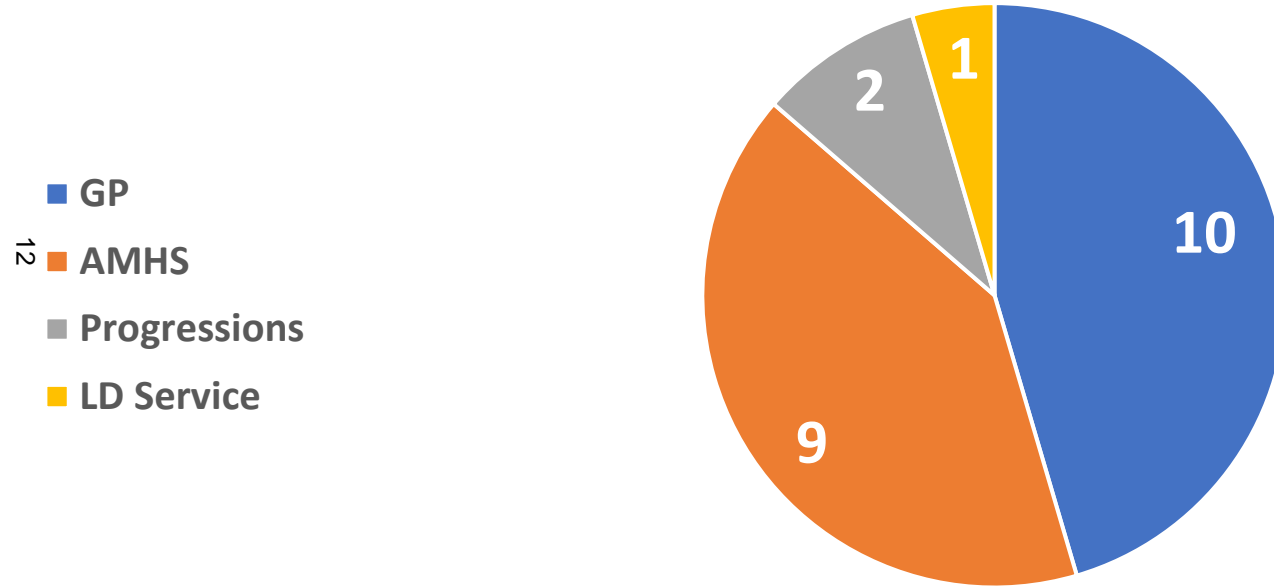


Best care by the best people

Transition Planning between CAMHs and Adult Mental Health



Southend CAMHS Transition Discharge Destinations 1 Sept 22 to 31 Aug 23



NELFT and EPUT Joint Transition Protocol

<p>STAGE 1 17yrs +</p>	<p>Cases identified in SETCAMHS MDT as requiring possible transfer to AMHS</p> <p>Review meeting SETCAMHS – care CO/MDT/YP/Family – discuss ongoing need and possible transition to AMHS</p>	<p>Transition process discussed with YP and Family</p> <p>Consent to discuss with AMHS</p>
<p>STAGE 2 17yrs to 17.6yrs</p>	<p>Case discussed in Transition Interface meeting between AMHS & SETCAMHS</p>	<p>Meetings held 3monthly with AMHS to flag transition cases and agree joint assessments</p>
<p>13</p> <p>STAGE 3 17.6YRS – 18yrs</p>	<p>Joint Transition Assessment Meeting</p> <p>Joint Final Transfer Meeting (CPA Transition Meeting)</p>	<ul style="list-style-type: none"> • Joint Assessment with AMHS & SETCAMHS(to involve Young person and as appropriate parents/carers) • AMHS Link worker identified • Joint Care plan agreed by all parties (agreed and signed by YP & family and copy given to them) • Young person & family complete Pre-transition survey. • Agree transfer Meeting date <p>As per CPA process. To be attended by Young person and Career, as appropriate and appropriate services involved eg) School/College, GP. SW, advocate,</p>
<p>STAGE 4</p>	<p>Case opened to AMHS</p> <p>Case closed to SETCAMHS</p>	<p>SETCAMHS Pre Transition Audi completed Young person & family complete post transition survey.</p> <p>3-6mths – AMHS Post Transition Audit completed</p>



Stage 1

From age 17



- **Cases identified at SETCAMHS MDT as requiring possible referral to adult services**
- **Transition conversations and planning start with young person and begin to develop collaborative transition care plan. Discuss transition process and gain consent to discuss with AMH**
- **Those requiring possible transfer to AMH services are taken to monthly interface meeting between SET CAMHS and AMH**



Stage 2

From age 17.5

- **Joint Transition Assessment meeting with AMHS, SET CAMHS, young person and family where appropriate.**
- **Introduce young person to the identified ⁵¹Adult mental health care co-ordinator/caseworker . Unless, clinically indicated, it is expected that this would be a minimum of one meeting.**
- **The young person will be given relevant information about what they can expect from AMHS and details of any organisations and or support services that may be of help /support/interest**
- **Joint Transition Assessment meeting with AMHS, SET CAMHS, young person and family where appropriate.**
- **Introduce young person to the identified Adult mental health care co-ordinator/caseworker . Unless, clinically indicated, it is expected that this would be a minimum of one meeting.**
- **The young person will be given relevant information about what they can expect from AMHS and details of any organisations and or support services that may be of help /support/interest**



Stage 2, continued

- **SET CAMHS continues to be lead service for the young person in transition and the service that the young person contacts when support is required in crisis**
- **⇒ Joint care plan agreed by all parties, signed and copy given to YP**
- **Final Transition CPA meeting to take place prior to 18th Birthday**
- **SET CAMHS will work with young person in preparation of transfer to AMHS in a manner that is underpinned by the principles of recovery.**
- **Where SET CAMHS are providing time-limited interventions, these may continue beyond the young person's 18th birthday in consensus with the Adult Mental health service**



Stage 3

From age 18

- Patient is formally closed on SystemOne (EPR) to SET CAMHs.
- Adult LD & MH services are the lead provider/service to the patient and take over the agreed treatment interventions and or prescribing as required and will at this formally open the young person as a patient on the respective AMHS caseload and EPUT Patient information system.
- For young people who are not transferring to adult LD & mental health service but to other services such as Primary Care, LA support, Voluntary sector etc.

Their care will be led and managed by those organisations following a full and effective handover from SET CAMHs.



Progressions

- **Aim to support young adults who have been receiving a service from the commissioned SETCAMHS service and are preparing to leave.**
 - **Work with YP approaching transition age (16-18yrs or up to 25yrs if SEND) and leaving SETCAMHS but do not meet the current threshold for Adult mental health services.**
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- **Create a more straight forward, responsive and easy access referral pathway for young adults under 25 years with a mental health need regardless of thresholds for traditional clinical interventions.**
 - **Champion on behalf of the young adult to access community services to support resilience and thriving.**



Progressions - Interventions

- Multi-skilled professionals including mental health clinicians that will work with SET CAMHs to assist in developing a management plan.
- Regular case discussion meetings with professionals from all agencies involved with the young adult to plan for care and needs.
- Up to 12 weeks transition support from a YP Worker, involving initial assessment and intervention
- Up to 8 weeks transition support from a therapist, involving initial assessment and intervention
- Peer mentoring



Other Services/ Interventions

- **Transition care plans focusing on relapse prevention**
- **Digital Applications**
- **Kooth**
- **MindFresh**
- **Community resources**
- **Trustlinks/ Recovery college.**



What's going well?



- **Bi-monthly transition meeting with SETCAMHS. Adult Recovery and Wellbeing (AMHS), Adult LD, Adult Crisis team, Progressions, Open reach (substance misuse). – Enables identification of most appropriate service early on.**
- **Involvement of young people in their transition planning.**
- **Identification of AMH Care Coordinator at the start of transition. process so**
- **Young people knowing what to expect.**



Case Example 1

- *Young person known to SET CAMHs for over 2 years.*
- *Depression, PTSD, self-harm, suicidality and 2x overdoses, history of domestic violence in family, difficulties with emotional regulation.*
- *Completed EMDR, talking therapies and DBT with SET CAMHs.*
- *Active joint transition work commenced at 17.5 which included 2 joint transition meetings with young person, CAMHs and Adult MH care coordinator.*
- *YP able to share what they needed from a MH service with new worker and shared what had been helpful from CAMHS.*
- *Joint attendance at CPA prior to transfer to AMHS.*
- *Joint transition care plan set out clear expectations for Adult services – fortnightly calls and monthly appointments with care coordinator, monthly reviews with Psychiatrist.*



Case Example 2

- *Open to SETCAMHS 2 years*
- *low mood/depression, anxiety, DSH and suicidality.- started 1:1 therapy*
- *23 Overdose several days later. And further deterior Medical treatment needed due to Overdose.*
- *Further deterioration in Mental health, self-isolation increasing.*
- *Further information around YP's challenges disclosed, witnessed DV and bullying at school.*
- *Around 8 sessions of 1-1, agreed for Psychiatric assessment. No improvement.*
- *Anti-Depressant started and ongoing 1-1 therapy.*
- *20 + further 1-1's and ongoing Psychiatric reviews.*



Case Example 2, cont.

- *17.7yrs – transition care plan agreed*
- *YP and CAMHS agreed Progressions most suitable service*
- *Referral made and YP accepted but there was a 4-month delay in allocating worker due to Progressions wait list. YP remained open to SET CAMHS to ensure a safe handover.*
- *Psychiatric reviews and therapy continued whilst waiting and the focus of therapy shifted towards developing a relapse prevention plan, looking at what other resources the child could use.*
- *Joint meeting with Progressions and SET CAMHS took place age 18 yrs. YP agreed with Progressions worker what the new plan would look like.*
- *YP discharged at 18 and 1 months*



What are the current challenges?

- **Increase in acuity. More complex cases requiring systems approach to transitioning.**
- ²⁵ **More young people being referred into SET CAMHs post 17.5yrs, which makes it harder to identify transition needs early on.**



26 Any questions?





FOOD FOR LEARNING 7

Background

The UK Youth Parliament, in collaboration with Child Poverty Action Group, is campaigning for universal free school meals for all school-aged children. In February 2022, over 430,000 11-18 year olds took part in Make Your Mark, and at the same time hundreds of Members of Youth Parliament were elected into their positions. Make Your Mark gave nearly half a million young people a voice across the UK, with over 780 schools, colleges and youth groups registered to take part in the consultation.

The outcome was the prioritisation of Health and Wellbeing as the biggest issue affecting 11-18 year olds. This was also the top issue for Southend young people, the full report can be accessed on the [Smart Southend website](#). Following this, Members of Youth Parliament ran 190 focus groups across the UK, speaking to 2858 young people throughout the summer. These focus groups took place in formal education settings, as well as informal settings such as youth clubs. Members of Youth Parliament ensured that seldom heard voices such as those from LGBTQ+, special educational needs and disabilities, home educated, and children in care were captured.

Young people's responses in these focus groups were analysed in order to rank the top 5 Health and Wellbeing related issues, which were then debated in the annual House of Commons sitting in November 2022. **The top issue was voted on as the cost of living crisis and its impact on the health and wellbeing of young people.** Members of Youth Parliament were then elected onto a Social Action Group, who formed the Food for Learning campaign to tackle the problem of children going hungry in schools.

Why now?

There are 800,000 children in poverty in England alone who do not qualify for school meals, and around 190,000 of them going through key exams May - June in Years 6, 11 and 13 will not have the nutritious food they need (Bite Back 2030).

