



## **Policy Development and Decision Group (Joint Commissioning Team)**

Monday, 4 March 2019 at 2.00 pm  
to be held in Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

### **Membership**

Councillor Mills (Chairman)

Councillor Amil  
Councillor Ellery  
Councillor Excell  
Councillor Haddock

Elected Mayor Oliver  
Councillor Parrott  
Councillor Stockman  
Councillor Stocks

### **Agenda**

1. **Apologies**  
To receive apologies for absence.
2. **Disclosure of Interests**
  - (a) To receive declarations of non pecuniary interests in respect of items on this agenda  
**For reference:** Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
  - (b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For information relating to this meeting or to request a copy in another format or language please contact:

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Email: [governance.support@torbay.gov.uk](mailto:governance.support@torbay.gov.uk)

**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

**(Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

- 3. Minutes** (Pages 3 - 5)  
To confirm as a correct record the Minutes of the meeting of the Policy Development and Decision Group (Joint Commissioning Team) held on 4 February 2019.
- 4. Urgent Items**  
To consider any other items the Chairman decides are urgent.
- 5. Torbay Virtual School Annual Report 2017-2018** (Pages 6 - 62)  
To consider the submitted report which sets out the annual report of the Virtual School Governing Body.
- 6. Special Educational Needs and Disabilities (SEND) Strategy 2016-20** (Pages 63 - 117)  
To consider the submitted report on a mid-term review of the above strategy.
- 7. Accessibility Strategy 2017- 20** (Pages 118 - 120)  
To consider the submitted report on a mid-term review of the Accessibility Strategy.
- 8. Torbay's Strategy for Supporting Disadvantaged Strategy Children's Learning** (Pages 121 - 161)  
To consider the submitted report on the above.
- 9. Prevention Concordat for Better Mental Health** (Pages 162 - 177)  
To consider the submitted report on the above.
- 10. Summary of the direction of travel for integrating commissioning between NHS Devon CCG, Devon, Plymouth and Torbay Local Authorities in 2019/20** (Pages 178 - 212)  
To note the submitted report on the above.



## **Minutes of the Policy Development and Decision Group (Joint Commissioning Team)**

**4 February 2019**

**-: Present :-**

Councillor Mills (Chairman)

Councillors Amil, Ellery, Excell, Haddock, Parrott and Stocks

(Also in attendance: Councillors Brooks and Lewis (C))

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### **59. Apologies**

An apology for absence was received from Councillor Stockman.

### **60. Minutes**

The minutes of this Policy Development Decision Group held on 5 November 2018 were confirmed as a correct record and signed by the Chairman.

### **61. Education Strategy**

Members considered the submitted report which set out a mid-term review of Torbay's Strategy for Achieving Education Excellence Everywhere: Vision and Priorities 2016-2020. Members noted to ensure maximum outcomes were achieved, the four priority areas agreed as part of the original strategy had acted as the guiding principles, and an update on each area was provided to members. In particular members were advised that 99.8% of Statement of Education Needs were transferred to the new Education Health and Care Plan within the statutory deadline, work was ongoing between the Local Authority and schools to manage the number of permanent exclusions and that the campaign for fairer funding in education was a national issue.

Resolved:

That the progress made on the Education Strategy and revised action plan be noted.

### **62. Torbay Adult Mental Health Memorandum of Understanding**

Members considered the submitted report which had been developed by the three parties to update the existing contract between Torbay South Devon Foundation Trust and Devon Partnership Trust. Members were advised that the Memorandum of Understanding clarified the roles and responsibilities of the three partner organisation involved in the delivery and/or governance arrangements.

Resolved:

That the proposed arrangements set out in the Adult Mental Health Memorandum of Understanding be noted.

**63. Fostering Service Annual Report 2017/2018**

Members considered the submitted report which summarised the performance of the Torbay Fostering Service between April 2017 and March 2018. Members noted that the number of looked after at the end of March 2018 was 325 equating to a rate of 129 children and young people per 10,000 population. As a comparison at the end of March 2017 the number after was 284, this equated to a rate of 114 per 10,000 population.

Members were advised that the number of carers had declined year on year since 2014/15 and that the Ofsted inspection in June 2018 provided clear analysis of the weaknesses within the Fostering Service. Members were assured the concerns raised by Ofsted would be addressed and the Annual Report for 2018-19 would provide information on how the Service was performing. In addition the Fostering Sufficiency Strategy and supporting Recruitment Strategy would be published in February with a view to addressing the capacity issues within the in house service.

**64. Annual Strategic Agreement between Torbay Council, South Devon and Torbay Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust and Better Care Fund**

Members considered the submitted report setting out the Annual Strategic Agreement which sets out the way in which Torbay Council and South Devon and Torbay Clinical Commissioning Group will commission services from Torbay and South Devon NHS Foundation Trust. Members noted that the present agreement covers the period to March 2020 and Appendix 1 to the submitted report provided the annual update to that agreement.

The Policy Development and Decision Group made the following recommendation to the Elected Mayor:

That the Elected Mayor recommend Council to approve the Annual Strategic Agreement between Torbay Council, South Devon and Torbay Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust, as set out in Appendix 1 to the submitted report.

The Elected Mayor considered the recommendation set out above at the meeting and the record of decision, together with further information is attached to these minutes.

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Chairman

## Record of Decision

### **Strategic Agreement between Torbay and South Devon NHS Foundation Trust and Torbay Council/South Devon and Torbay Clinical Commissioning Group**

#### **Decision Taker**

The Elected Mayor, Mayor Oliver

#### **Decision**

That Council be recommended to approve the Annual Strategic Agreement between Torbay Council, South Devon and Torbay Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust, as set out in Appendix 1 to the submitted report.

#### **Reason for the Decision**

To ensure that the current agreement which covers the period to March 2020 remains up to date.

#### **Implementation**

This is a recommendation to Council.

#### **Information**

The Policy Development and Decision Group considered the a report setting out the Annual Strategic Agreement which sets out the way in which Torbay Council and South Devon and Torbay Clinical Commissioning Group would commission services from Torbay and South Devon NHS Foundation Trust. The Group noted that the present agreement covered the period to March 2020 and Appendix 1 to the submitted report provided the annual update to that agreement.

#### **Alternative Options considered and rejected at the time of the decision**

None

#### **Is this a Key Decision?**

Yes – Reference Number: I044277

#### **Does the call-in procedure apply?**

No

#### **Declarations of interest** (including details of any relevant dispensations issued by the Standards Committee)

None

#### **Published**

11 February 2019

Signed: \_\_\_\_\_  
The Elected Mayor of Torbay

Date: 11 February 2019



# TORBAY VIRTUAL SCHOOL

## ANNUAL REPORT (2017-18) OF THE VIRTUAL SCHOOL GOVERNING BODY

December 2018

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**Torbay Virtual School**  
**Governing Body Annual Report**  
**December 2018**  
**Foreword by the Chair of the VSGB**

I am delighted, as Chair of the VSGB, to write this introduction to the eighth annual report of the VSGB. The purpose of the VSGB is to take the lead in ensuring that schools fulfil their responsibilities to Children Looked After and maximise their attainment and achievement and narrow the gap between our Children Looked After and their peers.

The VSGB mirrors the role of school governing bodies in that it provides a strategic view, acts as a critical friend and ensures accountability. It also expects that all its members will be actively committed to the success of the Virtual School. The membership includes representatives from primary and secondary schools, the FE College, governors from schools in Torbay, local authority officers and elected members in their role as Corporate Parents.

I hope you get from the Annual Report how determined we are to ensure our Children Looked After get the very best experience from their schools and the best outcomes they can achieve. The members of the VSGB are very clear that schools need to ensure that our most vulnerable learners are given every opportunity to succeed. This isn't about equality of opportunity but equality of outcome.

The Virtual School works in a very inclusive way. It also looks at the empirical evidence from research about where pupils learn and achieve best. It has a determination to have our children in the very best schools and to keep them in those schools no matter what.

In terms of our pupils' achievement this year we have seen great improvements in national tests at KS4 with the reverse at EYFS and KS2.

The Virtual School in Torbay appears to be fairly unique in that it provides a tremendous amount of support to our schools and as a result receives a tremendous amount of support from our schools and positive regard.

I trust that the Annual Report will demonstrate our commitment and passion to our children.

Nikki Prentice

Chair, TVSGB

## The Virtual School

This is the eighth annual report of the Virtual School Governing Body as the VSGB was formed during the academic year 2010/11. The Annual Report details the work of the Virtual School during the academic year and will highlight the educational performance of all of our Children Looked After and the wider work of the Virtual School.

The Virtual School was set up in 2010 and at that point consisted of a Headteacher (0.5 FTE) and a full time Advisory Teacher. Over the years through support of the Schools Forum and the Local Authority the staffing in the Virtual School now comprises of the Headteacher (0.6 FTE), 1 Primary CLA Teacher, 1 Secondary Maths Teacher, 1 Secondary English Teacher, an Inclusion Officer and a PEP Co-ordinator. The Virtual School staff sit within social care teams and is located in Torhill House in Torquay.

The four key responsibilities of the Virtual School are:

1. To make sure there is a system to track and monitor the attainment and progress of children looked after.
2. To ensure that all children looked after have a robust and effective personal education plan and access to 1:1 support, including personal tuition.
3. To champion the educational needs of children looked after across the authority and those placed out of authority.
4. To provide advice and guidance to schools and parents/guardians of post LAC children and young people.

The purpose of the Virtual School Governing Body sees it taking a lead in ensuring that schools fulfil their responsibilities to Children Looked After and maximise their attainment and achievement. The VSGB mirrors the role of school governing bodies in that it provides a strategic view, acts as a critical friend and ensures accountability. It also expects that all its members will be actively committed to the success of the Virtual School.

All of the data about the Virtual School contained in this report will be from the academic year 2017/18.

The Virtual School consists of three groups of CLA

- All Torbay CLA who are educated in Torbay schools
- Torbay CLA who are educated in other local authority or independent schools.
- CLA from other authorities and educated in Torbay schools

The main focus of the work of the Virtual School relates to CLA who are of statutory school age but also includes those who are in Early Years settings and those who are post 16.

The school roll at the end of the academic year is shown in the table below:

Age group	Total in Virtual School (A+B)	All CLA in Torbay schools (A)	Torbay CLA in out of area schools (B)	Out of area CLA in Torbay educational provision
Early Years	12			
Reception	11	8	3	2
Year 1	11	9	2	1
Year 2	12	10	2	3
Year 3	15	13	2	1
Year 4	21	17	4	4
Year 5	28	18	10	5
Year 6	23	16	7	1
Year 7	24	10	14	2
Year 8	37	24	13	8
Year 9	22	16	6	2
Year 10	34	14	20	5
Year 11	34	18	16	7
Post 16	45			
<b>Total of statutory school age</b>	<b>272</b>	<b>173</b>	<b>99</b>	<b>41</b>
<b>GRAND TOTAL</b>	<b>329</b>			

The number of CLA of statutory school age in the VS at the end of the academic year saw an increase of 60 from the previous year. This has followed three years of numbers reducing as a result of a continued focus on ensuring children only remaining in care if there are no other options such as a Special Guardianship Order. There is still a focus on children moving from Care Orders to SGO but there was a significant increase in the number entering care. It should also be noted that there are 41 out of area CLA who are in schools in Torbay. That is an increase of 13 on the previous year.

OFSTED ratings for schools may change within an academic year. Where a school slips into RI or Inadequate the VS looks at each individual case and decides whether it is in the child's best interests to maintain their place at that school.

The VS continues to monitor the OFSTED ratings of the schools. At the end of the academic year there was 89.3% of the cohort in OFSTED rated Good or Outstanding schools. This is a decline of 1.8 % from the previous year.