Southend Free School Meals 2023

FSM Uptake	Primary School	Secondary School	Special School	Alternative Provision/Pru
Total Pupils	15799	14834	645	58
FSM Eligible	4049	2742	331	37
Number of FSM taken	3133	1403	166	0
% of eligible FSM taken on census day	77.4%	51.2%	50.2%	0.0%

Spill the tea

On the 29 September 2023 Madi, Member of Youth Parliament for Southend hosted a 'Spill the tea' event in Southchurch High School to discuss why free school meals for everyone is so vital and invited decision makers to attend.

Our asks to you!

Under 18's can often face a disadvantage, because we do not have a direct voice in electing who represents us. Some possible ideas are listed below.

- Are you able to request a Council/ Westminster Hall debate on the topic of free school meals in Southend/ Nationally? Could you ask Questions about how we can move towards universal free school meals to those who can act upon it?
- We would like for you to spread awareness about the issues surrounding free school meals currently (especially about disparity across schools.) We have some images/suggested text we can share with you. Please use #FoodForLearning
- Issue press release about actions you hope to take to support this campaign.
- Encourage schools to listen to YP when choosing catering for a balanced meal also encouraging a more universal amount for free school meal allowances and food prices across schools to prevent the inequality across schools.
- Push for the support for electively home educated young people with free school meals for example a voucher for food within term times to support those who currently receive no help under the current FSM system.
- Continue to meet with young people in your area to get their thoughts and opinions and see how the issues affect them.
- Encourage in school food banks as seen in Earls Hall Primary School (picture below) where students, staff and school all donate what they can to an in school food bank so that struggling families and staff can access this food bank if they need food at home and cant afford to buy it.



Thank you!



Essex Partnership University
NHS Foundation Trust

Southend City Council People Scrutiny Committee

31 October 2023

EP[∞]UT

EPUT Children's Specialist Health Services

Brilliant opportunity
to provide co-ordinated care with our
other children's services



Paediatric
Community
Nursing

Paediatric Asthma
and Allergy
Service

Paediatric
Continence
Service

Specialist
Health Visitor
for children with
additional needs
& Jigsaw Team

Paediatric Speech &
Language Therapy &
Dysphagia
Service

Specialist
School
Nursing & Epilepsy
Service

30

Paediatric
Diabetes
Service

Paediatric
Liaison Service

Paediatric
Occupational
Therapy

Specialist
Health
Visitor for
Perinatal
Mental Health

Lighthouse
Child Development
Centre
Consultants, administration
and medical secretaries

Paediatric
Physiotherapy

Integrated
Essex
Sexual Health

Children's School
Immunisations
Service

Family Nurse
Partnership
(FNP)

Our young people's transition programme



Using the “Ready, Steady, Go” programme in Essex

- 'Ready Steady Go' is a programme designed to help young people with the transition to adult age services
- The programme is aimed at children and young people aged 11 years and over who have a long-term health condition and are likely to require ongoing support from adult services throughout their lifetime
- It helps young people and their families prepare, plan and move from children's to adult services

Essex services already using the programme

- ADHD and neurodisability pathway services
- Paediatric diabetes service
- Special school nursing and epilepsy service
- ASD pathway services are currently preparing to use the programme

The “Ready, Steady, Go” programme



<https://youtu.be/30JMnQZz8nk>

Implementing the programme

National and local drivers

- NICE guidance NG43 – implementing transitional care locally and nationally using the “Ready, Steady, Go” programme
- Requirement of the Health and Social Care Act 2012
- Led by Dr Arvind Nagra, Consultant Paediatric Nephrologist and Lead for Transition at Southampton Children’s Hospital

Our aims and objectives

- With our partners, develop and implement an effective, generic transition programme for young people
- Deliver high quality transition support to improve young people’s experience and ability to manage their healthcare independently

What the programme does

- Provides a purposeful, planned process for young people with chronic physical/medical conditions as they move from children’s to adult services
- Helps reduce morbidity and mortality for young people moving to adult services



Empowering young people

Empowerment is key to the programme

- Empowering and equipping young people with the right skills and knowledge to manage their own healthcare confidently in both children's and adult services

A series of questionnaires supports the young person to work through the programme

- How to assess their knowledge of their condition and treatments and how this knowledge can empower them
- Supporting the ability to develop self-advocacy – speaking up for themselves
- Reviewing educational and future life plans to help them achieve their potential
- Identifying any psychological issues

NHS

Ask 3 Questions

There may be choices to make about your healthcare.
Make sure you get the answers to these three questions:*

- What are my choices?
- How do I get support to help me make a decision that is right for me?
- What is good and bad about each choice?



Your healthcare team needs you to tell them what is important to you.
It's about shared decision making.

Making it happen

The “Ready” phase

At around 11-12 years of age

- At their next appointment, the young person completes the “Getting ready” questionnaire to establish what they need to move successfully from children’s to adult services
 - Issues are addressed over the next one to two years
 - Progress and goals are documented in the young person’s transition plan, held in their notes
- The young person’s parent or carer completes a separate questionnaire
 - Uses the same format as the young person’s questionnaire
 - Ensures the parent or carer is also supported through the process

Developing self-advocacy and ensuring success

- The young person is encouraged to start speaking up for themselves
 - Spends a few minutes of a consultation without their parent or carer present
 - Parent and carer involvement is crucial to success
 - Healthcare professionals engage with parent or carer over any issues they raise in their questionnaire
-

Making it happen

The “Steady” phase

At around 13 to 14 years of age

- The young person completes the “Steady” questionnaire which covers the topics in greater depth
- This stage also monitors progress on existing issues and ensures any new issues that arise are also identified and addressed
- Progress is set at an appropriate pace for the young person over the next two years, again with agreed targets and goal setting

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NHS

The Ready Steady Go transition programme - Steady

The medical and nursing team aim to support you as you get older and help you gradually develop the confidence and skills to take charge of your own healthcare. Filling in this questionnaire will help the team create a programme to suit you. Please answer all questions that are relevant to you and ask if you are unsure.

Name: _____ Date: _____

Knowledge and skills	Yes	I would like some extra advice/help with this	Comment
KNOWLEDGE			
I understand the medical terms/words and procedures relevant to my condition			
I understand what each of my medications are for and their side effects			
I am responsible for my own medication at home			
I order and collect my repeat prescriptions and book my own appointments			
I call the hospital myself if there is a query about my condition and/or therapy			
I know what each member of the medical team can do for me			
I understand the differences between children's and adult health care			
I know about resources that offer support for young people with my condition			
SELF ADVOCACY (speaking up for yourself)			
I feel confident to be seen on my own for some/all of each clinic visit and to ask my own questions			
I understand my right to confidentiality			
I understand my role in shared decision making with the healthcare team e.g. Ask 3 Questions*			
HEALTH AND LIFESTYLE			
I exercise regularly/have an active lifestyle			
I understand the risks of drugs, alcohol and smoking to my health			
I understand what appropriate eating means for my general health			
I am aware that my condition can affect how I develop e.g. puberty			
I know where and how I can access reliable information about sexual health			
I understand the implications of my condition and medications on pregnancy/parenting (if applicable)			

*See www.uhls.nhs.uk/medat/3c-website-2019/parentinformation/ChildHealthReadySteadyGo/parentready/ReadySteadyGo/postcard/parentready.pdf

Making it happen

The “Go” phase

At around 16 years of age

- This phase helps ensure the young person has all the skills and knowledge in place to move to adult services
- By the end of this stage, the young person should have the confidence and ability to manage their entire clinic consultation on their own
- Any new issues are highlighted
- Once again, goals are agreed and worked towards in preparation to move to adult services

Introducing the young person to adult services

- Introductions should be made at least a year before transition and earlier if possible
- The number of joint child/adult clinics will vary by individual
- Adult team – including GP - receives full summary of each case

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NHS

The Ready Steady Go transition programme - Go

The medical and nursing team aim to support you as you get older and help you gradually develop the confidence and skills to take charge of your own healthcare. Filling in this questionnaire will help the team create a programme to suit you. **Please answer all questions that are relevant to you and ask if you are unsure.**

Name: _____ Date: _____

Knowledge and skills	Yes	I would like some extra advice/help with this	Comment
KNOWLEDGE			
I am confident in my knowledge about my condition and its management			
I understand what is likely to happen with my condition when I am an adult			
I look after my own medication			
I order and collect my repeat prescriptions and book my own appointments			
I call the hospital myself if there is a query about my condition and/or therapy			
SELF ADVOCACY (speaking up for yourself)			
I feel confident to be seen on my own in clinic			
I understand my right to confidentiality			
I understand my role in shared decision making with the healthcare team e.g. Ask 3 questions*			
HEALTH AND LIFESTYLE			
I exercise regularly/have an active lifestyle			
I understand the risks of drugs, alcohol and smoking on my condition and general health			
I understand what appropriate eating means for my general health			
I know where and how I can access reliable information about sexual health			
I understand the implications of my condition and medications on pregnancy/parenting (if applicable)			
DAILY LIVING			
I am independent at home – dressing, bathing, showering, preparing meals, etc			
I can or am learning to drive			

*See www.uh.nhs.uk/Media/UH-website-2019/PatientInformation/ChildHealth/ReadySteadyGo/PrintReady/ReadySteadyGo-postcard-print-ready.pdf

Further sources of information

www.readysteadygo.net


Ready Steady Go Programme



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www.eput.nhs.uk/ready-steady-go-transition-programme/

Ready Steady Go transition programme resources

INTRODUCTION (11-12 YEARS)	READY (11-13 YEARS)	STEADY (14-16 YEARS)	GO (16-18 YEARS)	HELLO (FIRST ADULT CLINIC)	PARENTS AND CARERS
 <p>Download: Introduction to the Ready Steady Go transition plan</p> <p>Useful links - long term health conditions:</p> <ul style="list-style-type: none">Ready Steady Go websitePEEER youth workers - here to support young people aged 11 to 25 who have a long term health conditionReady Steady Go plan for diabetes					

Southend on Sea City Council Co Production Framework – October 2023

Version Control

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Owner	Co-Production Lead
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We recognise that it is not possible to co-produce everything. This framework aims to support co-production work that is possible in both statutory and non-statutory areas. In some instances, co-design, engagement and/or consultation may be relevant instead of or as part of a co-production exercise. It will be the responsibility of the individual service area/directorate to decide if or when co-production is or is not necessary, possible or statutory.

What is Co-production?

'Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made'. ([What is coproduction | In more detail | TLAP \(thinklocalactpersonal.org.uk\)](http://thinklocalactpersonal.org.uk))

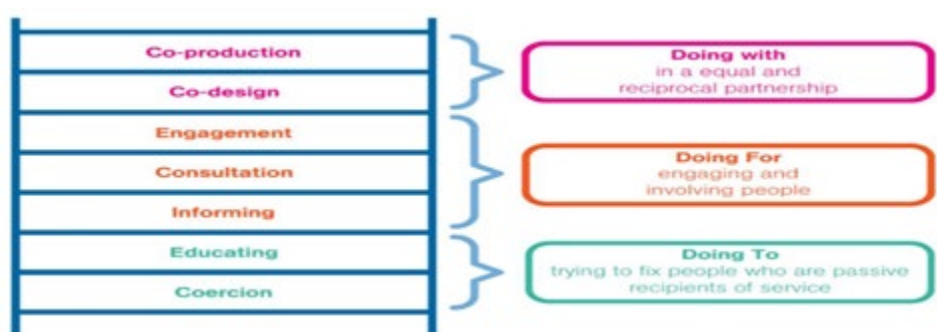
We believe that working with residents will help Southend-on-Sea City Council (SCC) ensure that services are not only tailored to the needs of residents but are future proofed and have the greatest impact possible, whilst delivering the best value for money.