During the year two schools, both out of area, were judged as Inadequate by OFSTED. There were two children in each of the two schools. One of the schools was a residential school and both young people were in Y11. The decision for these children was to rather than disrupt their education and care placement that they should remain in the provision. However close monitoring of the provision and the progress of the two young people was put in place. Both young people completed their GCSEs and their results did not appear to have been affected by the school being Inadequate. They completed their studies at this provision on the final Friday in June. The second provision was a Pupil Referral Unit in a neighbouring authority. At this provision there was a Y11 and a Y7 from Torbay. Initially there was great confusion as the school was closed temporarily in February supposedly for a week in order to complete some building works. This week extended and eventually the school closed. In order to ensure some educational continuity both children received part-time packages brokered by the Virtual School. The Y11 remained on a brokered full-time package until the end of the GCSE period and the Y7 transitioned into another school, a SEMH independent school which had just opened in Cornwall. For this child a robust transition plan was put in place to ensure a smooth transition.

### **Outcomes for CLA**

The Department for Education only measures the educational outcomes of the children who have been in continuous care for 12 months. For the performance measures for the academic year ending July 2017 the children whose outcomes are measured are those children who were in care on 1 April 2016 and remained in care until 31 March 2017. The progress and attainment of all the children in the Virtual School is important and therefore the data will be captured for the Continuous Care CLA and those who have been in care outside of 12 months criteria.

The Virtual School measures educational attainment and progress for all Children Looked After. This is beyond the national expectation and allows accurate tracking and intervention. We do not believe the statutory focus on 12 months continuous care CLA is sufficient.

Data is captured termly. Nationally reported data is for those in care from 1 April 2017 - 31 March 2018.

## HEADLINES:

1. In Reception there was a decrease in the percentage of children achieving a Good Level of Development of 50% from the previous year in 2017. This was though a very small cohort of four.
2. At KS1 there was improvement on the previous year's results in three measures. A decrease of 7.1% in those achieving at least expected outcomes in reading; an increase of 7.1% in writing, maths and the same increase in reading, writing and maths. Again this was a very small cohort of two.
3. At KS2 the results were as predicted but these are below the national all CLA results in all areas. It is important to understand the context of this group. There were 17 children in the cohort and seven of them have an EHCP. Two of the children have the primary need of SEMH and five have MLD+. These results mean that the gap between our CLA and all Torbay children increased this year significantly from the previous year.
4. At KS4 there were considerable improvements on the previous year's results. It must be noted that this was expected. The number gaining 5A\*-C including English and maths increased by 19.7%. This is the second year of an increase but this is much larger than the previous year's. At the time of writing the national figure for CLA for this measure is not available. There was an increase in the number getting 5A\*-C of 10.6% on the previous year's figure. There was an increase in the number getting at least a Grade 4+ in English again of 20.1% and an increase in the number getting a Grade 4+ in maths of 11.1% on the previous year. This year it was also very positive to see yet another increase of those getting a strong pass in both English and maths. This year 33.3% (7 young people) got a strong pass in English and maths (i.e. Grade 5+). The national CLA figure for a strong pass in both English and maths was 10.2% this year. When you compare the results of our non-selective schools in this measure the VS is ahead of three of our non-selective schools in this measure.
5. The Attainment 8 score increased marginally again from the previous year by 3.41 to 26.25. This is very slightly higher than the national CLA figure for A8 in 2018 which was 24.6. The Progress 8 score was -1.106 and whilst we cannot compare with the previous year it is a disappointing result. The P8 score for all CLA in England was -0.93.

The range of Progress 8 scores for individuals ranged from the lowest being

-5.76 and the best being +2.06.

6. At KS5 there were 12 young people who completed their Y12 qualifications, with one completing an apprenticeship at L2 which is now a permanent position; and two completing A levels or equivalents. In Y13 there were eight young people who successfully completed their qualifications. Four of these were at L3 which is an increase of 50% from the previous year.
7. Exclusions - There is continued success of no permanent exclusions for our CLAs. The picture with Fixed Term Exclusions is not so good with an increase in FTX this academic year. This is against a background of a rise nationally for all children, not just CLA. This needs further interrogation and a strategy developed.
8. Attendance - The overall attendance has declined marginally from the previous year by 1% and was 95%. There were 55 continuous care children who had 100% attendance. There were 8 continuous care children who were classified as Persistent Absentees. There was one in Y7, one in Y8, two in Y9 and four in Y10. Three of the children (Y7, 8 and 10) had attendance below 95% due to fixed term exclusions; one child in Y9 had a road traffic accident which saw a prolonged spell in hospital and home - there was though a part-time package in place during his home recovery; three children who were refusing school - all with issues relating to either placement moves or instability in the placement. It should be noted that these three children are now in new placements and their attendance is good.

### **End of Year Results:**

For the children at the end of Reception, the end of KS1 and KS2 and the end of KS4 the following results are national results and published by the DfE for those in continuous care. For all other year groups the results are taken from the data drop at the end of June.

**Reception:** At the end of the year there were four Reception children who were in continuous care and of these only one achieved a Good Level of Development. This was not the expected outcome as one child should have achieved this but was placed in the adoptive family during the latter part of the Spring Term. This adversely, in the short term, affected educational outcomes but gives the child greater security in the long term both educationally and socially.

**Key Stage 1 - Year 1:** There were 7 continuous care children in this year group but 10 Torbay CLA in total. Due to the changes in assessment children should be at ARE (age related expectations) at the end of Year 1. The table below shows the number of children achieving at least ARE in Reading, Writing and Maths.

	Reading	Writing	Maths
Less than 12 months CLA	3	2	3
Continuous care CLA	4 (57%)	1 (14.2%)	1(14.2%)

**Year 2:** There were 2 continuous care children in this year group but with 9 Torbay CLA in total. The children are expected to be at the Expected Standard by the end of this year. The table below shows the number of children who achieved the Expected Standard in Reading, Writing and Maths in SATs.

	Reading	Writing	Maths
Less than 12 months CLA	5	5	4
Continuous care CLA	2 (100%)	1 (50%)	1 (50%)

**Key Stage 2 - Year 3:** There were 8 continuous care children in this year group but with 14 Torbay CLA in total. The children are expected to be at ARE by the end of this year.

The table shows those children achieving at least ARE by the end of the year in Reading, Writing and Maths.

	Reading	Writing	Maths
Less than 12 months CLA	1	1	1
Continuous care CLA	3 (37.5%)	3 (37.5%)	2 (25%)

**Year 4:** There were 11 continuous care children in this year group but with 16 Torbay CLA in total. At child expected to achieve at least ARE by the end of this year.

The table below shows those children achieving at least ARE by the end of year in Reading, Writing and Maths.

	Reading	Writing	Maths
Less than 12 months CLA	2	1	1

Continuous care CLA	6 (54.5%)	3 (27.2%)	3 (27.2%)
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Clearly this is a year group which is underperforming in all two of the three areas. Whilst not an excuse it should be noted that 13 of the cohort are on the SEN register with three of the cohort being at a special school. It is evident from the tracking that whilst children are under ARE schools report they are making progress in writing and maths. There will be a focus on accelerating the progress for all children in both mainstream and special schools. It should, however, be noted that for the LA writing and maths performance is a concern.

**Year 5:** There were 19 continuous care children in this year group but with 23 Torbay CLA in total. A child is expected to achieve ARE at the end of this year.

The table below shows those children achieving at least ARE by the end of this year.

	Reading	Writing	Maths
Less than 12 months CLA	1	1	0
Continuous care CLA	3 (15.8%)	3 (15.8%)	4 (21%)

Clearly this is also a year group is underperforming in all three areas. Whilst not an excuse it should be noted that 15 of the cohort are on the SEN register with six of the cohort (32%) being at a special school. It is evident from the tracking that whilst children are under ARE they are making progress. Four of the children have Moderate Learning Difficulties as the primary need on their EHCP. There will be a focus on accelerating the progress for all children in both mainstream and special schools.

**Year 6:** There were 17 continuous care children but with 22 children in total. This is the end of KS2 and the results of the continuous care children are published by the DfE and scrutinised by OFSTED. A child is expected to achieve Expected Standard in Reading; Writing; Grammar, Punctuation and Spelling; and Maths.

The following table shows those children achieving at least Expected Standard in their SATS:

	Reading	Writing	Grammar, Punctuation & Spelling	Maths	ES in Reading, Writing and Maths
Less than 12 months CLA	2	2	2	2	2
Continuous care CLA	6 (35.3%)	4 (23.5%)	5 (29.4%)	4(23.5%)	3 (17.6%)



Again these were disappointing results but were not unexpected. Of the 17 in this cohort there are 7 with an EHCP (2 for SEMH and 5 for MLD or SLD) as the primary need. Four of the cohort were educated in schools outside of Torbay with six of the cohort educated in special school settings.

### Key Stage 3 (Years 7, 8 and 9)

**Year 7:** There were 21 continuous care children but with 22 children in total. Again children need to achieve Age Related Expectations.

	English	Maths	Science
Less than 12 months CLA	0	0	1
Continuous care CLA	12 (57%)	12 (57%)	11 (52.3%)

There are 7 children with EHCPs in the continuous care cohort.

**Year 8:** There were 22 continuous care children and 29 CLA in total in this year group. The minimum expectation would be ARE. The table below shows the children who have achieved at least ARE.

	English	Maths	Science
Less than 12 months CLA	4	4	3
Continuous care CLA	11 (49.5%)	10 (45%)	10 (45%)

There are 6 children with EHCP in the continuous care cohort.

**Year 9:** There were 17 continuous care children and 20 Torbay CLA in total in this year group. Again the minimum national expectation is ARE by the end of Y9. The table overleaf shows the children who achieved at least ARE by the end of the year.

	English	Maths	Science
Less than 12 months CLA	0	0	0
Continuous care CLA	11 (55%)	9 (45%)	10 (50%)

There are 4 children with EHCP in the continuous care cohort.

It should be noted that some schools are now choosing to commence GCSE courses in Y9. This now means that school will report attainment either as above, on or below ARE or as a GCSE grade. When commencing the GCSE course it is essential that the VS also receives the end of KS4 target to ensure the child is on track.

#### Key Stage 4 - Year 10:

There were 22 continuous care children and 29 Torbay CLA in total in this year group. At the start of the year targets for the end of KS4 were set from each school's Fisher Family Trust (D) data set. This data set uses prior attainment data and contextual factors to predict outcomes should that a young person achieve in line with the top 25% of students in similar contexts.

Of the 22 continuous care cohort 11 (49.5%) should achieve a Grade 4 in English and 9 (40.5%) should achieve in Maths. This would see 41% achieving 5 A\* - C including English and Maths.

There are 7 children with EHCP in the continuous care cohort.

**Year 11/ End of Key Stage 4:** There were 21 continuous care young people and 27 Torbay young people in total in this year group. The DfE publishes the end of KS4 results for the continuous care group and OFSTED will scrutinise them during inspection. The following table gives details of the end of KS4 results for the continuous care young people.

	5A*-C or Grade 4+ including E&M	5A* - C	EBACC	Grade 4+ (or C+ pre 2017) in E & M	Grade 4+ (or C+ pre 2017) in English (Lit or Lang)	Grade 4+ (or C+ pre 2017) in Maths
Torbay CLA 2018	33.3% (7)	33.3% (7)	0	38.1% (8)	42.8% (9)	38.1% (8)
Torbay CLA 2017	13.6% (3)	22.7% (5)	4.5% (1)	13.6% (3)	22.7% (5)	27% (6)
Torbay CLA 2016	13.3%	13.3%	0%	20%	27%	27%
Torbay CLA 2015	14%	14%	0%	14%	18%	18%
Torbay CLA 2014	0	8%	0%	8%	20%	8%

The following table includes all CLA in Y11:

	5A*-C inc E&M	5A* - C	EBACC	Grade 4+ (or C+ pre 2017) in E & M	Grade 4+ (or C+ pre 2017) in English (Lit or Lang)	Grade 4+ (or C+ pre 2017) in Maths
ALL Torbay CLA 2018	25.9% (7)	25.9% (7)	0	33.3% (9)	40.7% (11)	33.3% (9)

There are 7 children with EHCP in this cohort.

Attainment 8 measures the average achievement of pupils in up to eight qualifications including English (double weighted if both Language and Literature are taken), maths (double weighted), three further qualifications that count in the EBACC and three further qualifications that can be GCSE or any other non-GCSE qualification on the DfE approved list.

In terms of Attainment 8 the score improved marginally by 3.41 to 26.25. The national CLA A8 score was 24.6.

Progress 8 is a relative measure, which means that the overall national score remains the same between years. Progress 8 is more relevant where we can compare between groups. The Progress 8 measure should not be compared year on year, however, at school level it may be useful to compare a school's percentile rank based on Progress 8. For example, knowing a school had a Progress 8 score of -0.2 in 2017 and a score of -0.2 in 2018 tells you how the school did compared to national average in those years but not whether their performance improved across years. However, knowing that they were in the 86th percentile in 2017 and in the 70th percentile in 2018 tells you they have improved over time compared to other schools.

Percentile ranks should still be comparable despite possible changes in the distribution of Progress 8 scores and are a good starting point for understanding performance on this measure over time. Progress 8 aims to capture the progress a pupil makes from the end of key stage 2 to the end of key stage 4. It compares pupils' achievement - their Attainment 8 score - with the average Attainment 8 score of all pupils nationally who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school. Progress 8 is a relative measure, therefore the national average Progress 8 score for mainstream schools is very close to zero. When including pupils at special schools the national average is not zero as Progress 8 scores for special schools are calculated using Attainment 8 estimates based on pupils in mainstream schools.

In terms of Progress 8 the score was -1.106 this year for our CLA whereas the national CLA P8 was -0.93. This demonstrates that while our attainment is amongst the best in the country in terms of progress we did not perform well.

### Key Stage 5

Year 12 - there were 30 young people in this cohort. There were five who were NEET with 25 studying courses at L3 (2); L2 (5) and L1 (8).

Year 13 - there were 11 young people in this cohort although it should be noted that the group was larger but they had gainful employment and therefore not counted in the VS data. Out of the 11 there were four who were NEET; 2 undertaking L3 courses; 1 undertaking a L2 course and 2 undertaking access courses. In terms of results one of the L3 candidates took 3 A Levels and got an E in Maths and a U in both Biology and Psychology. It should be noted that this young person did her studies over three years as there were some mental health illness. The E in maths was described as a really good result. The other L3 course was not completed but the young person enrolled for a different L3 course for September 2018.

In terms of post 16 there were seven young people with Education Health Care Plans. The primary needs were 1 for SLD; 5 for SEMH; 1 for MLD.

### Attendance

The Virtual School wants all children to have the best possible attendance at their individual schools to enable each and every child to reach their full potential.

There is a strong link between good school attendance and achieving good results for children. Children who frequently miss school may fall behind in their work which may affect their future prospects. Good school attendance also shows future employers that a young person is reliable, more likely to achieve well and play a positive role in their community.

Very often, prior to children becoming looked after their attendance at school has been poor although not in all cases.

As of September 2015 the Department for Education (DfE) announced that any student whose attendance falls below 90% will be classed as a Persistently Absent student. Therefore, if a student misses 19 or more days over an academic year they will be classed as Persistently Absent.

The DfE say..."If over 5 academic years a pupil has attendance of 90% the child will miss a half of a school year, that's a lot of lost education."

The Virtual School promotes good attendance through ensuring foster carers have due diligence to good attendance as well as the children's social worker. Contact is made with children whose attendance has been a concern prior to coming into care to check what issues may have prevented good attendance. From the information received a plan will be written which will have action for all parties, the child, the school, the carer, the SW and the VS. We all expect children to be at school unless the child is seriously unwell.

Each term the VS celebrates excellent attendance with the issuing of a certificate and for those with 100% attendance a book token. There are also attendance awards at our Annual Celebration of Achievement.

Attendance is now collected daily for all children but for those for whom there is a concern this is done on a twice daily basis. The Virtual School commissioned a service called WelfareCall to obtain the daily attendance of all our children no matter where they go to school and that by commissioning this service it means that our children, no matter where they go to school, have a focus on excellent attendance.

#### Attendance Key Points

1. After each data drop attendance was RAG rated. The RAG is as follows:  
GREEN = 95% and above  
AMBER = 91% - 94%  
RED = 90% and below.  
The Attendance Officer collects the reasons for an absence in school and will know if it is due to illness or otherwise. Analysis of the absences looks for patterns. The VS has a policy of no holidays in school time for our CLA unless it is a school based activity and part of the school curriculum.  
If a child is rated as a RED the Attendance Officer will contact all parties in order to formulate a plan around improving the attendance. When a child is rated as AMBER contact will be made with all parties to say the child's attendance rate is a concern and an expectation will be set for improvement.
2. The attendance figures in this report are for the children who have been in continuous care for 12 months.
3. Two years ago attendance was a focus area for improvement which was successful. The following year attendance improved and this year has seen a small improvement too. This is sustained progress.

4. There is a decrease in the number of children characterised as Persistent Absentees on the previous year. Whilst the decrease was only one it is an improvement. There was one in Y7, one in Y8, two in Y9 and four in Y10. Three of the children (Y7, 8 and 10) had attendance below 95% due to fixed term exclusions; one child in Y9 had a road traffic accident which saw a prolonged spell in hospital and home - there was though a part-time package in place during his home recovery; three children who were refusing school - all with issues relating to either placement moves or instability in the placement. It should be noted that these three children are now in new placements and their attendance is good. One of the young people was a child who had a period of time without a school place but did have a package of provision but was not on the roll of a school.
  
5. There were 55 with 100% attendance. This is one more than last year. What is pleasing to note is that many of these children have had 100% in the previous year. These children all received a certificate and gift token to mark their achievement.
  
6. Attendance will continue to be a focus for the VS as children need to be in school to benefit from it.

	Primary	Secondary	Overall
<b>Attendance 2018</b>	<b>97.5%</b>	<b>94%</b>	<b>95%</b>
Attendance 2017	97.5%	95.1%	96%
Attendance 2016	96.8%	94.7%	95.7%
Attendance 2015	97.99%	93.33%	95.7%
Attendance 2014	92.34%	92.36%	92.35%

### **Children on Part-time Timetables**

During the year there were six children on part-time packages - these were due to schools not meeting the child's needs or they became CLA when already on a part-time programme. There were two continuous care children on part-time timetables during the year. Out of the four remaining three became CLA whilst already being on part-time timetables.

### **Exclusions**

It is pleasing to report that there have been no permanent exclusions this year. This has been the pattern since 2010. It is important to note that this year there was **one**

**managed move** to avoid permanent exclusion. The poor behaviour was a reaction to the care placement breaking down. It is pleasing to note that once a stable placement had been found the child has engaged with education and isn't at risk of PX.

The data for Fixed Term Exclusions is disappointing after last year's drop. For this academic year there was a FTX rate of 14% (that is children experiencing at least one exclusion). This is an increase of 10.28%. There is a background of increasing exclusions both in Torbay and nationally. It should also be noted that we are very diligent about ensuring that schools record an exclusion officially and we also have WelfareCall calling the schools daily. Whilst this will impact on the increase it cannot account for the actual increase. Again this needs further investigation.

### **Special Educational Needs**

Torbay has a higher percentage of all pupils with SEN in particular those with Education Health Care Plans. This is also reflected in the number of CLA with special educational needs in the Virtual School.

In terms of the children in the Virtual School there are 57 children in Reception - Y11 with an EHCP. This is a significant increase on the previous year's figures. In the previous year there were 47 of this cohort with an EHCP or Statement - this is an increase of 10.

There are 62 children in Reception to Y11 at School Support. This equates to 27% of the cohort at SEN Support. This is a decrease on the previous year's figure of 49.5%.

Of the EHCP's 36 are for SEMH; 9 MLD; 6 for Speech and Language; 2 for ASD; 3 for SLD; 1 for PMLD.

This means that 51.2% of the cohort was identified as having SEN. (National data for 2017 sees this as 26.7% for EHCP and 29.6% for School Support. This is 56.3% and is the first time we have been below the national date since the inception of the VS.)

It should be noted even though there has been a decrease this year that the high incidence of children identified with SEN who are CLA is also reflected in the figures for all children within Torbay. This may be a reflection of the fact we have a selective school system and three special schools, two of which are highly regarded, within Torbay.

One of the teachers in the VS, as she was supported to achieve the National SENCO Qualification, was asked to act as SENCO for the VS. This will be of great benefit to our work.

During the year the VS supported schools in requesting statutory assessment for 16 CLA. All 16 have undergone the assessment and EHCPs are in train or already issued.

## Outcomes at end of KS2 and 4 for children with SEN

At KS2 in the continuous care cohort there were 7 children at School Support and 6 with Education, Health and Care Plans. Of the children with EHCP one child's primary need is a moderate learning difficulty with the remaining five being social, emotional and mental health. The table on the next page gives detail of their performance.

	Continuous care cohort	Reached at least EXS Reading	Reached at least EXS Writing	Reached at least EXS Maths	Reached at EXS SPAG	Reached at least EXS in Reading, Writing and Maths
Number with EHCP	7	1	0	0	0	0
Number at School Support	6	3	2	3	4	2

Whilst there is a focus through the PEP on ensuring there are interventions for each child to achieve ARE during Y6 the PRIM (performance review and intervention meeting) process commences. This sees a greater focus on individual children and will see the Primary CLA Teacher undertake interventions where necessary with individual children. When the child is placed out of area this will see the Primary CLA Teacher making individual contact with the DT to ensure that interventions are put in place and that the focus is one which meets need.

At KS4 out of the 21 continuous care cohort there are nine children with an EHCP. There is 1 with the primary need being a moderate learning difficulty; and eight with social, emotional and mental health needs. From this cohort one child with an EHCP achieved 5A\*-C including English and maths; and one child at School Support did achieve this measure. In terms of Progress 8, 1 child at School Support had positive P8 scores - +0.99%. As with the Y6 group there is a Y11 PRIM process. This will see our Maths Secondary CLA Teacher and English CLA Teacher undertake targeted 1:1 interventions or when out of area ensure that the relevant 1:1 sessions are implemented.

### **Unaccompanied Asylum Seeking Children**

During the academic year there have been four young people with UASC status who are in care to Torbay. There was one of statutory school age and three who were post 16 although one of these young people was undertaking her GCSEs in Y11. This young



person achieved a Grade 4 in English and Maths and a Grade 6 in Photography. One person is in Y10 and receiving extra support in order to improve her English. There are two post 16 both enrolled on courses at their local FE College.

## **PEPS AND PP+**

The Personal Education Plan (PEP) is the statutory tool to ensure that everyone is actively prioritising the education of the child/young person, carefully tracking their progress and supporting them to achieve and be aspirational. All children looked after (CLA) have a statutory care plan, which is drawn up and reviewed by the Local Authority who looks after them. The Personal Education Plan (PEP) is a legal part of the Care Plan; which is a statutory requirement for CLA from age of 3 years if in educational provision up to the age of 18.

The key personnel who should be involved in every PEP meeting are the child, the social worker, the carer and the school's Designated Teacher or Early Years Lead or FE College lead for CLA.

For children of statutory school age the PEP must be held every term. The CLA Teachers will attend PEPs of children who are struggling at school wherever possible. This also includes advising, supporting and challenging on inclusive practice in order to maintain children in their schools.

Since September 2015 the Virtual School has used an electronic PEP for children of statutory school age. This ensures that timescales for PEP completion can be monitored more easily than in previous years. The VSGB sets a target of 90% of PEPS to be completed within timescales. At the end of the year there was a completion rate of 97% of PEPS within timescales but 18% of these needed to be put on to PARIS from the ePEP system.

Audits of PEPs this year has identified that where some long standing Designated Teachers have retired that the quality of PEPS isn't as strong as they used to be in those schools. The VS Team have embraced this and is an area for focus in the new academic year. Again producing high quality PEPS will be a focus of training for the Designated Teachers as well as each teacher within the Virtual School monitoring both timeliness and quality of PEPS. There is also the need for each school to take accountability for the quality of its PEPS and the QA process for schools will be refreshed and training provided for the CLA governors in the next academic year.