Co-production and activity relating to engagement or consultation has many definitions in the local government landscape, this can lead to confusion and miscommunication about expectation. However, different approaches to co-production often interact well together and can also work in tandem. To aid a clear and common understanding, SCC will use the ladder approach to illustrate the level of interaction and expected outcome.

The ladder illustrates a shift in the way councils work with residents in order to develop effective policies and strategies, jointly understanding which impacts can make the biggest and most meaningful difference to people's lives.

Co-production sits at the top of the ladder and is the most constructive method for ensuring stronger relationships and trust between the council, residents, partners and stakeholders.

However, it is important to note, depending on the work being undertaken, that resident engagement may fall into a number of the rungs. Whilst full co-production is our ambition, many decisions will be shaped by local and national policy, statutory duties and political process. The ladder demonstrates that at times it may only be possible to reach the lower rungs. Ideally we would want to move to the higher rungs and the elements of engagement, consultation and co-design may be possible even when co-production is not.



It is important to note that co-production is also key when making difficult decisions that may shape or change policy that some may not agree with. For example if services are to change or reduce in light of new approaches.

What do we want to achieve?

This framework sets out our vision and commitment for co-production at Southend-on-Sea City Council.

Our aim is for strategies, policies, and services, to be co-designed and developed by people with lived experience, as well as employees and partners to work together as equals.

The framework is also a commitment to inclusion and to improve relationships, to enable us to proactively serve the community.

“Co-production cannot be done in isolation...”

A core component for success will be for co-production to be embedded into all Council business. As a result, we plan to use this framework to enhance future services, policies, strategies and decisions.

How will we co-produce?

Proportionality is a key consideration. Southend-on-Sea City Council recognises its legal duties and the many benefits of co-production as well as its importance in improving the lives of its residents. However, it is also recognised that a proportionate response should balance need against the duty to act effectively, efficiently and economically.

When considering potential changes to a service including new initiatives, consideration must also be given to the scale of resulting impact on the community and therefore what action is proportionate. As a rule, the greater the extent of changes and number of people affected, the greater the level of activity that is likely to be necessary. However, the nature and extent of public involvement required will always depend on the specific circumstances of an individual commissioning process.

Staff should also consider the potential impact on other services which they may not commission, and issues for residents beyond the services themselves, such as accessibility, transport links and ambulance availability. Co-production may also involve more traditional forms of engagement and consultation such as surveys and questionnaires.

Our Council Members at Southend-on-Sea City Council are Councillors that are democratically elected. Our constituted rules mean that Councillors take the final decision on services and policy.

Where co-production has taken place to form a strategy or policy development this will be shared with Council/Cabinet/Scrutiny so that Councillors are aware of the work and how it shaped the recommendations within.

It is vital that as a council we are clear on the decision making and democratic processes that govern how we run. Good communication of these points will ensure effective co-production and management of expectations.

When considering co-production, we will take the following steps:

- **Having support from senior leaders to champion co-production**
- **Use an open and unbiased approach to engaging people to represent as many sections of the community as possible, particularly focussing on taking positive steps to engage with underrepresented groups.**
- **Put systems in place that remunerates and recognises the contributions people make**
- **Identify areas of work where co-production can have a genuine impact and involve residents at the very earliest stages of project design**
- **Build co-production into our work programmes until it becomes business as usual**
- **Train and develop staff and residents so that everyone understands what co-production is and how to make it happen using every opportunity to promote co-production as part of the decision-making process.**
- **Regularly review and report back on progress, aim to move from You Said/We did to We said/We did.**
- **Going to where the people are (community groups, work places, partners and public places) and not expecting residents to conform to Council working cultures.**
- **Manage expectations throughout the process and ensure that everyone understands what their role is**
- **Publish our Co-Production Framework along with a toolkit and training available for staff, delivered by the Co-Production Lead.**

Community Voice, Voluntary Sector and Partners

When considering how we co-produce, it is also important to consider existing resources, including our well-established community and voluntary sector. Southend City Council has a strong history of working with community partners on a strategic and operational level. These partners may be able to help support, facilitate and/or contribute to co-production activities with groups already in existence, and therefore it will be beneficial to engage with them from the start, before the co-production work even begins. Co-production in this way will strengthen existing relationships, improve communication, and create new networking opportunities.

Co-production Principles and Values

It is evident from extensive research that effective co-production is governed by the embedding of a key set of overarching principles and values. Below are the Council's values:

- **Inclusive** – we put people at the heart.
- **Collaborative** – we work together
- **Honest** – we are honest, fair and accountable.
- **Proud** – we are proud to make lives better.

Based on these values, and those of the Co-Production Collective (human, inclusive, transparent, challenging - [Co-Production Collective](#)) we have developed our values for co-production at Southend City Council.

- **Inclusive** - We celebrate diversity and will endeavour to ensure that under represented groups are represented
- **Collaborative** - We have a 'can do' approach to work, to ensure collectively we continue to persevere, even when conversations are difficult.
- **Honest** - Everyone taking part is honest and has the available information and knowledge to understand the co-production activity
- **Proud** - We are creative and look at different ways of designing and delivering services

Our Co-production principles, developed in line with the SCIE principles ([Social Care Institute for Excellence](#) - Equality, Diversity, Accessibility, Reciprocity) provide guidelines for how we will approach co-production at Southend-on-Sea City Council:

- Co-production is a continuous process and there is flexibility; meaning that previous topics can be revisited if required.
- Everyone has an equal voice
- Communication is accessible, so everyone involved has the relevant information in the way that they need it, and when they need it (for example, following Plain English guidelines, providing Easy Read versions of documents)
- Everyone has a right to be heard and respected
- We will promote mutually reciprocal relationships
- Processes are safe, non-judgemental, demonstrate transparency, integrity and follow through with accountability, including feedback
- We keep opportunities open to co-produce, and people can join at later stages too.
- We ensure that we share insights and findings from workshops or other engagement methods, to avoid duplication.
- We will be clear about which voices we represent.
- We will be clear about when and how remuneration is offered.

The benefits and challenges of co-production

What are the benefits of co-production?

Co-production recognises people with lived experience have the skills, knowledge and experience that can help make services better, with more meaningful and constructive outcomes.

Co-production is rewarding, participants feel valued, respected, empowered, and better connected.

Employees also report that co-production activities create services and processes that are simplified and work better, thus saving time, energy and can also be more cost effective.

Simply, done well, co-production works for everyone.

The benefits:

- Enables residents and professionals to work together as equals and learn from each-other.
- Helps to create more sustainable and effective services because those services are tailored to the actual needs
- Involving everyone from the start leads to diverse conversations and solutions that are much more likely to work the first time around.
- Builds confidence in individuals and services
- Creates opportunities to learn new skills.
- People feel empowered
- Opportunity to gain insights, perspectives and expertise of those who are accessing services.
- Promotes equality, diversity, and inclusion.
- Increases social participation and aspiration among participants.
- Strengthens trust between service providers and service users

How to manage the challenges of co-production

Co-production can be seen as a time-consuming exercise, even if it may save time later down the line.

Service areas and local organisations may already be bearing the weight of cost-reductions and a lack of resources, meaning that co-production feels like a burden. Likewise, residents may perceive changes to services and may be less inclined to engage with the local authority. They might view the process as a “tick box exercise”.

People may feel that they don't have the budget or resource to facilitate co-production. Residents may feel that they cannot afford the process (e.g. travel costs).

Staff may not feel equipped to manage large groups, particularly when conversations might be difficult. If not facilitated correctly, and if expectations are not managed, the process could become a “wish list” activity.

However, we can take steps to tackle these challenges:

Challenge	Solution
Co-production is a time-consuming process	It can take time, but you can minimise the impact by using existing resources and planning ahead. Contact the Co-Production Lead and they can support with engagement, promotion, setting up new user groups etc
Lack of resources/budget	Costs can be minimised by using existing resources (e.g. Tickfield Centre, Committee Rooms, online sessions and engagement, potentially sponsorship from partners).
Lack of trust in the process	Being honest and inclusive from the start, as well as managing expectations, including who is the ultimate decision maker, will help to build trust. Regular feedback, communication, and “closing the loop” on projects will also build stronger relationships.
Under-representation	Colleagues and other organisations have strong networks with many groups within the community. You can also minimise the risk of under-representation by making sure the work is planned in a timely way to ensure you have capacity for whatever level of engagement you may need to do.
Risk of becoming a “wish list” exercise	Co-production can have many different formats. It is important that any co-production exercises are planned with the right format and focus to avoid losing sight of the aims, and parties are realistic and honest about what can be achieved. Throughout the process it is important to remain realistic, manage expectations, and be transparent about the limitations.
Difficulties for staff managing a large or challenging group	Some co-production activities may involve larger and/or challenging groups.. It’s important that there are enough facilitators at these meetings that can help guide them in running smoothly, taking smaller group activity work. It will also be beneficial to ensure the right individuals are in attendance,

	<p>in terms of knowledge and expertise. Participants will be more likely to trust in the process if the right people are involved (e.g. senior leaders, decision makers etc).</p>
<p>Members of the public cannot afford to attend sessions/workshops etc</p>	<p>It might be possible to reimburse people for travel costs or to consider other options. Could sessions be delivered online? Or at a premises closer to your group? If you're working in partnership with an organisation they might be able to support with sponsoring funds. It is also important to be very clear about any reimbursement or expenses that will be paid and to whom. Please also see the Expenses section below.</p>
<p>Lack of interest from the public to get involved</p>	<p>If you follow the advice covered so far such as planning co-production in a timely way, communicating regularly, engaging with under-represented and pre-existing groups etc then it is likely you will have success in attendance from the public as there are many people that are interested in co-production work. Ensuring that language and facilities are accessible will also help, and understanding your cohort. For example, do they have additional needs/requirements to consider?</p>

Co-Production Activities			
Co-Planning	Co-Design	Co-Delivery	Co-Evaluation
<p>To get a co-production project started, it's important to co-plan. The sooner the different people interested in a project get together to do this the better.</p> <p>Planning helps to develop the project's aims. As part of planning the group might talk about resources needed, whose voices are missing and what needs to happen next.</p>	<p>Co-design is the process where a diverse range of people work together to decide the what, where and when of the project.</p> <p>The group should include experts by lived experience and experts by profession. Working together as co-designers allows the group to co-create innovative and inclusive solutions.</p>	<p>Co-delivery is when the project can only operate by actively involving the community, either as staff or volunteers.</p> <p>Not every service will be co-delivered but it's important to be clear about that as part of the co-design process.</p>	<p>Co-evaluation reflects on how well the project has gone. It measures whether the project has met its aim, what has been learnt and think about the impact on people's lives.</p> <p>Co-evaluation is critical to future service development and improvement. It also helps to maintain co-productive relationships</p>
	Accessibility	Honest	Shared Understanding

Reimbursement of expenses

We aim to ensure that there is consistency regarding reimbursement of expenses to those residents that support our co-production work with their skill and time. In recognising the contribution that residents bring to our work, we should aim to minimise financial barriers that can prevent them from taking part.

It is therefore our intention that we reimburse expenses of residents taking part in formal co-production work, where possible, to ensure that they are not financially disadvantaged by their active involvement.

Reimbursement will also depend on each project and the individual service areas.

Southend Co-Production Collective

We understand that co-production cannot happen in isolation. As a result, we have created the Southend co-production collective group. This is a community group with partners from different sectors who share the same passion for co-production.

To date, members of the collective include representatives from health (including the NHS and the Alliance), social care, SEND colleagues and parent carer forum representation, and colleagues from different areas of the council.

Anyone undertaking co-production work at SCC is encouraged to join the collective by contacting the Co-Production Lead.

How will we evaluate the impact?

This framework has been embedded in the Commissioning Service area for a period of 12 months on a test and learn basis. We have monitored and evaluated those co-production exercises, and this updated framework reflects the lessons learnt.

We will also actively seek the views of SCC Staff, partners and those involved with the co-production activities to gain their valuable feedback and insight, which we will use as evidence to evaluate the impact of this approach and where there are potentially improvements to be made.

We aim for this framework to be adopted across the council, alongside a co-production toolkit, training and resources, to ensure that co-production is embedded in all council business where appropriate. We will arrange for quarterly meetings to take place in order to continue monitoring and evaluating the co-production work being undertaken.

Tackling Poverty Strategy

We launched an online consultation called "Help shape our new Tackling Poverty Strategy", with a household survey. The survey had 643 responses, We also held an engagement week, where we visited food provision settings to engage with the public face-to-face.

Southend-on-Sea City Council volunteered to trial a process called 'Working Together for Change', as a way of building local capacity for co-production, to help understand what matters most to people experiencing poverty in Southend and to use that understanding to improve lives.

'Working Together for Change' has a simple eight stage recommended process for co-producing change. Working with local foodbanks and voluntary sector partners, the team collected information from interviews and questionnaires; with 30 people being asked what was:

- Working well in their lives
- What wasn't working well
- What was important to them in the future

26 people attended the workshops which were held at a local community venue. The mix of people included 15 local people with lived experience of poverty from a diverse range of backgrounds which included single parents, young families, pensioners, people with no recourse to public funds, people from ethnic minorities, mental health, and homelessness backgrounds. Alongside them working as equals, were staff from Southend-on-Sea City Council, local health services and local voluntary sector groups.

Impact

- The useful community intelligence helped form the foundations of the council's Tackling Poverty Strategy. This opportunity allowed us to gather honest feedback, and highlighted areas of concern or anything that may have been missed in the workshops
- We are training all staff supporting residents across the city to be trauma informed.
- We will run media campaigns to combat stigma.

- We will continue to work with residents as equal partners to review our actions and take new actions.
We set up and promoted warm places over the city during the winter months
- We distributed £25,000 worth of slow cookers and electric blankets to residents most in need through our partners in the community and voluntary sector.
- We supported 8,523 residents through the Household Support and Emergency support fund in 2022/23 with fuel costs.
We continue to support a range of pathway to work programmes that has supported 523 Southend residents to upskill such as run by HALO and ABSS parent programmes. 172 of the 523 people supported are now in work.
- Southend Action for Volunteering Services (SAVS) have set up a volunteering bureau for the city.

Autism and Neurodiversity Strategy and Forum

We used the same Working Together for Change process that had been used for the Tackling Poverty Strategy. An initial survey went out to parents, carers, adults, organisations and other partners to promote, with 3 main questions: “What is working well for you?” / “What isn’t working well for you?” / “What is important to you in the future?”.

Over 120 people responded to the survey and 2 in-person workshops took place in July 2023, both with around 34 attendees which included parents, carers and autistic and/or neurodiverse adults, relevant staff from SCC including commissioners and SEND team representatives, reps from local organisations and charities.

The group split into 4 tables with a facilitator and looked at the emerging themes from the survey. We looked at potential root causes, and what success might look like in terms of looking at what needed to be improved. We thought about existing assets and various different approaches (traditional, community and radical). We are now developing 4 smaller groups to take 4 action plans forward.

Impact:

We are still in the early stages of developing the forum and strategy. However, the process so far has been an opportunity for learning, and has helped to shape the co-production framework. Our main “lessons learnt” include:

- Communication and language - We received feedback that the standard 3 questions were far too open and that for this particular cohort we should have included some guidance as autistic and neurodiverse individuals may have been uncomfortable with such broad questions.
- Accessibility – due to the usual challenges we often face with time scales, we ended up booking the workshops at very short notice. We wanted to get them in before the summer holidays. This didn't allow a lot of time for people to make arrangements and we received feedback that most people that couldn't attend was due to this reason. Co-production exercises should be booked in a timely manner.
- Under-representation – In an ideal world we might have had more adults or separated the two cohorts. This came down to the time constraint and if we had more time we would likely have had greater representation. This is being rectified in the 4 future action plan meetings which will give people much more notice to attend.
- Lack of trust –We learnt how important it is at public meetings to have the right staff involved.

-Understanding the cohort. Autistic and neurodiverse people have different needs of course to neurotypical individuals. The format was forced to be more flexible as the linear approach was not the most comfortable or effective for the group. They also preferred smaller group work so we changed some of the wider group work to allow for this. Co-production should be flexible, even when there are specific aims and a focus.

-Remuneration – supermarket vouchers were intended to be provided to residents that attended but there was some confusion about whether they should also have been provided to volunteers representing organisations. Reciprocity is an essential part of successful co-production. We have added specific guidelines within the co-production framework about this.

Case Studies – Co-design

Co-design is high up on the ladder of co-production and while it can be part of a co-production activity, it can also be an effective one-off standalone activity. It uses stakeholder involvement to support the design of documents, policies, services etc. For example:

Disability Related Expenditure leaflet redesign

The team wanted residents feedback when updating the leaflet to ensure that it was fit for purpose. Co-production was not relevant because the document already exists and therefore the most appropriate approach was engagement work with relevant groups, and co-design in order to produce a final version. The Co-Production Lead met with focus groups at South Essex Home schemes to look at the leaflet and gather ideas and comments.

Case Studies – Consultation

Consultation is a key tool to involving stakeholders with decision-making. Whether statutory or non-statutory it can take various forms and supports residents and partners to be involved in the process. Like co-design, consultation can be a standalone activity or part of a wider co-production activity.

For example:

- Your Say Southend is the council's platform for online consultations. They usually consist of an online survey, but some consultations will also include public meetings or focus groups
- In the Tackling Poverty and Autism and Neurodiversity case studies illustrated, consultation work was conducted in the early stages, consisting of a survey that went out to residents, partners and other stakeholders, gathering important insights which would then be "themed" and used as part of the co-production workshop activities.
- It is down to individual service areas/directorates to decide when and how consultations are delivered (often depending on whether they are statutory or non-statutory), and also whether they can be used as part of a wider co-production activity.

Case Studies – Engagement

Engagement is the foundation for co-production and is vital for building networks and insights within our local community. Many service areas are undertaking engagement work on a regular basis but sometimes it is necessary to undertake targeted, specific

engagement activity. Again, engagement may be a standalone activity in order to gather insights, feedback, data, or build a network, or it could be part of wider co-production work.

For example:

- In developing an Older People User Voice Group, which will feed into the Ageing Well Strategy group, the Co-Production Lead has undertaken engagement work, visiting older people at groups such as Folk Like Us (SAVS), Carers First and Southend In Sight. Visiting regularly and building a relationship with the individuals has allowed for trust to develop and therefore there is now strong interest from the older people to attend a user voice group and discuss their thoughts. The group will eventually vote for a chairperson who will become part of the Ageing Well strategy group
- Similarly, engagement work was undertaken by the Co-Production Lead at groups that support adults with Learning Disabilities, such as Project 49 and Southend Hospital's Learning Disability Partnership Board meeting. Following the engagement work, individuals have joined the Learning Disability user voice group and will vote for a chairperson who will represent them at the Living Well strategy group.

End.

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Co-Production at SCC

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October 2023

Lucie Babbington – Co-Production Lead - Communities

Agenda

- What is Co-Production?
- Co-production Framework
- Examples at SCC
- Useful Resources
- What's next?

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1. Co-Production in a Nutshell

Working together as equals from the start



**Southend
Co-production**

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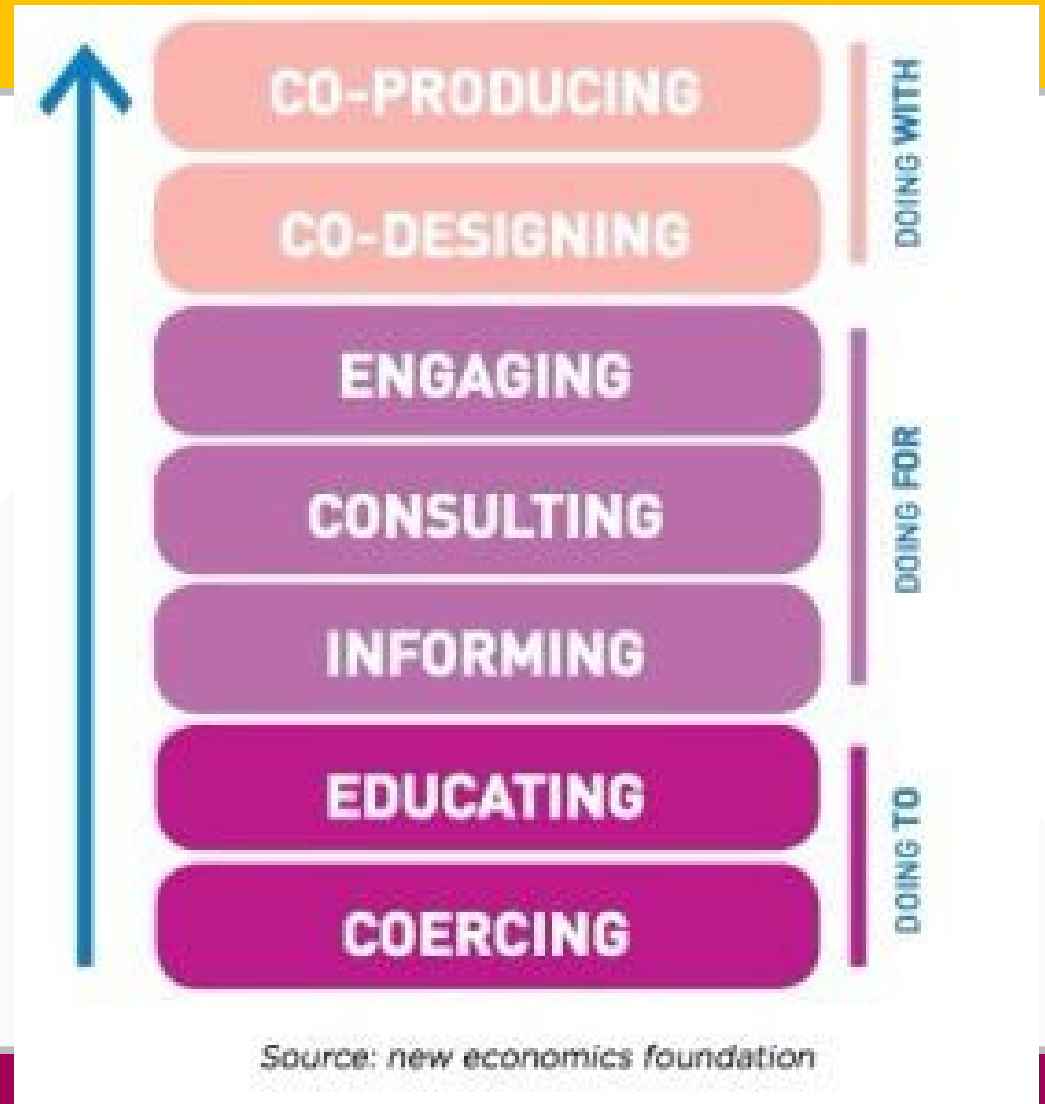
Co-Production Overview

Co-planning

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Co-Production Framework

- What is co-production?
- What do we want to achieve?
- How we will co-produce
- Principles and Values
- Benefits
- Challenges
- Expenses
- Co-production Collective
- How will we evaluate the impact?
- Case studies

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**Southend
Co-production**

Examples at SCC

Autism and Neurodiversity Strategy

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Over two days in July 2023 around 33 people came together to listen to what people with autism and / or neurodiversity and their families had told us about what was important to them and to think about how we could use that understanding to improve their lives



Feedback

"I liked the fact that there were numerous people from the LA... It reassured me that Southend City Council really might be invested in this process to improve services and procedures for SEND individuals like my son"

"I felt listened to"

"It felt as though the people who had the power to do something to make our children's lives better, really seemed to care and want to change"

"I felt comfortable for the first time being able to openly discuss that with people without stigma or fear of being embarrassed"

Useful Resources

- Co-Production Toolkit is being developed which will include:
- SCC Co-Production framework
- Training pack delivered by Co-Production Lead
- Case Studies
- External resources

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What's next?