The VS staff will liaise with Designated Teachers over academic targets within PEPS. The VS will target children in Y6 and Y11 who are within a 40 mile radius to work

intensively towards SATS/GCSE English and maths. Where it is impossible to work directly with a child the specialist teachers will advise/liaise over suitable targets and interventions funded through PP+. These children are discussed at our half termly Progress Review Intervention Monitoring (PRIM) meetings and their data is closely monitored.

In 2013 the DfE introduced Pupil Premium Plus (PP+) for children looked after and previously looked after children. In doing this, the DfE acknowledged the enduring impact of trauma and loss in the children's lives and the key role of schools in supporting children who have had a difficult start in life. Pupil Premium Plus currently stands at £1900 per child. The Local Authority who looks after the child is responsible for distributing the PP+ to schools and academies. The Virtual School Head has responsibility and accountability for making sure there are effective arrangements in place for allocating the PP+ to benefit each child looked after by the LA. Each Virtual Head must develop a policy for the funding of PP+ for the LA. The grant must be managed by the Virtual School Head and used to improve outcomes and 'narrow the gap' as identified in the PEP in consultation with the Designated Teacher in the school.

Pupil Premium Plus continues to be welcomed and embraced by schools especially by the Designated Teachers. It has given weight to the Personal Education Plan meetings as it has given the Designated Teachers a resource to use for interventions. Torbay has a policy on PP+ which describes the process. Very simply if a target is identified through the PEP process which will enable the child to accelerate progress or engage more meaningfully in education it needs to be evidenced through the PEP a SMART target written with costs. This then comes to the VSHT for approval.

Another area noted through the PEP for improvement is the voice of the child. It must be noted that there are Outstanding PEPS where the voice of the child is truly captured within the PEP process but this is not the majority of cases. This is another area of work for the next academic year with the Designated Teachers being reminded about the importance of the child's voice at each termly Designated Teachers' Forum. This will include feedback from the children to the Designated Teachers.

The vast majority of targets in the PEPS are SMART which are clear and progressive.

There continues to be 80% of targets being achieved.

#### PP+ funded projects

There are a number of projects and interventions which are supported through PP+ such as The Get Gritty Transition Project. This was designed to increase resilience in the child and effect a smooth transition into Y7. It uses the medium of Outdoor Education in order to set challenges which increase individual resilience and enhance

team work. This transition project started in the summer term of 2015 and has proved very successful. It takes place after SATS and not only enables young people to have strategies to help them overcome challenges with a positive mind set but also enhances the relationship of the child with the VS staff. We should never underestimate the power of relationship and the team have found this very beneficial when working with the children once in Y8 or 9. There are four activity days in the summer term after SATS followed by a day prior to the start of the autumn term and their new school which ensures any last minute concerns are addressed and solutions found. The staff then closely monitor the group during their first weeks in secondary school. Each child who moves from Y6 to Y7 gets a transition pack which includes a rucksack which has an array of stationery and educational resources to support them in their new school.

Other activities funded through PP+ include the university taster days - one day with Y6 and one day with KS4; the Science Technology Engineering and Maths (STEM) day for those in KS1 and in KS2; the Surf Day for Y10 and Y11; and the PGL Day when around 50 young people from the Virtual School visit the PGL Centre in Torquay and undertake group challenge work.

All of the Attachment in Schools Training is paid through PP+. The Attachment work commenced in October 2015 and has developed since then. There is a clear understanding that getting all professionals to understand attachment is crucial in order for all of our young people to gain the very best they can from our schools. We have a clear strategy on ensuring that training is ongoing each year and training is now not only offered to schools but also to Early Years settings as well as colleagues from social care. This appears to be showing good results with positive change happening in schools and a greater understanding that a behaviour policy has to include an understanding of the impact of attachment and trauma on the child and the behaviourist model does not work with child with significant trauma or attachment needs. It should be noted that all but one school in Torbay has undertaken some form of training in attachment. This would be at least one day of training. It is pleasing to note that 30 schools have sent at least one member of staff on the Seven Day Attachment course with 103 training places being taken up.

It should be noted that all Educational Psychologists undertook the first tranche of Attachment Training and worked alongside school staff. The EPs now run a half termly attachment support group in recognition of the impact of work with the children with attachment and trauma. The other point to note is that EP reports now all have a section on the attachment needs of the child. This gives added weight to the VS's desire and belief in attachment and trauma based work.

A major focus of training has been on attachment. The staff from Torbay schools who have attended see this as the 'missing link' in that for some children they could not make a behaviourist approach work. For example not giving a child attention when they demonstrate attention seeking behaviour - this is a behaviourist approach. For a child with an insecure attachment it is vital to give the child attention otherwise it reinforces their sense of insecurity/anxiety/lack of worth.

By the end of the academic year 95 staff in schools will have completed their 7 Day Attachment in Schools course. A further 20 will commence the same course in September 2018 which will be hosted through the teaching school.

All of the teachers in the VS have completed the training as well as the Attendance Officer. Attachment CPD is always on offer at the DT Forum and bespoke training for schools can be requested. Wherever possible there is agreement for the training to take place as it may well improve the school experience for our young people.

One member of the team is regularly consulted by social workers around attachment and trauma and strategies for working with the children. As a result of the training and skills this member of the team has gained in Torbay over the last two years her role has changed to one of Inclusion Support Officer. This also sees the post holder being our Attachment Lead in the VS.

It is also important to give concrete examples of the attachment work we undertake and its impact. The following has been produced by the VS Attachment Lead:

### Storyboard 1 - 3 sibling group

#### What was the issue?

The three sibling group had experienced adverse experiences resulting in many complex needs due to trauma. There had been several placement moves, changes in social care professionals and a school move resulting in further loss. Some of the children's behaviours due to their distress included dysregulation; hiding under tables; refusal to engage with adults; class based learning was difficult; smearing and eating of faeces; seeking each other out during lesson times; hypervigilance; stealing food. The children were unable to recognise or verbalise their feelings and emotions.

#### Our journey so far....

Since working with the children the keyworker at the Virtual School had become their significant adult. To provide consistency and to build trust in adults, the keyworker has remained as an attachment figure. Methods have included:-

- Thrive sessions
- Sand tray work
- Working with professionals involved / providing support with further transitions
- Direct work in attachment and trauma informed practice/Theraplay
- Communication with key professionals
- Training of school staff in Trauma Informed Practice
- Training of foster carers in Trauma Informed Practice
- Set up a team around each child within school
- Through PEPs provide the right support needed for these children
- Attending reviews/PEPs

Additionally, we have produced a range of supporting literature, videos and strategies for families and professionals regarding different aspects of attachment and trauma related behaviours to meet the needs of the children. We meet regularly to discuss the progress of each child and review the work.

It has been our aim from initiating the work to offer a transparent approach to development, and share information as progress is made to all involved. Transference of attachment to carers and establish 'bond' is paramount.

#### What have we done?

- To support the children and ensure their needs are met through direct and indirect work
- All staff provided with a level of training in Trauma Informed Practice and Theraplay informed intervention
- Work closely with the Thrive practitioner of the school in the provision of a team around the each child
- Meet and greet
- Regular check-ins from team with each child
- Visual timetables which have included sensory breaks
- Safe space created for each child
- Engage our CAMHs worker to provide supervision for all working alongside these children, including carers. This has provided us with a clear picture of the level of trauma and how best we approach our work
- Work in line with the educational psychologist assessment and request made for EHCPs
- Ongoing support of foster carers, school staff with strategies. Home/school partnership agreement for consistency of strategies
- Each child has had provision of Sirona, Therapeutic Horsemanship care; Drama Academy; Ballet in order to build their self-awareness, self-esteem, and confidence as well as building resilience.

- Encouraged the children to engage in days provided by VS e.g. PGL day - resilience building; team work; trust.
- Whole class teaching of 'how our brains work' - hand model of the brain (Dan Siegal)

#### What difference has this made?

- The children have built trust in their key adults and been on a journey from dependency to interdependency
- The children are able to follow direction from school staff
- Increased awareness of feelings and emotions alongside strategies to help them settle to learn
- 'Window of tolerance' for the children has improved dramatically. Dysregulation has decreased
- Smearing and eating of faeces; stealing; seeking each other out has diminished
- Children are accessing class based education 85 -90% of time
- Food remains an important aspect for the children in connection with their emotions. However, the need to steal food no longer exists
- Whole class have an understanding of the effects of trauma on the brain, becoming more aware and develop empathy with each other. Friendships have been established.
- Children are more relaxed and able to verbalise their feelings.
- Their 'need' to seek out attachment keyworker has become less significant as they have developed positive relationships with other adults
- Children have participated in Christmas Nativity, school events and talent shows

#### Areas for further action

- Continued support for the children to become more dependant learners
- Further strategies to be developed for unstructured times to be more successful
- Share best practice so as to raise awareness for what has worked well and not so well
- CAMHs worker to provide a follow up with carers and staff
- Continued support for school staff with training in trauma informed practice
- Phased ending to attachment work as 'bonds' are firmly established with carer; their positive relationship and stability maintained

#### Immediate next steps

- Work with new staff to ensure they have an understanding of team around the child
- Work with SENCO and Thrive practitioner to develop CDP for whole school training

- Explore the use of video testimonials to share information
- Review home/school partnership agreement and look for areas to improve
- Review PEP targets

#### Author

Tracey Powell - Inclusion Support Officer/Attachment Lead

### Storyboard 2 - Female CLA aged 14

#### What was the issue?

- This young person attended mainstream, and due to many traumatic events her conduct and behaviour became unmanageable. She had a managed move to another school which failed as her mental health declined and presentation was chaotic and distressed. Various CAMHs professionals advised different things: she was too unwell for school, yet conflictingly her issues were behavioural and not mental health. This led to a complex situation where school felt they could not keep her and other pupils safe.

#### Our journey so far....

- A recommendation from CAMHs, the Medical Tuition Service (who normally educate poorly people) would not educate the young person immediately as their remit was not behavioural issues and they felt they needed to protect other young people from any bullying. A PRU referral was discussed and vetoed as the young person was too vulnerable to be safe in this environment. To prevent the young person being out of school, The Virtual School set up a bespoke package of education for involving personal and social support, and academic tuition. Methods have included:-
- YMCA youth worker support
- 1-1 academic tuition
- Sirona Therapeutic horsemanship
- Direct work 1-1 theraplay informed support from VS staff
- Communication with key professionals
- Set up a team around each child within school (Louise Bomber's Team Pupil approach)
- Through PEPs provide the right support
- Attending reviews/PEPs
- 
- It has been our aim from initiating the work to offer a transparent approach to development, and share information as progress is made to all involved.

#### What have we done?

- Evidence that the young person's educational needs could be met by the Medical Tuition Service
- To support the young person and ensure their needs are met through direct and indirect work
- Staff at Medical Tuition Service provided with a level of training in Trauma Informed Practice and Theraplay informed intervention so as to ensure successful transition
- Work closely with MTS in the provision of a team around the each child
- Meet and greet
- Regular check-ins from the team around the child - i.e. recognition to ensure the child knows is in mind
- Sensory breaks
- Provision of Sirona, Therapeutic Horsemanship care in order to build their self-awareness, self-esteem, and confidence as well as building resilience. This has led to this young person engaging with Level 1 Horse Care
- Encouraged the young person to engage in days provided by VS e.g. PGL day - resilience building; team work; trust. VS Choir
- 

#### What difference has this made?

- The child is now full time in the Medical Tuition Service
- The young person has built trust in their key adults
- Led to improvement in their wellbeing and mental health
- The ability to manage their emotions in a positive way (previously there were incidences of self-harm)
- Improved attendance
- Improved attainment
- Engagement in VS choir and other activities outside of school
- Participation and solo singing performance at the CLA Awards

#### Areas for further action

- The Team around the young person to remain coordinated by VS
- Continued support for school staff with training in trauma informed practice
- Share best practice so as to raise awareness for what has worked well and not so well

#### Immediate next steps

- Review home/school partnership agreement and look for areas to improve
- Review PEP targets

#### Author

Louise Kilshaw CLA Teacher



Other training has included mindfulness for teachers, support staff in schools, foster carers and children looked after.

The final account for PP+ (financial year to March 2018) is shown overleaf:

#### Pupil Premium Expenditure 2017 - 18

PP+ Grant from the DfE	£450535	Direct Expenditure through Action Plans	- £314587.33
		Direct work and resources	-£26274.73
		PGL Activity Day	- £3188.15
		CLA Awards	- £11404.20
		Get Gritty Y6 Transition Project	- £3594.98
		Mindfulness Training	- £2660
		Attachment Training	- £12815.88
		STEM Day	- £688
		NIMBL annual licence	- £14302
		NIMBL additional hardware	- £3400
		Room hire	- £333.33
		Letterbox Club	- £9300.90
		ePEP annual renewal	- £9360
		Timpson Research Project	- £1800
		WelfareCall	- £12650
		Torbay Teaching School training	- £17135.50
		Music Project	- £5000
		Training	- £2040
		<b>TOTAL</b>	<b>£450535</b>

### Support Work

In addition to the work we undertake with the schools and children to ensure best outcomes for our children we also have wider support work. This includes the Virtual School continuing its membership of the Letterbox Club. This is a programme where a parcel of resources is sent to a child over a period of six months. The main purpose is to improve literacy and increase a child's love of reading. A total of 81 young people are in Letterbox: 16 children in Y1; 15 children in Y3; 24 children in Y5; 25 children in Y7; and 1 for SEN. The Letterbox is well received by the children and their foster carers.

Looking at our data it is clear that there now needs to be not only a focus on reading but also on writing. One action will be to not only identify a writing programme to support our CLA but also promote this.

All members of staff in the VS are THRIVE trained. This has seen an increase in direct support with children or support to staff delivering THRIVE in their schools. It has also linked with the foster carers and their THRIVE based training.

Mindfulness continues to have a focus with training for school staff as well as pupils and foster carers. There are 12 teachers trained to teach mindfulness to their pupils - PAWS-B. (Mindfulness with primary aged pupils.) Following the training there are mindfulness groups operating in six of these schools. The CLA Teacher trained in PAWS-B is also trained to teach secondary aged pupils. This has seen mindfulness operating in one of our large secondary schools.

Training - various training is offered by the VS. This has included training 3 times a year for Foster Carers on specific educational topics. Training for Social Workers is also offered - this year training has been offered on the ePEP as well as attending SW Team Meetings.

Training for Designated Teachers is offered through the DT Forum which meets three times a year as well as bespoke training. The sessions always include updates on policy regarding the education of CLA as well as a short workshop on a theme. Over the last year the major focus on attachment in schools has continued which DTs have reported as very useful. The DT Forum also ensures that DTs new to the role are able to network with established DTs and form informal mentoring arrangements.

The Virtual School also ran at the start of the school year an induction day for new DTs. This was well attended with DTs from schools in Torbay and Devon attending (Devon schools with Torbay children).

Other opportunities this year for the young people include the continuation of the VS Choir which meets every Tuesday at 4pm at Sacred Heart School. A professional singing teacher is used to facilitate the sessions. Anecdotal evidence has seen the children grow in confidence as well as improving their singing ability.

Following last year's successful Outdoor Activity session another one was planned for July. Again over 50 young people took part with all of the VS Team. Again a very successful day, which clashed with the England World Cup quarter final match, which sees the child's foster carer taking them to Barton Hall to meet the team and then collect the children at the end of the day. This year we ran a session in the morning with one cohort and a different cohort in the afternoon.

STEM Enrichment Day - as we did last year a STEM Day was planned by the VS. This summer twenty four young people in Y1 - 5 took part in two sessions (one for years 1, 2 and 3; the other for Years 4 and 5). The venue this year was Cockington Court and this proved very positive. The young people had an amazing time and it engaged children who

sometimes struggle in the school environment. Next year's date has already been booked.

### Educational Research

**The Educational Progress of Children Looked After in England: Linking Care and Educational Data** - this was a research project undertaken by the University of Bristol and the Rees Centre, Department of Education and the University of Oxford. It was the first major study in England to explore the relationship between educational outcomes, young people's care histories and individual characteristics. The main analysis concentrated on the progress at secondary school (KS2 - 4) of young people who had been in care for over a year at the end of KS4.

The research's key findings show the following may contribute to the educational progress of young people in care:

- **Time in care.** Young people who have been in longer-term care do better than those 'in need' (CIN) and better than those who have only been in short term care - so it appears that care may protect them educationally.
- **Placement changes.** Each additional change of care placement after age 11 is associated with one-third of a grade less at GCSE.
- **School grades.** Young people in care who changed school in Y10 or 11 scored over five grades less than those who did not.
- **School absence.** For every 5% of possible school sessions missed due to unauthorised school absences, young people in care scored over two grades less at GCSE.
- **School exclusions.** For every additional day of school missed due to a fixed term exclusion, young people in care scored one-sixth of a grade less at GCSE.
- **Placement type.** Young people living in residential or another form of care at age 16 scored over six grades less than those who were in kinship or foster care.
- **School type.** Young people who were in special schools at age 16 scored over 14 grades lower in their GCSEs compared to those with the same characteristics who were in mainstream schools. Those in Pupil Referral Units with the same characteristics scored almost 14 grades lower.
- **Educational support.** Young people report that teachers provide the most significant educational support for them but teachers suggest that they need more training to do this effectively.

The findings of the research have been shared with the Designated Teachers, the Virtual School Governing Body and the Corporate Parenting Body. As a Virtual Head there were no major surprises in the findings of the research but having empirical evidence showing that school moves, placement moves, types of schools etc. ensures

that the message from the Virtual School is heard across a range of professionals and demonstrates that the Virtual School cannot improve outcomes for our young people on its own.

### **John Timpson Research**

The last Annual Report stated that early conversations about the Rees Centre undertaking research on attachment in schools in Torbay was highlighted. There are eight schools enrolled on this project and it runs over a three year cycle.

### **Data Collection**

There is an expectation for a data collection three times a year. This is at the end of November; March and June. The data is sent electronically from schools and it is then put into the relevant year group's data sheet. This data is RAG (red/amber/green) rated. Information on English and maths is collected for all year groups with the addition of Science at KS3 and all subjects at KS4. Also collected are the attendance and exclusions data and the date of the last PEP and whether the foster carer was present.

The data collection is quite a resource intensive process. The vast majority of schools do comply with our request but as data is put on ePEP each term there is an opportunity to check each child's PEP record from ePEP.

### **Staffing**

As mentioned earlier in the report one member of staff has been promoted to the role of Inclusion Support Officer. The VS also has a PEP Co-ordinator who started during the academic year and this is having a positive impact on completion of PEPS. This will give the teachers greater capacity to improve the quality of PEPS as they no longer need to do the chasing for dates etc. It has also been agreed that a 0.5 Admin Support Worker will recruited for September 2018.

One of the priorities last year was to review roles and responsibilities of staff to give greater capacity. The Inclusion Support Officer is one aspect of this the other was that one of the secondary teachers now has responsibility for post 16 and therefore has a reduced caseload at KS3 and 4. This is not like numbers for like numbers, but every 2 post 16 young person will equal one pre 16 CLA. Some work undertaken by teachers on school applications will now be the responsibility of the Inclusion Support Officer.

### Children Looked After Celebrations

This academic year the task of organising the CLA Award Ceremony fell to the Virtual School. This saw the main CLA Awards Ceremony taking place on Friday 23 March. It was held at the English Riviera Centre and was a sparkling affair.

There were 300 people in attendance with 125 being our CLA. The event looked very like the Brit Awards with round tables for the child and their carers to sit on with a veritable feast to enjoy. There were side events to enjoy after the presentations and formal aspects of the evening. The VS choir, whilst small, also gave a performance. A local celebrity came to give some 'sparkle' to the event.

The awards had been reviewed and new criteria were put in place. Nominations were requested from schools, social workers and foster carers.

Here are the names of the awards and the numbers of nominations:

Acts of Kindness - 13 nominations

Attainment - 12 nominations

Attendance - 16 nominations

Community Champion - 7 nominations

Creative Genius - 16 nominations

Musical Maestro - 6 nominations

Overcoming Obstacles - 52 nominations

Personal Achievement - 54 nominations

Progress Award - 22 nominations

Sporting Prowess - 14 nominations

Triple A - 1 nomination

For each award, bar the Triple A, there was a primary aged winner and a secondary aged winner. It was a fabulous affair and a great improvement on previous years. All children received a certificate for the nominations and every one received a gift bag with a range of items including a book token.

On 22 June the VS arranged a celebration for the Under 7s. This was hosted in a local hotel and an entertainer was booked to provide a party atmosphere and some structure to the event. This was attended by 32 children and they were accompanied by their carers. Every child was presented with a goody bag which included a book, some bubbles to aid their breathing and calmness, some sensory putty and a certificate. This event was also well received and will become a permanent fixture in the VS's calendar.

### Priorities

- To focus on English and Maths outcomes at KS4
- To continue the focus of the PRIM (progress, review, intervention meetings) on Y6 and 11 with a view to commence these in Y5 and Y10
- To determine the intervention necessary to improve progress in primary writing
- To build on the improvement in the quality of Personal Education Plans to bring consistently high quality PEPS
- To continue the focus and training on attachment in schools
- To improve the completion and quality of post 16 PEPS.
- To continue to strengthen the relationship between the VS staff and foster carers in order to ensure all foster carers have high educational aspirations for all our CLA.
- Ensure all foster carers have up to date knowledge of the changes within the curriculum at all key stages, life without levels, progress 8 and attainment 8, as well as understanding their role in PEPs, PP+ interventions and the support they provide for children placed in their care.
- To repeat the training for CLA Governors in schools in Torbay
- To determine the causes of the increase in Fixed Term Exclusions

## Conclusions

It has been another busy and successful year for the Virtual School. The focus on achieving the best outcomes for our children remains and is our primary focus. It should be noted when considering the data for the cohorts in the under 12 months in care that almost all children when entering care in the 2017/18 academic year were below age related expectations. This is not unusual and has been the case in all the years the Virtual School has been in place. However it exemplifies the importance of the personal education plan in ensuring that each child has a tailored approach to her or his learning in order to address any barriers to learning.

In terms of educational outcomes the upward trend for this year at KS4 sees the GCSE results amongst the best in England for CLA.

The focus on attachment will continue even though there has been a rise in FTX. This should ultimately impact on attainment but is not a quick fix. The Virtual School understands that all professionals need to be attachment aware and has widened its training to all professionals. The attachment training will continue in the next academic year.

A child needs to feel safe and secure in school and this also demonstrates to them their worth. This then optimises their belief in themselves and as the Rees Report states the young person's agency is crucial in achieving better outcomes. Indeed without their desire to do well no intervention will ameliorate their disadvantage.

It is clear that the schools in Torbay have a positive partnership and commitment to the Virtual School and I would like to thank Headteachers and Principals of our schools for their continued support.

The Virtual School team consists of highly competent professionals with a passion to ensure our children looked after achieve the very best they can. They demonstrate on a daily basis their knowledge and understanding of the young people and have excellent links with their social care colleagues.

There are good systems in place to track and monitor our children. The VS knows its children and young people very well. It works with the child, with the carer, with the school and demonstrates doing 'with' rather than to. OFSTED wrote in its June 2018 report that effective oversight and scrutiny is conducted by the VS.

The Virtual School will make difficult decisions when schools are clearly not the best settings for our children. Only the best is good enough for our children and young people.

The Virtual School offers training to a variety of professionals on educational attainment and inclusion. It also demonstrates the importance of CPD for its own staff by ensuring that team members are able to take advantage of training opportunities identified through appraisal.

There are areas for development. It is clear that our Attendance Officer has gained skills that sees her working directly with children on attachment and with teachers on inclusion. This may mean that the staffing and roles need to be reviewed in the future.

We need to ensure that all Personal Education Plans are rated 'Good' on every occasion and that children are encouraged to participate in a meaningful way in their PEP.

The SEF which follows this annual report gives a more comprehensive picture of why the school is described as a 'Good' Virtual School and its areas for development.