- Age Well, Live Well and Care Well boards
- Action plans for Autism & Neurodiversity Strategy
- Training for staff
- Raising the profile of co-production
- Southend Co-Production Collective

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End

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For any questions please contact
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Communities Team

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Area SEND inspection of Southend-on-Sea Local Area Partnership

Inspection dates: 6 to 10 March 2023

Date of previous inspection: 1 to 6 October 2018

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately 3 years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

Southend-on-Sea City Council and the Mid and South Essex Integrated Care Board (ICB) are responsible for planning and commissioning services to meet the needs of children and young people with SEND in Southend-on-Sea, as part of the Southend SEND Partnership. The Southend SEND Partnership oversees the commissioning of local education, social care and health provision for children and young people with SEND.

On 1 March 2022, Southend-on-Sea changed from Southend-on-Sea Borough Council to Southend-on-Sea City Council. The commissioning of health services changed across England in 2022. On 1 July 2022, the responsibility for health services in Southend-on-Sea passed from the Southend Clinical Commissioning Group to the Mid and South Essex ICB.

The Southend SEND Partnership commissions a range of alternative provision. Alternative provision provides education for children or young people who cannot attend school due to social, emotional and mental health and medical needs, or for those who have been or are at risk of being permanently excluded from school. The local authority maintains a directory of registered and unregistered alternative providers that have been subject to an annual check of their safeguarding arrangements.

What is it like to be a child or young person with SEND in this area?

The experiences of children and young people with SEND in Southend-on-Sea are variable. There have been improvements to waiting times for access to services such as The Lighthouse Child Development Centre, which provides speech and language therapy, occupational therapy, physiotherapy, general paediatric and neurodiversity assessment. However, many children and young people do not gain access to these wider health services and support in a timely way. Sometimes, children and young people are waiting for long periods to access health needs assessment, especially in respect of neurodiversity. Children and young people with disabilities often wait long periods for support or equipment. This can limit children's and young people's independence and access to the wider opportunities that are available within their local community.

Many children and young people are positive about the help and support they receive in school. This includes sensory support and working with caring and dedicated staff. Young people appreciate the adjustments that are made when they are taking part in examinations. Improved access to alternative provision placements is supporting more children and young people with SEND to engage positively in learning. However, too many children and young people with SEND, including those with SEND support, are not achieving as well as they could in school.

For those children and young people with disabilities, they and their families benefit from access to a range of services that are identified through an effective multi-agency response tailored to meeting individual needs. However, this wider support is often not identified in children's and young people's education, health and care (EHC) plans. This includes in the EHC plans for children and young people who are placed in educational settings that are located out of the Southend-on-Sea local area.

Children and young people with SEND do not benefit as well as they should from effective multi-agency working when it comes to reviewing individual EHC plans. Schools routinely consult with children and young people with SEND and with their parents and carers as part of the EHC plan review process. However, health and social care services are often not involved in EHC plan reviews. Sometimes, schools are acting on information from health services that is out of date or is less relevant to the child's or young person's current needs. EHC plan reviews often do not reflect how agencies will coordinate their work to help improve the outcomes and experiences for children and young people with SEND.

Young people appreciate the flexible pathways and support that is available to them when they leave school. This includes mentoring and small group sessions which help young people with SEND to develop their confidence so that they are better prepared for further study and the world of work. However, for too many young people, preparation for adulthood does not begin early enough. This limits the choices available to some young people when they apply for further education or training.

Children and young people access opportunities that are available through organisations

such as Little Heroes, the scout movement, swimming and the local theatre. However, children and young people do not know enough about the clubs and facilities that are available for them to socialise with others out of school and during the school holidays. Children and young people with SEND access a range of services that are available to meet their social and emotional health and well-being. This includes voluntary sector services such as online counselling, for example KOOTH.

Children and young people with SEND are benefiting from improved access to alternative provision and, where appropriate, education other than at school (EOTAS), which are carefully considered to meet their individual needs.

Children and young people with SEND are beginning to be more involved in the wider decision-making of the area, such as by taking part in the Southend Youth Council. Children and young people who are involved in the youth council are positive about the impact of their work. They say that adults listen and act on their ideas. However, they feel it would be better if the needs of children and young people with SEND were more widely understood across the community in which they live.

What is the area partnership doing that is effective?

- The local area partnership has consulted widely on the local area's strategic priorities for improvement. Work between the partnership and the parent carer forum (Southend SEND Independent Forum, or SSIF) is making a strong contribution to improving the experiences of children and young people with SEND and their families.
- The views of children and young people, and of parents and carers, are now being captured more systematically as part of the EHC planning and review processes. Changes in the way that SEND caseworkers engage with schools and families have been welcomed. School staff appreciate the guidance and support they receive from the local authority SEND team to help identify and support children and young people with SEND at an early stage.
- Access to early help is supporting families to better meet the needs of children and young people with SEND. Some services, such as early help and The Special Educational Needs and Disabilities Information Advice and Support Service, help parents and carers to navigate the local offer and access the right support in a timely way.
- Additional capacity within the local authority inclusion team is supporting more effective partnership working between education, social care and health services for children and young people with SEND who are electively home educated, and their families. This work is at an early stage.
- Effective multi-agency working between education, social care and the police helps reduce identified safeguarding risks for children and young people with SEND. There is strong partnership working to identify and support children and young people with SEND who are at risk of missing education or who are not engaging

with education or training. This is helping to ensure that young people with SEND are successful in continuing their education once they leave school.

- The local area partnership has extended the opportunities available to children and young people with SEND who access education and support through alternative provision. This is supporting children and young people with SEND to re-engage successfully with their education. The local area partnership's oversight of alternative provision is robust.
- Southend local area's systems for supporting children and young people through the dynamic support register (DSR) and the use of care, education and treatment reviews (CETR) are developing well. The Southend local area is benefiting from an ICB-wide approach to the development and oversight of the DSR. There is evidence of better multi-agency working in Southend with a stronger focus on supporting children and young people and families at the right time as a result of improved oversight and review of individual need.
- Most children and young people with SEND who are referred to physiotherapy and occupational health services are seen within 18 weeks of referral; the triage system helps ensure that those with acute need are seen promptly.
- Primary care teams undertake annual health reviews for young people with a learning disability in a timely way. There is an improving picture on the uptake of this offer. At these reviews, children and young people's medical, and their social and emotional, needs are considered. These reviews support a more individualised approach to meeting the needs of children and young people with SEND.
- More children and young people with disabilities are taking up the offer of short breaks. The local area partnership has acted on feedback and improved communication with parents and carers about the arrangements for accessing short breaks.

What does the area partnership need to do better?

- The pace of improvement has been too slow. The implementation of the local area partnership's draft SEND strategy has been delayed. Strategic improvements that the partnership has identified are not being delivered at pace. This means that not enough children and young people with SEND are accessing the help and support they need in a timely way. Work to build trust with parents and carers has often been undermined by weaknesses in service delivery across the local area partnership.
- The processes of EHC planning and review are not sufficiently focused on raising the ambition of what children and young people with SEND can achieve with the right support. While EHC plans are usually issued promptly, this is not the case for EHC annual reviews. Co-production to develop individual EHC plans is not carried out consistently well. In some cases, there is not sufficient contribution from health and social care to ensure a comprehensive review of a young person's needs and how these can best be supported through a joint, multi-agency approach.

- Leaders recognise that too many children and young people with SEND are not achieving well enough at school and are not well prepared for their next steps in education and/or training. Where there have been improvements to joint services, for example in the early years, this is not translating into improved educational outcomes for children with SEND.
- The information that services obtain through quality assurance processes is not used well to evaluate the effectiveness of leaders' actions and improve practice. This includes the valuable information obtained from the quality assurance of EHC plans, the annual review process and placements in out-of-area residential special schools.
- Local area partnership leaders have recognised that the work to support young people to prepare for adulthood does not start early enough. For many young people, the transition to adult social care and health services is not well coordinated. This can result in a break in access to appropriate services and support for young people at an important time.
- The current transition processes in place for children and young people with SEND who are accessing child and adolescent mental health services do not begin until the age of 17 and therefore do not support preparation and transition to appropriate services in a timely way. Although there is an identified adult service for Learning Disability, the current services available in the area do not meet the range of needs for adults with SEND.
- Speech and language therapists have limited capacity to provide support for children and young people with SEND who attend mainstream settings. Although plans are written for other professionals to follow, this is not always done in a way that meets individual children's or young people's needs well.
- The local area partnership is supporting the ICB's work to address issues in access to assessment at The Lighthouse Child Development Centre. However, children and young people with SEND and their families continue to experience significant delay in accessing diagnostic pathways, especially for autism spectrum disorders.
- Although parents and carers and children and young people with SEND are positive about some of the wider opportunities that are available to them within the local community, there are not enough clubs and activities available to children and young people with SEND, including during the school holidays.
- The local area partnership has worked to improve communication, including understanding of the local offer. However, this work has not had the desired impact. Parents and carers and professionals can experience confusion in how to access the range of services that are available from education, health and social care. This can lead to delay and frustration for families in accessing the right support at the right time.

Areas for improvement

Areas for improvement
The local area partnership and stakeholders, including the council, the ICB and wider partnership, should ensure that leaders in education, health and social care are empowered to drive forward improvements at pace so that the Southend SEND Partnership strategy impacts positively on the experiences and outcomes of all children and young people with SEND.
The local area partnership should evaluate the quality and impact of services and joint working more effectively, to inform improvements that lead to better outcomes and experiences for children and young people with SEND.
Local area partnership leaders should improve the effectiveness of joint working to support the co-production of EHC plans and annual reviews so that at each stage the provision that is planned takes full account of children's and young people's current and changing needs.
Local area partnership leaders should ensure that they share accurate data across health, education and social care to support rigorous and effective self-evaluation and inform joint commissioning.
The local area partnership should ensure that appropriate support is in place from health services for children and young people who are awaiting health needs assessments, so that early intervention reduces the risk of any escalation of concern.
The local area partnership should make sure that parents and carers and professionals receive clear and reliable information about how to access the range of support and services that are available.