Finally I would like to add my thanks to all who support our young people to achieve the very best they can and of course the young people themselves for all the joy they bring us along as well as the problem solving opportunities too.



# **TORBAY**

## **VIRTUAL SCHOOL FOR CHILDREN IN CARE**

### **SELF EVALUATION REPORT**

**October 2018**

## **CONTENTS**

- 1. Summary**
- 2. Outcomes**
- 3. The experiences and progress of looked after children**
- 4. The experiences and progress of care leavers**
- 5. Leadership, management and governance**

1. SUMMARY

Current self-evaluation judgement

GOOD

The Virtual School is good because:

- The commitment and experience of the Headteacher as well as the team of highly competent teachers. All with a passion to ensure our children looked after achieve the very best they can.
- The knowledge and understanding the VS Team have of their young people especially those of statutory school age
- The positive partnership and commitment to the VS by Torbay schools
- Excellent working relationships between the VS, Designated Teachers and Foster Carers
- Good links with wider services such as the CLA CAMHS worker, SEN and Educational Psychology
- The focus on the emotional well-being of the children and young people and its links with underachievement/lack of engagement in learning.
- Excellent secondary school transition project which has seen positive impact on young people’s resilience when transferring from primary to secondary.
- Excellent Y11 results which will be amongst the best in the country for CLA
- A well-established Virtual School Governing Body which supports and challenges the VS with at least 3 governors who also sit on a school/academy governing body
- Good systems in place to ensure regular monitoring of pupil progress
- Good training packages for a variety of professionals
- Low numbers in alternative provision
- Excellent attendance with systems in place to reward good attendance and interventions when attendance is of a concern.
- Staff trained in THRIVE and Attachment and are used by social work professionals as well as schools to inform practice.
- Commitment to training in schools on attachment which is now in its fourth year

<p><b>What the Virtual School needs to do to improve:</b></p>	<ul style="list-style-type: none"> <li>• Continue to focus on outcomes at KS4 and KS2</li> <li>• Writing in KS1 and 2</li> <li>• The monitoring and tracking at KS5 through effective links with FE and other post 16 providers</li> <li>• Enhance links with Early Years' providers to ensure effective monitoring of EY cohort and use of EY PP</li> <li>• Ensure educational continuity for children placed for adoption</li> <li>• Ensure SEN work in a timely manner to secure appropriate schooling for those with an EHCP including those moved in an emergency</li> <li>• Ensure all PEPS are at least rated Good</li> <li>• Continue to improve the voice of the child through the PEP process through demonstrating its importance and linking progress in school to the feedback from young people.</li> </ul>
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<p><b>What the inspection judgements mean</b></p> <ol style="list-style-type: none"> <li>1. <b>An outstanding local authority</b> leads highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.</li> <li>2. <b>A good local authority</b> leads effective services that help, protect and care for children and young people and those who are looked after and care leavers have their welfare safeguarded and promoted.</li> <li>3. <b>In a local authority that requires improvement</b>, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place. However, the authority is not yet delivering good protection, help and care for children, young people and families.</li> <li>4. <b>A local authority that is inadequate</b> is providing services where there are widespread or serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded and promoted.</li> </ol>
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2.OUTCOMES 2018

Performance indicator	T R E N D	2018 TORBAY children in care %	2018 National children in care %	2017 TORBAY all pupils %	2017 National all pupils %	RAG Based Torbay CLA v national CLA
EYFS % reached GLD	↓	25% (1) *	47%	71.7%	70.7%	<span style="background-color: red; color: white;">FD</span>
KS1 % Reached at least expected standard - Reading	↓	50% (1)	53%	74%	76%	<span style="background-color: yellow;">A</span>
KS1 % Reached at least expected standard - Writing	↑	50% (1)	43%	68%	68%	<span style="background-color: green;">G</span>
KS1 % Reached at least expected standard - Maths	↑	50% (1)	49%	75%	75%	<span style="background-color: green;">G</span>
KS1 % Reached at least expected standard - Reading, writing and maths	↑	50% (1)	38%	Not available	Not available	<span style="background-color: green;">G</span>
KS2 % Reached at least expected standard - Reading	↓	35.3% (6)	51%	72%	71%	<span style="background-color: red;">FD</span>
KS2 % Reached at least expected standard - Writing	↓	23.5% (4)	50%	75%	76%	<span style="background-color: red;">FD</span>
KS2 % Reached at least expected standard - SPAG	↓	29.4% (5)	50%	76%	77%	<span style="background-color: red;">FD</span>
KS2 % Reached at least expected standard - Maths	↓	23.5% (4)	47%	55%	75%	<span style="background-color: red;">FD</span>
KS2 % Reached at least expected standard - Reading, Writing and maths	↓	17.6% (3)	35%	59%	61%	<span style="background-color: red;">FD</span>
KS4 % 5+ GCSEs at grades A*-C including English (Grade 4+) and Maths (Grade 4+)	↑	33.3% (7)	Not available	Not available	Not available	<span style="background-color: green;">G</span>
KS4 % 5+ GCSEs at grades A*-C	↑	33.3% (7)	Not available	Not available	Not available	-
KS4 % gaining a strong pass in both English and maths at Grade 5+	↑	33.3% (7)	9.9%	48.7%	39.1%	<span style="background-color: green;">G</span>

KS4 % gaining a Grade 5+ in English	↑	33.3% (7)	21.5%	62.6%	Not available	<span style="background-color: green; color: black;">G</span>
KS4 % gaining at least a Grade 4 in English	↑	42.8% (9)	Not available	Not available	Not available	-
KS4 % gaining a Grade 5+ in maths	↑	33.3% (7)	15.2%	53.4%	Not available	<span style="background-color: green; color: black;">G</span>
KS4 % gaining at least a Grade 4 in maths	↑	38.1% (8)	Not available	Not available	Not available	-
KS4 Attainment 8 score	↑	26.25	24.6	47.9	44.2%	<span style="background-color: green; color: black;">G</span>
KS4 Progress 8 score		-1.106	-0.93%	-0.03	Not applicable	
Y1 - Y11 % attendance 2017-18	↓	95%	96.1%(2016)	96% (2016)	Not yet available	<span style="background-color: yellow; color: black;">A</span>
% receiving at least one fixed term exclusion	↑	14%	10.42%(2016)	5.05% (2016)	Not yet available	<span style="background-color: yellow; color: black;">A</span>
% receiving a permanent exclusion	↔	0	0.14%(2016)	0.13% (2016)	Not yet available	<span style="background-color: green; color: black;">G</span>
16-18 number following and completing a L3 qualification		2	Not available	Not available		-
Total of 18-24 year old care leavers participating in Higher Education	↔	4.9%%	7% (2016)	-		<span style="background-color: yellow; color: black;">A</span>

Key: Red - well below national CLA outcome 2017

Amber - in line with national CLA outcome 2017

Green - above national CLA outcome 2017

\*In Torbay children in care column (number) = number of CLA who achieved this measure

### 3. THE EXPERIENCES AND PROGRESS OF LOOKED AFTER CHILDREN

Criteria	Key phases from Ofsted framework describing 'good' performance	Judgement (1234)	Main strengths & areas for improvement	Evidence and examples
Quality of education of schools where children in care are on roll	<i>All looked after children and young people attend a good school.</i>	2+	<ul style="list-style-type: none"> <li>• VS has policy of checking school rating prior to application. SW to liaise with VS Team (according to phase).</li> <li>• Torbay has a mixed picture of OFSTED ratings but there is good knowledge of the inclusive practices and the commitment and determination for our CLA.</li> <li>• Residential placements – system now in place in order for VS/SEN to 'vet' any which include education within their contract.</li> <li>• List kept of OFSTED ratings.</li> <li>• Comparison made of out of area/in area schools for OFSTED ratings.</li> <li>• Good links with SW region VS Teams – particularly Plymouth and Devon – our near neighbours.</li> <li>• Newly Qualified SW receive training from VS Team on all matters appertaining to education – includes SW from all teams.</li> <li>• The location of Inclusion Officer on 1<sup>st</sup> Floor North with the Safeguarding and supporting Families Team has given a real presence and the Officer is consulted on all matters when a child comes into care by this team. This has helped agency social workers understand the admissions process and ensure they understand that a CLA only have a new school admission for a Good or Outstanding school.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to a school application a member of the VS checks the OFSTED rating. If there is a compelling case for the child to attend an RI school it will be considered after a conversation with the HT of the VS in that area if out of area; or a school improvement adviser. If there is agreement for them to attend the RI school there is close monitoring of PEPS.</li> <li>• When a school moves from Good/Outstanding to RI/Inadequate the VS looks at each individual case and decides whether it is in the child's best interests to maintain their place at that school. During the previous academic year the decision was made to move four children from two Inadequate schools in Torbay. This followed discussions which indicated neither school were going to improve in a timely manner and it was felt that a move was appropriate in terms of quality of provision for the children. All were in the primary phase. One moved to a Good school in Paignton; one moved to a Good school in Brixham and two moved to a Good school in Galmpton. All four settled well with the VS ensuring there was a good, robust transition in place. Improvements in outcomes were seen by the end of the summer term which has continued into the academic year ending in 2018.</li> <li>• Further evaluation is needed to assess whether there is a difference in progress for children in RI/Inadequate schools v those in Good/Outstanding schools.</li> <li>• In secondary all seven of the RI schools are outside of Torbay. There were no children in Inadequate schools.</li> </ul>

				<ul style="list-style-type: none"> <li>• In primary there were two Torbay schools which were RI and one out of area school.</li> <li>• There are 4 primary aged children and 7 secondary aged young people in RI schools.</li> <li>• One of the secondary aged children was in Y11 and obtained four strong passes and one pass in GCSEs – one of the strong passes was a Grade 7. This young person is now undertaking A level studies at this school. This is a fantastic result as the first three years in secondary school saw a very mixed picture of progress and behaviour escalation. The new school was attached to a residential setting and for this young person has proved very successful.</li> <li>• In primary there were 91.9% in Good or Outstanding schools. In secondary there were 89.2% in Good or Outstanding schools.</li> <li>• During the year one child was in a school rated as Inadequate in January. This school closed six weeks later. The child had an EHCP so a package of tailored teaching and support was created and as the child was in Y11 arrangements to sit GCSEs made.</li> <li>• 4% of the total cohort are in schools without an OFSTED judgement (academy converters or new schools).</li> <li>• There were a total of 91% in Good or Outstanding schools. This matches the previous year's percentage ratings.</li> <li>• List now compiled by the ePEP and Systems Co-ordinator on a half-termly basis.</li> </ul>
<p><b>Attendance</b></p>	<p><i>Children and young people attend school or other educational provision and they learn.</i></p>	<p>2+</p>	<ul style="list-style-type: none"> <li>• Attendance at primary is 97.7% and secondary 92%. This is a very small increase of 0.2% at primary and a decrease for secondary of 1.05% on the previous year's attendance.</li> <li>• Overall attendance is 94.85%. This is a decrease of 1.15% on the previous year.*</li> <li>• There were eight continuous care children categorized as Persistent Absentees. The rate of PA has reduced again this year. This is 4.5% and is lower than the previous year's figure for Torbay and the national CLA PA rate. There was</li> </ul>	<ul style="list-style-type: none"> <li>• The Inclusion Officer monitors attendance daily for children whose attendance is slipping and create action plans for children whose attendance is starting to give cause for concern. This will include contacting the child's SW and foster carer as well as their school. Data is collected by WelfareCall and monitored by our ePEP and Systems Co-ordinator.</li> <li>• Of the PA continuous care children 37.5% (3) have an EHCP and attend special schools.</li> </ul>