Local area partnership details

Local Authority	Integrated Care Board
Southend-on-Sea	Mid and South Essex Integrated Care Board
Michael Marks Director of Children's Services	Anthony McKeever Chief Executive of the NHS Mid and South Essex Integrated Care Board
www.southend.gov.uk	www.midandsouthessex.ics.nhs.uk
Southend-on-Sea City Council, Civic Centre, Victoria Avenue, Southend-on-Sea SS2 6ER	NHS Mid and South Essex ICB, Phoenix House, Christopher Martin Road, Basildon SS14 3EZ

Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI/Ofsted Inspectors from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from CQC.

Inspection team

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Liz Fox, CQC lead inspector
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Southend SEND Area Partnership: SEND Strategic Action Plan 2023–2026

Our strategic plan on improving the lived experiences of children and young people with SEND and their families in Southend.

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About this plan

In March 2023 the Southend-on-Sea Local Area Partnership was subject to a focussed Area SEND inspection from Ofsted and the Care Quality Commission (CQC).

The inspection found that “The local area partnership’s arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements”.

The inspection outcome followed the extensive work completed on the development of the priorities in the Southend SEND strategy which was approved by partners.

The Southend SEND Partnership commits to ensure that children and young people with SEND achieve the best possible educational and other outcomes, such as being able to live independently, secure meaningful employment and be well prepared for their adult lives. The area has produced this single strategic action plan which sets out the local area’s plans to jointly deliver its priorities and improvements.

The Southend SEND Partnership will drive the delivery of this action plan at pace and so improving outcomes and lived experiences for children and young people with SEND at pace.

The implementation of the strategic action plan will be monitored by the Department for Education (DfE) and at a local level by the Southend Health and Well Being Board (HWBB). The Southend SEND Area Partnership will report to that Board twice per year on the progress on the delivery of the strategic area action plan and the impact on outcomes for children and young people with SEND.

Recommendation 1

Leaders in education, health and social care are empowered to drive forward improvements at pace so that the Southend SEND Partnership strategy impacts positively on the experiences and outcomes of all children and young and people with SEND.

What we want

The SEND Area Partnership provides effective strategic and operational accountability.

What we will do

Implement revised governance arrangements for the local area SEND/ Alternative Provision (AP) system that are clear, understood and where all stakeholders are accountable.

Where are we now

Mid and South Essex (MSE) Integrated Care Board (ICB) is currently undergoing a reorganisation but recognises that the statutory requirements in relation to SEND remain a high priority.

The current SEND Partnership Board does not reflect or represent Alternative Provision.

What we will see

Clear, revised governance and partnership arrangements in place with a range of workstreams and a performance monitoring programme operating as business as usual (BAU).

The difference this will make

Strategic improvements and improved outcomes and lived experiences for children and young people delivered at pace.

What we want

A clear strategic action plan with robust accountability and reporting arrangements.

What we will do

Produce and use monthly reports which will track progress, the delivery of milestones, and identify and mitigate risks, for all the improvement workstreams.

Where are we now

Lack of pace and focus due to indistinct functions between operational groups and strategic boards leading to multiple plans and goals.

What we will see

SEND Strategic Board and Partnership sets clear measurable priorities with allocated resources to impact and improve the outcomes and lived experiences for children and young people which can be tracked and monitored.

The difference this will make

Majority of children and young people with SEND are accessing the help and support they need in a timely way.

What we want

Partnership Self Evaluation Form (SEF) in place reflecting the whole SEND and AP system in Southend.

What we will do

Redesign and update the current partnership SEF.

Where are we now

Current SEF does not reflect the wider SEND and AP framework.

What we will see

New SEF and forward work programme / plan in place.

The difference this will make

Clearer and stronger prioritisation of service delivery across the local area partnership and improved outcomes for children and young people.

What we want

Local leaders take swift action to address barriers, delays and / or systemic issues that impact on the delivery and improvement of services.

What we will do

Ensure that the role and function of the Health and Well Being Board (HWBB) as the overarching governance structure for the Area SEND offer is clear and understood to avoid any delays in the local delivery of SEND services by any one strategic partner.

Where are we now

Draft SEND strategy was delayed in implementation and therefore some priorities were not actioned.

What we will see

Leaders in education, health, and social care drive forward improvements at pace.

The difference this will make

Swifter decision making and faster delivery of actions to improve outcomes and lived experiences for children and young people with SEND.

What we want

Health and Well Being Board (HWBB) will hold strategic leaders to account for the delivery of SEND improvements.

What we will do

Report to the HWBB twice per year on the delivery and impact of the SEND Area Strategic Action Plan.

Where are we now

Inconsistent reporting to the HWBB.

What we will see

HWBB will understand the barriers to improvement, enable the system to identify priority of resourcing and challenges.

The difference this will make

Robust and rigorous partnership engagement.

What we want

Ensure that the ICB review and restructure enables the effective implementation and delivery of the Area SEND Strategic Action plan.

What we will do

Engage and work with Health colleagues to ensure that SEND features strongly in the ICB/ICS structure following its reorganisation.

Where are we now

The proposed reorganisation of the ICB is currently under consultation within the ICB and there is a risk to the children's agenda and current commissioning workforce.

What we will see

Commitment to the children's agenda and SEND continuing at a senior level within the Alliance arrangement and across MSE ICB.

The difference this will make

Lines of accountability and resource responsibilities in place.

What we want

Local area leaders hold those working within the system to account to achieve the required improvements.

What we will do

Improvement structures in place including an operational group that will implement workstreams and track against progress, deploying resources accordingly.

Where are we now

Disconnect between the SEND strategic partnership and some operational functions and the current improvement structures.

What we will see

Stronger governance structures in place to support robust system delivery, governance, and oversight.

The difference this will make

Stronger service delivery across the local area partnership and improved outcomes for children and young people.

Recommendation 2

The local area partnership should evaluate the quality and impact of services and joint working more effectively, to inform improvements that lead to better outcomes and experiences for children and young people with SEND.

What we want

Earlier identification and effective support for children with speech, language and communication needs (SLCN) in the early years.

What we will do

Roll out 'every child a talker' support programme to all wards across the city.
Commission effective practical resources for speech and language therapy in settings and schools.

Where are we now

SLCN is the primary need most identified in KS1/2 EYFS at SEN Support. Outcomes for this cohort are significantly below that of national expectations.

What we will see

Improved engagement and ELG achievements, increase in early identification and support.

The difference this will make

SEN progress in line with national expectations. Improved KS1 attainment.

What we want

Early Years (EY) settings are able to accurately identify and support emerging and complex needs, with seamless transition and tracking in place across EYFS Sector.

What we will do

Review EY and childcare support services to assure quality of education and support, including SEND advice and support for emerging and complex needs.

Where are we now

Specialist advice and support services cannot meet demand at individual or setting level. Support is inconsistent across the city. There is under identification of SEN and progress below expectations.

What we will see

Establish revised, integrated and expanded EY and childcare service with defined roles and responsibilities for support, including Area SENCo's, specialist teachers and development officers.

The difference this will make

SEND identified earlier, with arrangements in place to meet emerging and complex needs. EY settings and reception classes will receive advice on quality improvement and support from dedicated and integrated EYFS SEND service.

What we want

Speech, Language, Social Communication and Interaction needs (SLCN) identified and supported in schools.

What we will do

Revise SLCN/ASD outreach offer and resources available in schools for Speech, Language, Social Communication and Interaction needs so that children and young people access support earlier.

Where are we now

Outreach services cannot meet demands. Access to some support is restricted by diagnosis and services therefore are not needs-led.

What we will see

Support and advice in place for children with speech, language, social, communication and interaction needs within schools and education settings.

The difference this will make

Increase identification of SLCN, Communication and Interaction needs at SEN Support. Advice and support in place for school arrangements. Improved attainment outcomes at Key Stages in line with national expectations for SEND.

What we want

Children attend and are fully engaged in education so that Key Stage expectations are met.

What we will do

Enhance support to schools through expansion of specialist inclusion behaviour teaching service. Roll out Relational Practice across city schools.

Where are we now

Pupils on SEN Support and those with EHC plans have significantly higher absence rates than other pupils, with too many children being persistently absent.

What we will see

A reduction in suspensions, exclusions and modified learning plans for children with SEND. Increase in school attendance for pupils with SEND specifically those with SEMH and EHCPs.

The difference this will make

Children, parents, and schools will be better supported and have access to full time, suitable education and enabled to achieve in line with or better than peers both locally and nationally.

What we want

Improved identification and intervention in Early Years settings.

What we will do

Review Local Authority (LA) EY services to ensure greater consistency and early support, with improved tracking of EYFS across the sector, including reception year.

Where are we now

Fragmented services, with inconsistent

support and limited capacity. Little tracking across transition for SEN support.

What we will see

Improved early identification of needs and targeted support. Evidence-based tracking of intervention and impact.

The difference this will make

Improved EYFS SEN identification, support and outcomes to meet at least national expectations.

What we want

Improved identification and intervention in schools.

What we will do

Inclusion review to clarify expectations for graduated response across phases and resource a suite of tools for assessment that supports profiling needs, strategies, and interventions.

Where are we now

Graduated response inconsistent, SEN Support under identified and progress below national expectations in places.

What we will see

Schools identify emerging needs earlier and identify the specific profile of needs. Southend SEND expectations are embedded, ensuring all children have access to the right support at the right time with schools confidently able to implement appropriate arrangements.

The difference this will make

All children and pupils achieve their outcomes, make progress, and thrive. SEN Support percentages are in line with national expectations and pupils with SEND achieve attainment outcomes at least in line with national expectations.

What we want

Strengthen inclusive practice so that children feel welcomed and supported in their local mainstream schools.

What we will do

Co-produce an inclusion charter with Southend Schools, the PCF and align with the SEND Leadership programme.

Where are we now

No charter exists. Mixed practice and pupils can have inconsistent experiences of inclusion.

What we will see

100% schools have signed up to the Southend inclusion charter which is quality assured annually through the SEND Leadership Programme

The difference this will make

All pupils are valued and included in their community. Inclusion is championed by all schools, who provide a positive inclusive experience.

What we want

Strengthen inclusive practice through relational and trauma informed practice models in schools.

What we will do

Commission a high-quality training provider that leads on relational and trauma informed practice with schools, settings and families to strengthen consistent and supportive practice.

Where are we now

Currently there is an inconsistent understanding, policy and practice across Southend schools and settings in relation to relational and trauma informed practice.

What we will see

A more cohesive approach towards inclusion across the city.

Schools will understand and apply relational and trauma-informed approaches to support the management of pupil behaviours.

The difference this will make

Earlier identification and needs supported leading to full attendance and engagement in school. Pupils and adults experience positive relationships with each other: presenting behaviours are managed safely and effectively, and suspensions are significantly reduced.

What we want

An enhanced range of alternative provision (AP) pathways for children with additional needs struggling to maintain their placement and providing support to pupils, schools, and their families so they can reintegrate successfully back into mainstream settings alongside their peers.

What we will do

Increase the current alternative provision offer.

Where are we now

Commissioned two (2) pilots focussing on children with:

1. emerging SEMH and
2. those with longer term SEMH needs but who are ready (with support) to return to school
3. further explore AP pathway focusing on nurture.

What we will see

A reduction in suspensions, exclusions, and modified learning plans for children with SEND where additional needs may have been masked by presenting behaviours.

The difference this will make

Schools are better able to meet the needs of all children within mainstream settings.

What we want

Children and young people are supported to thrive and manage change positively as they move from one stage of education to the next.

What we will do

Transition support across the phases in place for all children, with targeted and bespoke arrangements for those who need support.

Where are we now

Some children are not offered support at the right time and struggle to settle/attend and learn within new schools.

What we will see

EYFS Ready to learn programme consistently delivered across city. Bespoke arrangements in place for children who are identified as needing additional support on transition from primary to secondary and on to college/adulthood.

The difference this will make

Children and young people with SEND attend well, engage and achieve EYFS/ Key stage outcomes in line with or better than national expectations.

What we want

Transitions: Young people are well prepared for adulthood, (PfA) experiencing strong positive participation in their local communities, including access to employment opportunities and leisure activities.

What we will do

PfA strategy is co-designed and in place, setting out the area's ambitions for positive participation, choice and independence. Improve arrangements for young people's transition from children to adult services.

Where are we now

Inconsistent experiences. Transition arrangements do not start early enough. Some young people do not experience a seamless move into adult services. Supported employment opportunities are limited and too few access job coaches. Young people tell us access to leisure opportunities needs improvement.

What we will see

Young people are prepared for adulthood earlier. Year 9 EHCP reviews consider aspirations and include PfA outcomes. Opportunities are expanded for supported employment. There is greater awareness and access to leisure activities in the local community.

The difference this will make

Young people will be better prepared for meaningful adult lives with opportunities for them to pursue purposeful employment and community involvement.

What we want

Improved specialist teaching support for early intervention, SEN Support and EHCP arrangements for children and young people (CYP) in schools and settings.

What we will do

Review outreach support services for SEND. Establish central specialist teaching service to deliver individual support in schools and settings.

Where are we now

Too little and inconsistent support available across the city.

What we will see

Specialist teaching support services provide advice and curriculum support to pupils in schools and settings so that arrangements enable improved outcomes for CYP.

The difference this will make

Children and young people with SEND achieve EYFS/ Key Stage outcomes in line with or better than national expectations.

What we want

Establish an Emotional Literacy Support Assistants (ELSA) network within schools and settings.

What we will do

Implement the National ELSA model and framework in Southend schools and settings.

Where are we now

No ELSA network in place. Inclusion review Task and Finish Group agreed to implement programme in partnership with schools and health colleagues.

What we will see

ELSAs in schools providing training to staff and supporting emotional health and well-being of pupils with emerging mental health challenges.

The difference this will make

Children learn better and are happier in school with their emotional and well-being needs addressed.

What we want

More schools have access to Mental Health Support Teams (MHSTs) in education settings.

What we will do

Increase the number of MHSTs in schools.

Where are we now

Eight (8) schools in Southend currently have a MHST practitioner.

What we will see

More children will access MHTS practitioner support in schools. Health will work in partnership with schools for early identification and support (link to recommendation five (5)).

The difference this will make

Children feel supported by receiving the right support at the right time to meet their mental health and wellbeing needs.

What we want

Children and young people at risk of admission to a mental health inpatient setting are identified early and appropriate support is put in place to prevent avoidable admissions.

What we will do

Work with the LD Health Equalities team to understand the needs of this cohort of individuals and ensure that we are identifying children earlier and putting the right support in place at the right time to reduce risks where possible.

Be an active partner in the development of the All Age Dynamic Support Pathway Approach and Register.

We will enhance the provision to support these children and young people through the Autism Outreach Service, Keyworker Service and Autism in Schools work.

Where are we now

There is a children and young people DSR held by the CETR team. Southend hold an 'of concern meeting' led by social care.

When transitioning to adult services, young people on the DSR must be moved to the adult DSR held by the Specialist Learning Disability Healthcare provider.

What we will see

Children and young people at risk of admission to an inpatient setting are known and have their needs met by a multi-disciplinary team to support them to remain within their community.

Where CYP are admitted to an inpatient setting, the multi-disciplinary team work to identify appropriate support plans and support with discharge planning.

By ensuring early intervention to prevent escalation, less children and young people will be admitted into inpatient settings.

Young people approaching adulthood continue to be known and well supported, with clear transition plans to prevent escalation.

The difference this will make

Children and young people at risk of admission to or recently discharged from an inpatient setting receive the right support, at the right time.

Recommendation 3

Local area partnership leaders should improve the effectiveness of joint working to support the co-production of EHC plans and annual reviews so that at each stage the provision that is planned takes full account of children's and young people's current and changing needs.

What we want

EHC plans describe a child or young person's current needs and arrangements.

What we will do

Implement an improvement programme with service standards so that all plans accurately reflect the child or young person's stage and phase of education.

Where are we now

Some EHC plans do not describe the child or young person's current needs and arrangements. Plans are not consistently reflecting preparing for adulthood outcomes. There is no service standard for updating plans routinely. Some plans are significantly out of date.

What we will see

Up to date plans that accurately describe needs, arrangements and support enabling clear monitoring of progress and outcomes.

The difference this will make

Children and young people's needs are accurately identified and met, with arrangements and resources in place to support progress and improved outcomes.

What we want

Multi-agency annual reviews that fully capture a child or young person's current and changing needs and which are completed within statutory timescales.

What we will do

Implement multi-agency recovery programme for the timely processing of annual reviews, recruiting additional staff to support recovery. Audit current contributions in plans and identify future commissioning and workforce needs.

Where are we now

Annual reviews do not consistently have contributions from all the agencies involved with the child or young person. Some areas of the workforce are facing severe recruitment challenges. There is a significant delay in completing the annual review process particularly in amending plans.

What we will see

Timely and high-quality annual reviews that fully address the child or young person's current progress and changing needs so that arrangements are co-ordinated effectively. A multi-agency workforce contributing to the monitoring and review of plans.

The difference this will make

EHCPs which accurately reflect a child or young person's needs, arrangements, and outcomes. Improved reviews, monitoring and targeting of resources will lead to better outcomes for children and young people.

What we want

Multi-agency co-produced EHC assessments with the child or young person's voice at the centre.

What we will do

Training delivered to all statutory advice givers so that those who are assessing and supporting children and young people understand the importance of co-production, the voice of the child and the EHC assessment process. Training will also enable all LA advice givers to be able to access the EHC Hub.

Where are we now

Not all services providing support to children and young people consistently provide timely assessment advice which reflects the voice of the child.

What we will see

EHC needs assessments will reflect the multi-agency support and advice which the child or young person needs. Plans will be coproduced with the child or young person at the centre. All services working with the child or young person will be fully involved in the assessment.

The difference this will make

Children and young people's needs are fully identified with arrangements coordinated and in place, following a multi-agency assessment. Children and young people experience being listened to and understood, with plans co-produced with them and their families/carers, so that they are well supported. Those providing the support within the plan know what they are expected to do and when they need to do it.

What we want

High quality, person centred multi-agency EHC plans

What we will do

Establish a multi-agency quality assurance process, auditing EHC plans and advice against an agreed framework. Evaluating areas for improvement, workforce training and commissioning.

Where are we now

Individual services have their own quality assurance process. Multi-agency quality assurance of the whole plan does not take place regularly and this can lead to inconsistency. The team around the child or young person, at times, lacks a shared understanding of the joint impact of the arrangements on the outcomes for the child or young person.

What we will see

EHC plans and advice are quality assured with high support and challenge offered which drives improvement. A shared approach to supporting the child/young person's needs and outcomes.

The difference this will make

The child or young person experiences greater multi-agency co-production and co-ordination of support. There is increased confidence that the EHC plan process identifies the full range of needs, with everyone working together effectively and with arrangements in place to support the child or young in reaching their outcomes.

What we want

EHC plans will be up to date, reflecting current needs and arrangements

What we will do

As part of the recovery programme, implement a project to ensure all EHC plans in schools are current and can be reviewed through the EHC Hub accurately.

Where are we now

EHC plans are not routinely updated, though amendments are made to some plans following annual reviews. However, the timeliness of amendments is variable and some sections within plans remain unchanged for a significant long period of time. Access to the EHC Hub for reviewing plans is not available for some and some EHC plans have not been updated to reflect changes.

What we will see

Annual reviews will be completed on the hub within timescale and plans amended where necessary. Plans will be current, and no older than three (3) years.

The difference this will make

Improved transition and preparation for adulthood. Plans reflecting current and changing needs, leading to better informed and improved outcomes.

Recommendation 4

Local area partnership leaders should ensure that they share accurate data across health, education and social care to support rigorous and effective self-evaluation and inform joint commissioning.

What we want

An accurate data report across health, education and social care to support rigorous and effective self-evaluation and inform joint commissioning.

What we will do

Develop a joint data dashboard to enable sharing of accurate and timely data.

This will be fed into the wider Local Area joint data set for education, social care and public health.

Where are we now

Single data sets are in place with limited ability to understand impact of service interventions.

What we will see

A joint health, education and social care data dashboard which informs strategic decision-making and commissioning by the local area partnership.

The difference this will make

The needs of children and young people are understood, and plans focus on meeting those needs and improving outcomes. Commissioning arrangements are well informed.

What we want

Accurate local area needs analysis to inform joint commissioning.

What we will do

Develop and complete a Joint Strategic (JSNA) for SEND.

Where are we now

A specific Joint Strategic Needs Assessment for SEND is not currently in place.

What we will see

A complete SEND Joint Strategic Needs Assessment that identifies needs and supports wider priority setting

The difference this will make

The local area partnership will be able to effectively assess the current and future health, care and wellbeing needs of Southend to inform decision making and resource planning.

What we want

The local area partnership's joint data dashboard includes data from the Learning Disability (LD) Health Equalities agenda.

What we will do

Ensure data related to the All-Age Dynamic Support Register and Care Education Treatment reviews is part of the area joint data set.

This data will inform our arrangements in place to meet the needs of children and young people with complex needs/ challenging behaviour at risk of admission to hospital/treatment.

Where are we now

Data is routinely reported to the SET LD Health Equalities Board and is used to support the development of Learning Disabilities Health Equalities agenda.

This data is not part of a joint data dashboard reported through the SEND Partnership Board.

What we will see

A joint data dashboard that includes data on children and young people on the All-Age Dynamic Support Register.

The difference this will make

The local area partnership will have oversight of the children and young people with the highest levels of need and at risk of escalation.

This will support the local area partnership in understanding commissioning priorities for this group of young people.

What we want

A data set focused on those children and young people with SEND who access mental health services.

What we will do

Establish regular reporting from the Child and Adolescent Mental Health services and wider local transformation plan funded services for children with SEND accessing these services.

This data will flow into the joint data dashboard.

Where are we now

Limited data focused on children and young people with SEND is reported.

The ICB is working with the provider to establish an accurate data set.

What we will see

The local area partnership knows how many children and young people with SEND are accessing mental health services.

The timely and accurate reporting of SEND and mental health data supports strategic decision making and understanding joint commissioning priorities.

The difference this will make

The mental health needs of children and young people are more widely understood and supported. Improvement plans are in place which focus on meeting those needs and improving outcomes.