			<p>one child who came into care during the Spring Term who was categorised as PA.</p> <p><b>Areas for improvement</b></p> <ul style="list-style-type: none"> <li>Analyse of out of area v in area attendance.</li> <li>Analyse FTX details to see if there is a link to where the child is placed i.e. in area v out of area.</li> <li>Compare the rise in CLA FTX with the rise of all children subject to FTX.</li> </ul>	<ul style="list-style-type: none"> <li>Two of the continuous care children with EHCP and categorised as PA had delays in securing appropriate specialist provision and had packages of provision whilst waiting. One of the cases had appropriate provision but refused to engage. This child subsequently was moved from the carers into residential provision. Attendance is now at 100%</li> <li>Of the PA continuous care children 25% were in schools in Torbay.</li> <li>Out of the continuous care children categorised as PA there were 1 in Y7; 1 in Y8; 2 in Y9; and 4 in Y10.</li> <li>One cc PA Y9 was involved in a car accident which saw long periods in hospital with only part time provision via a medical tuition service.</li> <li>The child categorised as PA but came into care in the Spring saw an increase in her attendance which is expected to be sustained into the next academic year.</li> <li>FTX rate at 14.2% (CLA experiencing at least one exclusion). This was an increase of 10.5% on previous year's figure. Whilst much work had been completed with DTs on alternatives to exclusion there has been an increase. This needs further analysis.</li> <li>Only three children in primary were subject to a FTX. Of these two have an EHCP with SEMH being the primary need.</li> <li>Of the 22 children in Y7 – 11 subject to a FTX nine of them have an EHCP with SEMH as the primary need. Of these six attend specialist provision for SEMH.</li> <li>There may also be a correlation between the impact of attachment and trauma training with primary schools and the low number of FTX in primary schools.</li> <li>Children joined the VS during the year who were on part time packages. These were worked intensively to secure full time education and ensure best chances for GCSE exams.</li> </ul>
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<p><b>Attainment and progress</b></p>	<p><i>The attainment gap between them and their peers is narrowing.</i></p>	<p>2</p>	<ul style="list-style-type: none"> <li>• Outcomes of those in Reception reaching a Good Level of Development – down by 25% on the previous year. It should be noted that this is a very small cohort of four.</li> <li>• Outcomes at KS1 have decreased from the previous year. There are only two in this cohort. A decrease of 7.1% in those achieving at least expected outcomes in reading; 7.2% in writing; 7.2% in maths; and a decrease of 7.2% in reading, writing and maths.</li> <li>• A similar picture to KS1 was seen in KS2 with decrease in those reaching Expected Standard. However it should be noted that out of the cohort of 17 7 have EHCP. Of these seven there are five with the primary need in their EHCP being cognition with MLD+ noted. The decreases were disappointing after the previous year’s results but they were expected.</li> <li>• In terms of progress between KS1 and 2 of the continuous care children 29.4% made positive progress in Reading; 34.8% in writing; and 23.2% in maths.</li> <li>• At KS4 it was a much stronger picture and again this was expected. The number gaining 5A*-C including English and maths was 33%. This was an increase of 19.7% on the previous year when we were in line with the national CLA attainment. There was an increase in the number getting 5A*-C of 15.1% on the previous year’s figure. There was an increase in the number getting at least a Grade 4+ in English on the previous year of 20.1% and an increase in the number getting a Grade 4+ in maths of 11.1% on the previous year.</li> <li>• On the positive side this year we saw an increase of 19.7% gaining a strong pass in English and maths (i.e. Grade 5+). In this measure last year we exceeding the national CLA data for this measure.</li> <li>• 33.3% of Torbay’s continuous care cohort achieved at least a Grade 4 in English and maths against a national figure last year of 8%. This cohort from Torbay saw 42.8% get a Grade 4+ in English plus 4 other GCSEs against 22% of the national</li> </ul>	<ul style="list-style-type: none"> <li>• The Primary CLA Teacher undertook interventions with CLA who were not secure in gaining ARE mainly for Reading but not exclusively.</li> <li>• At KS4 the picture has vastly improved. It should be noted that these were children who achieved the L4 in their SATS and were not subject to either placement or school moves during secondary school.</li> <li>• Interventions from the VS were put in place to try to secure 4+ grades in English and Math for those who were predicted 3 and 4s.</li> <li>• Good relationships between CLA Teachers (English and maths specialists) and identified Y11 intervention CLA.</li> <li>• RAP in place to ensure targeted approach to improvement at both KS2 and KS4. PRIM meetings in place to monitor progress.</li> <li>• Letterbox – designed to raise achievement/love of reading of CLA. Monthly parcels for six months from Y3; Y5; Y7 as well as special needs. All eligible children receive parcels which are well regarded as reported by DTs and Foster Carers. The benefits include the increased involvement of foster carers and the engagement of the children in their own learning.</li> <li>• Mindfulness group for young people in a school has operated and included CLA but also some of their peers. This work also involved foster carers.</li> <li>• University taster day undertaken at Exeter aimed at KS4. A very positive day and the young people were enthused about the possibilities.</li> <li>• University Taster Day at Marjon for those at the end of KS2. Seven children in Y6 attended and experienced various forensic activities and heard about university life.</li> <li>• STEM day held in summer term. This time the focus was on KS1 and 2. Twenty four children took part in this event. The themes were: Carbon Dioxide – Friend or Foe? Forces; Problem Solving; and Trebuchets. Very well received and will be repeated.</li> </ul>
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			<p>CLA group; and 38.1% of the Torbay cohort achieve at Grade 4+ in maths plus four other GCSEs against a national CLA figure of 11%.</p> <ul style="list-style-type: none"> <li>• The Attainment 8 score increased marginally from the previous year by 3.41 to 26.25.</li> <li>• The Progress 8 score decreased marginally by 0.09 from the previous year. This needs to set alongside the percentile ranking and compared to the previous year's ranking to see the effect of the decrease. The P8 was -1.106. The range of Progress 8 scores for individuals ranged from +2.19 to -5.22.</li> <li>• At KS5 there were three young people studying L3 qualifications who passed them. Two of these have moved on to an HEI and one has gone into employment. The majority of the young people either completed L1 and plan to move onto L2 in September with a smaller number completing L2 qualifications and moving on to L3 in September.</li> </ul> <p><b>Areas for improvement</b></p> <ul style="list-style-type: none"> <li>• Continued focus on outcomes at KS4.</li> <li>• The gender difference on attainment</li> <li>• Further analysis of data to look at performance on gender/ SEN/ length of care episode/ placements (school and carer)</li> <li>• Use of Care Leavers in HE to demonstrate fulfilment of aspiration.</li> <li>• Visits for Y7+ to HE institutions to raise profile of opportunities for them in HE.</li> <li>• Greater liaison with post 16 providers.</li> <li>• Greater analysis on the impact of PP+.</li> </ul>	<ul style="list-style-type: none"> <li>• VS Team all have high expectations for all our children and young people and will always go the extra mile.</li> <li>• Good knowledge of interventions and support for vulnerable learners – inclusive practice. Knowledge gained through PRIM process.</li> <li>• Over 120 staff from schools have completed the 7 day Attachment Awareness in schools.</li> <li>• Five schools have agreed to take part in the Timpson Research Project on attachment which will see all staff receive training on attachment.</li> <li>• All Educational Psychologists have also completed the 7 day training. The impact of this is now seen in the reports they write with attachment firmly embedded in the report and advice for the schools which is based on attachment and trauma principles.</li> <li>• Four staff in the VS have completed the 7 day course and now work in schools either directly with children or advising staff in how to work with the child.</li> <li>• Support for mindfulness in schools</li> <li>• Secondary English teacher trained to deliver mindfulness in schools.</li> <li>• TVS is a member of the Letterbox Club</li> <li>• All staff THRIVE trained</li> <li>• Individual case work includes targeted interventions on attainment as well as inclusion</li> <li>• Raise Foster Care knowledge of HE and the support for CLA when in HE to ensure they give positive messages.</li> <li>• Enhance links with Early Years to ensure the earliest engagement for our CLA and school readiness</li> <li>• Establish regular programme of monitoring visits by the VSHT to schools in Torbay to discuss with HT and DT.</li> <li>• NIMBL, a tablet educational resource, purchased for all children.</li> <li>• PP+ is allocated every term through the PEP process. A range of interventions are seen with many, once the child is ready to learn, focussing on accelerating progress.</li> </ul>
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<p style="text-align: center;">Page 52</p>	<p><i>The local authority maintains accurate and up-to-date information about how looked after children are progressing at school and takes urgent and individual action when they are not achieving well.</i></p> <p><i>Urgent action to protect children is taken where they are missing from school or their attendance noticeably reduces.</i></p>	<p style="text-align: center;">2</p>	<ul style="list-style-type: none"> <li>• System in place to track academic data. This also captures attendance; exclusions; date of PEP and if carers were present.</li> <li>• Each KS has its own tracking sheet. The DT completes this and returns by secure e-mail to the VS.</li> <li>• Excellent compliance by all schools.</li> <li>• VSHT ensures data put on to tracking sheet.</li> <li>• The HT RAG rates the data and this informs the VS Team for interventions by themselves or through negotiation with the school.</li> <li>• Raising Attainment Plan in place for Y6 and Y11</li> <li>• VS Team has very good understanding and knowledge of those children of statutory school age both academically and emotionally</li> </ul> <p><b>Areas for improvement</b></p> <ul style="list-style-type: none"> <li>• Ensure rigour of each school’s system of capturing data</li> </ul>	<ul style="list-style-type: none"> <li>• From baseline data at start of year children are highlighted for interventions. These are in Y11 and once the primary CLA was in place in Y6 too.</li> <li>• Regular (PRIM) meetings to update on interventions and progress.</li> <li>• Monitoring of individuals PEP and AP.</li> <li>• Use of VS Ed Psych for young people when an issue identified around cognition or behaviour.</li> <li>• VS has dedicated EP time which, when used, can be added to through bespoke funding according to need through PP+.</li> </ul>
<p><b>Children placed out of area</b></p>	<p><i>Children and young people who live away from their ‘home’ authority have immediate access to education that meets their needs as soon as they begin to live outside of their ‘home’ area.</i></p>	<p style="text-align: center;">2</p>	<ul style="list-style-type: none"> <li>• Admissions policy in place</li> <li>• Children placed out of area in a planned way are not subject to a delay in attending a new school (within 20 working days of placement) and wherever possible work is sent to ensure some continuity of education whilst the admission is processed.</li> <li>• Out of area children placed in Torbay all have an admissions meeting with the receiving school and the VS prior to a start in school. This is to ensure the right support is put in place.</li> </ul>	<ul style="list-style-type: none"> <li>• Admissions policy in appendices</li> <li>• Good liaison with other VS Teams</li> <li>• SW in CLA Team work in same location as VS Team</li> <li>• CLA Teachers available for case discussions and advice about school applications</li> <li>• Torbay Admissions manages the process once the school has been identified for all CLA for schools both in area and out of area.</li> <li>• CLA Teachers very proactive in the support for children placed out of area for those within a 50 mile radius of Torbay and will endeavour to attend at least the first PEP for these young people.</li> </ul>