Recommendation 5

The local area partnership should ensure that appropriate support is in place from health services for children and young people who are awaiting health needs assessments, so that early intervention reduces the risk of any escalation of concern.

What we want

Children, young people and their families are supported whilst waiting for assessment.

What we will do

Improve access to support, information, advice, and guidance whilst waiting for health needs assessments.

Where are we now

Some information is shared through letters or web pages on additional sources of support whilst waiting for assessment. This is not always shared in a timely or accessible manner.

What we will see

Early support is provided to children, young people and their families to help them manage needs whilst waiting for assessment.

Families know where to access support while their waiting.

Resources are available for families to use.

The difference this will make

Families will feel supported by receiving the right support at the right time that meets their needs.

What we want

Routes to assessment and diagnosis are clear and consistent. Families understand what to expect and when.

What we will do

Review routes to assessment and identify areas of improvement.

Where consent allows, family/carers and professionals should be updated regularly about the estimated waiting time for the assessment.

Where are we now

We have mapped current pathways against best practice and the National Framework for Autism Assessment.

The digital offer/waiting well approach currently in development will consider how best to develop a journey of care/roadmap and resources for families undertaking the assessment process across community provision as part of a standardised approach.

What we will see

Families will receive clear communication following the referral for assessment and will know how long they may have to wait.

Families know where to go to get additional support while they're waiting.

The difference this will make

Families receive a consistent pathway offer and are effectively communicated with at certain points in the pathway.

What we want

Pre and post assessment support is available at the right time to meet the needs of the child, young person and their families.

What we will do

We will work with children, young people, and their families to identify what support is needed before and after their assessment.

The local area partnership will then use this information to identify opportunities to develop and enhance existing and new services to better support children, young people and their families.

Where are we now

Initial mapping of support currently in place has started, identifying some inconsistencies and gaps in provision.

Further work is planned to focus on the development, promotion and strategic alignment of available support through the Local Offer.

What we will see

Children and young people understand what will happen next for them. The right assessment and support will be accessed in a timely way.

The difference this will make

Parents, carers, children, and young people will feel listened to and supported.

What we want

A well informed and knowledgeable workforce, able to support professionals, families and children and young people.

What we will do

Specific areas of training will be identified as good practice and added to induction plans for all new starters.

We will have identified SEND champions within all health providers to support the development and understanding of SEND in their service areas

Where are we now

Key opportunities to develop training and link approaches to other workstreams have been discussed but require further development.

What we will see

A workforce who are knowledgeable in relation to SEND and are confident in working with children and young people with SEND, their families and other professionals involved in supporting them

The difference this will make

Families and professionals will be better supported by a knowledgeable workforce. There will be a clearer understanding of the child or young person's experience of the clinical aspect of the pathway from the point of referral.

What we want

Young people are supported well through all stages of transition, particularly in transition from child to adult services.

What we will do

There will be clear arrangements in place for transition between services including where the transition is from child to adult services. In this case, planning will start from the age of fourteen (14).

Where are we now

Transition arrangements and experiences for children, young people and families are inconsistent.

What we will see

All clinicians working with young people will understand the importance of a good transition and work with individuals to plan for their transition. This will include providing additional support in the transition between services.

The difference this will make

Young people will experience supported and positive transitions between services.

Families will understand at what point changes in health services might occur and what options may be available for them as they get older.

What we want

Children and young people waiting for support from CAMHS will know what additional help they can access while they're waiting for specialist support and who they can contact if they need more urgent help.

Families will also know how to escalate concerns about their child or young person's mental wellbeing.

What we will do

Develop resources which provide a local area guide of all available mental health and wellbeing support.

Ensure resources and information about supporting mental health and wellbeing is shared and communicated through all available channels.

Where are we now

Information has previously been provided as part of a guide to service provision.

Information is held in separate areas and requires updating.

The local area is mapping current mental health and wellbeing support that is available.

What we will see

Updated information, advice and guidance about the support available in the local area with clear information about how to escalate concerns.

Escalation routes clearly communicated through the Local Offer and CAMHS SPA.

The difference this will make

Children and young people will have access to resources, support, and services to ensure their mental wellbeing is supported at all times.

Recommendation 6

The local area partnership should make sure that parents and carers and professionals receive clear and reliable information about how to access the range of support and services that are available.

What we want

A range of clearly defined roadmaps that outline all SEND services across education, health and social care in a range of accessible formats and locations.

What we will do

Task and finish groups will co-produce a recognisable suite of Southend roadmaps and FAQ's using defined templates and branding.

Where are we now

There are no roadmaps outlining the SEND services that are available for Children, young people with SEND and their families

What we will see

Roadmaps that are understood and support effective navigation through the SEND system.

The difference this will make

Information is presented in a clear and accessible way to help families understand the support services available and how to access them when they need to.

What we want

The Local Offer website is easy to navigate and has clear information that parent carers, and young people and professionals can understand and access.

What we will do

The Livewell project team, based on user feedback, will redesign a new local offer site, transferring and updating existing data and information, keeping all stakeholders informed so that support can be provided if needed. We will test out the new site, evaluate user experience and undertake activities to shape and design the new Local Offer channel.

Where are we now

Re-procurement successful with a new contract awarded. Project team has successfully moved data from the old website to the new. Communications to stakeholders was rolled out during May and June 2023 ahead of soft launch in June. Local Offer user evaluation and codesign activities are planned for July and September 2023.

What we will see

Improvements to search functions, accessibility, navigation on mobile devices and reduction of clicks through to different sections of the website giving overall better user experience.

The difference this will make

SEND families have a better experience navigating the Local Offer channel and find the information or advice they are looking for.

What we want

Improve and co-produce the range of advice, guidance and information available for SEND families.

What we will do

Undertake a gap analysis to understand what guidance or information is missing. Continue to offer “Your Local Offer Your Way” development sessions and continue to invite the wider SEND community to develop and shape the information. Co-produce with the PCF a clear and accessible roadmap outlining the overarching SEND system.

Where are we now

The SEND Local Offer hosts a range of advice and guidance pages. Half-termly “Your Local Offer Your Way development sessions” have lower attendance and engagement than hoped. There is currently no fully completed roadmap, though it is in development through the Local Offer Team and PCF.

What we will see

A range of co-produced information, advice and guidance in a variety of accessible formats. Positive, collaborative working relationships in place with key partners and stakeholders ensuring good quality information is available.

The difference this will make

Families have clear information about a range of SEND related topics and understand what they can co-produce and how, giving greater parental and stakeholder confidence across the SEND system

What we want

An SEND Area Partnership Charter in place.

What we will do

Co-production Charter will clarify co production approaches at a strategic, service and individual level. The area partnership will ensure that new initiatives, policy and service redesign are undertaken with coproduction at the centre.

Where are we now

Co-production work to produce the area draft charter has taken place. In addition, a Southend-on-Sea City Council Co-Production framework is being developed which will include the SEND Area Partnership Co-production Charter as an Annexe.

What we will see

Children, young people with SEND and their families and stakeholders understand what they can coproduce and how to contribute to or influence individual, service level and strategic decisions

The difference this will make

Children, young people with SEND and their families experience services that are coproduced with them on an individual basis. Co-production is actively embraced in the review of existing services and when designing or shaping new services.

What we want

Strengthen the strategic engagement with families delivered through the Parent Carer Forum (PCF).

What we will do

Establish a Southend SEND Network, led by the PCF that reflects and represents SEND groups across Southend.

Where are we now

There is PCF representation and input in strategic decision making and they are making a strong contribution to improving the experiences of children and young people with SEND and their families. This will be widened across the Southend SEND Community.

What we will see

The voices of an increased number of families and stakeholders are gathered through termly PCF seminars, workshops or focus groups. PCF impact reports will systematically evaluate the effectiveness of local arrangements to influence strategic development and the commissioning of services.

The difference this will make

SEND Families will understand how the system is working to deliver SEND services and improvements through PCF led activities and leaders understand the issues facing families in the local area. Services and support available are more responsive to the needs of families.

What we want

Strengthen the strategic engagement of children and young people with SEND so they are more involved in the wider decision-making of the area.

What we will do

Identify a lead officer for the ongoing development of the SEND Children and Young People's Forum. Children and young people with SEND are supported in a way that allows their voices, opinions to be heard around topics which matter to them.

Where are we now

Children and young people with SEND have taken part in coproduction of an annual review survey and promotional material and are beginning to be more involved in the wider decision-making of the area.

What we will see

Lead officer in post supporting the SEND Youth Forum to participate, be heard, and feel included in decision making.

The difference this will make

The voice of the children and young people is empowered and present in strategic decision-making.

What we want

SEND Champions supporting families through the sharing of accurate information about SEND systems and processes.

What we will do

Recruit a number of SEND Champions in local groups and organisations via the SEND Network. Create a training and support plan that supports the development of SEND Champions' knowledge and skills.

Where are we now

SEND Champions are not currently in place.

What we will see

SEND Champions are present within local groups and active SEND Network members.

The difference this will make

Families feel effectively supported by SEND Champions and their community who provides accurate and reliable information, advice and guidance and signposting about SEND systems and processes.

What we want

Improved communications to stakeholders from across the SEND Partnership.

What we will do

Coproduce and implement an area partnership communications strategy. Continue to produce a monthly SEND area partnership newsletter. The PCF will collaborate with officers across the area partnership to collect, review and analyse feedback on the SEND offer to generate information for communications.

Where are we now

The local area partnership has worked to improve communication, including widening understanding of the local offer. There are regular meetings across the partnership to agree content for the area partnership newsletter. Subscribers to the monthly newsletter have doubled since September 2022. There is however no agreed area partnership communication strategy.

What we will see

A strategy that sets out how communications are managed across stakeholder groups in a systematic and effective way. Subscribers to the SEND Area Partnership newsletter reaches in excess of two thousand (2,000).

The difference this will make

Communications from the partnership are useful, relevant and informative for families. Families are well informed on key partnership activity and understand what it means for them.

Glossary

ADHD	Attention Deficit Hyperactivity Disorder
AP	Alternative Provision
ASD	Autistic Spectrum Disorder
BAU	Business as usual
CETR	Community & Education Treatment Review
CYP	Children and Young People
DSR	Dynamic Support Register
EHC Plan or EHCP	Education, Health and Care Plan
EHE	Electively Home Educated
ELG	Early Learning Goals
ELSA's	Emotional Literacy Support Assistants
EPUT	Essex Partnership University Trust
EYFS	Early Years Foundation Stage
EY	Early Years
FAQ	Frequently Asked Questions
HWBB	Health and Wellbeing Board
IAG	Information, advice and guidance
ICB	Integrated Care Board
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessment
KS1/2	Key Stage 1 / 2
LA	Local Authority
LD	Learning Disability
MHST	Mental Health Support Team
MSE	Mid and South Essex
NELFT	North East London NHS Foundation Trust
PCF	Parent Carer Forum
PfA	Preparing for Adulthood
SCC	Southend-on-Sea City Council
SEF	Self-Evaluation Framework


SEMH	Social Emotional Mental Health
SEND	Special Educational Needs and or Disabilities
SET	Southend, Essex and Thurrock
SET CAMHS	Southend, Essex and Thurrock Child and Adolescence Mental Health Service
SLCN	Speech, Language and Communication Needs
SPA	Single Point of Access
SSIF	Southend SEND Independent Forum
ToR	Terms of Reference
VCS	Voluntary and Community Sector

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