			<p><b>Areas for Improvement</b></p> <ul style="list-style-type: none"> <li>• Emergency placements may experience delay. Often these children have complex needs and support packages need to be in place to ensure a successful transition in school.</li> <li>• Late notification of children being in care (back dated to the time they entered care as opposed to the date from PARIS of the notification).</li> <li>• SEN children are subject to a period of consultation and may sometimes experience a delay.</li> </ul>	<ul style="list-style-type: none"> <li>• Training for new social workers in place.</li> <li>• Inclusion Support Officer sits on floor with Safeguarding and Families Team – this is the team which would take a child into care.</li> <li>• VSHT receives PARIS notification of a child entering or leaving care. This is shared on the day the report arrives as the team have a deadline to work to if the child is not attending a school or is placed out of area and needs a new school as the distance is too far for daily travel.</li> </ul>
<p>Page 53 PEP quality assurance</p>	<p><i>Accurate and timely assessments of their needs, as well as specialist support where it is needed, help them to make good progress in their learning and development wherever they live.</i></p>	<p>2</p>	<ul style="list-style-type: none"> <li>• PEP QA process in place although this is solely for children in Torbay schools as relies on CLA Governor in the school to QA the PEP with the DT.</li> <li>• VSHT reads all PEPs before agreeing to the PP+ targets and requests for interventions.</li> <li>• E-PEP implemented on 1 November 2016 and is now well embedded for school aged children.</li> <li>• On notification of a child coming into care the Attendance Officer puts the child and SW onto ePEP and notification about the PEP meeting is generated.</li> <li>• PEPs are now termly for all school aged children.</li> <li>• PEP meetings held within timescales has been around 90% all year. However lack of admin support sometimes sees a delay in getting the PEP from ePEP onto the social care recording system (PARIS).</li> <li>• PP+ allocated through action plans on ePEP.</li> </ul> <p><b>Areas for Improvement</b></p> <ul style="list-style-type: none"> <li>• Embed Early Years PEP in the ePEP system</li> </ul>	<ul style="list-style-type: none"> <li>• PEP QA document in appendices.</li> <li>• Ongoing training for ePEP throughout year for both DTs and social workers.</li> <li>• PEP Co-ordinator in place</li> <li>• Evidence of Action Plans in PEPS with SMART targets which allow next PEP to review whether the plan is effective in lowering the barriers, meeting needs and stimulating improved educational outcomes.</li> <li>• Each team member has an allocation of schools and PEPS are a high priority.</li> <li>• PEPS are now completed termly.</li> <li>• The VSGB set a target of 90% completed and on PARIS. This means completed PEPs on ePEP must be saved on to PARIS.</li> <li>• PEPS are a regular discussion at our DT Forums.</li> <li>• Team liaise with DTs over individual PEPS as and when necessary.</li> <li>• If a child is in Y6 or Y11 and is located too far away for an intervention from the VS specialist teachers then contact is</li> </ul>

			<ul style="list-style-type: none"> <li>• Currently post 16 PEP is paper based and may need to move to ePEP</li> <li>• Continue to strengthen the voice of the child within the PEP process.</li> <li>• Specialist teachers to QA a sample group of PEPS from their schools. This will allow for focussed improvement on quality of PEPS by individual schools were necessary.</li> </ul>	made with the school to ensure a relevant target and intervention is included in the PEP.
Alternative provision	<i>Children and young people who do not attend school have access to 25 hours per week of good-quality registered alternative provision. They are encouraged and supported to attend the provision and there is regular review of their progress.</i>	2	<ul style="list-style-type: none"> <li>• Small numbers attend AP. During this academic year no continuous care children attended alternate provision. However two Y11s came into care during the year who were on roll at the KS4 PRU in Torbay. Both of these had poor attendance and the VS staff worked hard to ensure there was rigour to their programmes and an increase in attendance by ensuring an appropriate programme was in place.</li> <li>• There is close monitoring of children in AP provision.</li> <li>• Staff in VS work hard to keep children in mainstream settings as all outcomes are better for a child to stay in mainstream (evidence from Rees Report). This also can adversely affect the VS in terms of P8 scores as PRUs and AP are not included in this measure. However the needs of the child are paramount and MUST take priority.</li> </ul>	<ul style="list-style-type: none"> <li>• Where possible the team works to keep a child in a mainstream school as we know the child will get better outcomes. Sometimes this may mean we suggest some interventions which may include using a key worker and the school sending someone on the attachment training.</li> </ul>
Support for education: foster carers	<i>They receive the same support from their carers as they would from a good parent.</i>	2	<ul style="list-style-type: none"> <li>• Training is part of the universal training offered to all carers.</li> <li>• Topics in academic year included SEN support including involvement of EPs; mindfulness; understanding THRIVE within an educational context; supporting your child to</li> </ul>	<ul style="list-style-type: none"> <li>• The VS Team deliver at least three training sessions per year to the Foster Carers</li> <li>• Attendance at PEPs is monitored</li> <li>• Reading target which involves foster carers was included on PEPS for all primary aged children following a review of PEPs by the Virtual School Governing Body.</li> </ul>

			<p>read; changes to curriculum including new GCSE grades; attachment</p> <ul style="list-style-type: none"> <li>Bespoke training re changes to curriculum and assessment.</li> </ul> <p><b>Areas for Improvement</b></p> <ul style="list-style-type: none"> <li>Foster carer representatives on the VSGB.</li> </ul>	<ul style="list-style-type: none"> <li>Good links with foster carers – VS Team will contact to highlight any concerns or praise.</li> <li>Good liaison with foster carers by the VS Team for all the Y6 transition children on Get Gritty</li> <li>8 week mindfulness course undertaken for foster carers</li> <li>Congratulation letters sent to foster carers of Y11s to thank them for their support to their children – feedback from this simple ask was fantastic.</li> </ul>
<p><b>Support for education: social workers</b></p> <p>Page 55</p>	<p><i>Ofsted does not refer to support for social workers but our view is that they should understand the PEP process to be able to support and challenge schools regarding the education of looked after children.</i></p>	2	<ul style="list-style-type: none"> <li>Training offered to all SW on PEP process and the importance of the PEP.</li> <li>VS Team located in the CLA Team area so are readily accessible.</li> <li>VSHT sits on Permanence Panel which meets weekly.</li> </ul> <p><b>Areas for Improvement</b></p> <ul style="list-style-type: none"> <li>Ensure agency social workers have same understanding of VS as established staff</li> <li>Changes in the management structure of Children’s Services has seen Education and Social Care being separated so that Heads of Service sit in their respective area. This has seen a delay in communication at best.</li> </ul>	<ul style="list-style-type: none"> <li>Social Workers have daily contact with the VS Team as they are located on the same floors.</li> <li>Newly Qualified SW receive a briefing about the VS and the work of the VS in the Autumn Term and when requested by the Training Group.</li> <li>ePEP training ongoing through the year.</li> <li>VS Team attend team meetings when necessary.</li> <li>CLA Teachers will support SW in attending PEPS when requested.</li> <li>VS staff trained in Attachment are regularly consulted in order for SW to work more effectively 1:1 with the children. This is particularly so on the SASF floor</li> <li>Closer links with the Fostering Social Workers have been forged.</li> </ul>

<p><b>Support for education: designated teachers and other school staff including CLA Governor</b></p>	<p><i>Ofsted does not refer to support for designated teachers but our view is that they should be given the training support and resources in order to carry out the statutory responsibilities. We also believe that each school should have a designated governor for children in care who should receive appropriate training to ensure that the governing body is fulfilling its statutory obligations.</i></p>	<p>2</p>	<ul style="list-style-type: none"> <li>• Good knowledge of DTs</li> <li>• DT Forum is well attended by DTs in Torbay</li> <li>• VS Team have positive relationships with in area and out of area DTs.</li> <li>• Training for CLA Governors undertaken in order to ensure they are effective CLA Governors.</li> <li>• Names of CLA Governors held by the VS</li> <li>• Re-establish the VS Newsletter.</li> </ul> <p><b>Areas for Improvement:</b></p> <ul style="list-style-type: none"> <li>• Initiate programme of regular monitoring visits with CLA Governors.</li> <li>• Ensure training takes place annually for CLA Governor.</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive list of DT within Torbay held as well as list of DTs in schools where we have CLA placed out of area.</li> <li>• Ongoing initial 8 week mindfulness training on offer to all DTs.</li> <li>• DTs enabled to attend the mindfulness training - PAWSBE</li> <li>• CLA Teacher trained to deliver mindfulness to secondary aged children</li> <li>• DT sends the VS a copy of their Annual Report to their Governing Body on their CLA.</li> <li>• Template used from the VS for DT Report.</li> <li>• VS asked to produce articles for the Governing Body Support Newsletter.</li> <li>• DTs are kept fully informed of the VS results and the need to narrow the gap.</li> <li>• All CLA Governors have a checklist of questions to ask their DT in order to ensure effectiveness of their intervention in school.</li> <li>• On-going attachment 7 day courses. Two mores courses completed this academic year and a further group will commence in September which is being hosted through Torbay Teaching School.</li> <li>• Attachment support group led by VS in place. Meets half termly.</li> <li>• Inclusion Support Officer is the attachment lead in the VS.</li> <li>• KS5 PEP training held at SDC.</li> <li>• Good links between the VS and DT</li> </ul>
<p><b>Effective use of resources including Pupil Premium Plus</b></p>	<p><i>Inspectors must report on how well pupil premium funding is targeted to help children</i></p>	<p>2</p>	<ul style="list-style-type: none"> <li>• PP+ was well received in schools and DTs felt liberated by being able to able for funding for interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Get Gritty Y6 Transition project was funded through PP+. Designed to increase the child’s resilience and effect a smooth transition into Y7. It used the medium of outdoor education in order to set challenges which increased individual resilience and enhanced teamwork. Unintended</li> </ul>



	<p><i>achieve well and in accordance with the grant conditions</i></p>		<p><b>Areas for Improvement:</b></p> <ul style="list-style-type: none"> <li>• Analysis of PP+ in both out of area and in area schools in order to assess if there is a difference in impact for out of area v in area</li> </ul>	<p>outcome was that the group found it positive to be working within a CLA group. This was undertaken after SATs in the summer term.</p> <ul style="list-style-type: none"> <li>• Y7 Get Gritty update course in place for those GG pupils from previous year.</li> <li>• VS Choir in place – meets weekly at Sacred Heart School.</li> <li>• Activity Day (outdoor activities) put on in July – 50 yp as well as the majority of the VS plus a foster carer. Very successful.</li> <li>• STEM Day paid through PP+</li> <li>• University Taster Days paid for by PP+</li> <li>• Surf Day for KS4. .... young people took part in this day. None of them had surfed before and were not a typical surf sizes. They thoroughly enjoyed and embraced the activity and a clear enjoyment and feeling good about themselves was observed</li> <li>• NIMBLs have been purchased for all children from Y4- 10.</li> </ul>
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4.THE EXPERIENCE AND PROGRESS OF CARE LEAVERS

Criteria	Key phases from Ofsted framework describing 'good' performance	Judgement (1234)	Main strengths & weaknesses	Evidence and examples
<p>Education, Employment and Training and support for Post 16s</p> <p style="text-align: center;">Page 58</p>	<p><i>Care leavers have access to appropriate education and employment opportunities, including work experience and apprenticeships.</i></p> <p><i>They are encouraged and supported to continue their education and training, including those aged 21 to 24 years</i></p>	<p>3</p>	<ul style="list-style-type: none"> <li>• VS Team capture destinations of Y11 in Summer Term</li> <li>• VS Team have knowledge of Y12/13 who are in education – school or FE</li> <li>• CLA Team now includes CLA up to 18 in the same team as all CLA. They are located on same floor as VS.</li> <li>• CSW have a contract for one day a week to support Care leavers.</li> <li>• Representative from South Devon College on VSGB.</li> </ul> <p><b>Areas for Improvement</b></p> <ul style="list-style-type: none"> <li>• Capacity of team to actively work these cases. This is young people who are Care Leavers rather than just CLA who are post 16. The Care Leavers is a large group and currently it is their Pas who support the educational aspect.</li> <li>• Quality of PEPs for Care Leavers.</li> </ul>	<ul style="list-style-type: none"> <li>• PEP training held at SDC at least termly.</li> <li>• Teacher with responsibility for post 16 has delivered training on attachment at SDC and has been pro-active in establishing a good working relationship with the CLA Co-ordinator at the FE Colleges.</li> <li>• In Y12 5 were NEET; 23 at college with only two of these working at L3; and 2 on apprenticeships.</li> <li>• In Y13 there are two young people on apprenticeships; 7 young people are NEET with two of these being a young parent. Of the rest one is in employment; and 15 are at college with two out of this group studying at L3.</li> </ul>

<b>Tracking of Post 16s</b>	<i>Care leavers are progressing well and achieving their full potential through life choices, either in their attainment in further and higher education or in their chosen career/occupation.</i>	3	<ul style="list-style-type: none"> <li>• 8 (4.9%) care leavers in HE during this academic year. This is two less than the previous year but is as the results of completion of degrees.</li> </ul> <p><b>Areas for Improvement</b></p> <ul style="list-style-type: none"> <li>• Identify resource which sees closer links to the VS for this group.</li> <li>• Capture the views and harness the positive experience of care leavers in HE to aspire and motivate younger Children in Care towards HE.</li> </ul>	
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## 5. LEADERSHIP, MANAGEMENT AND GOVERNANCE

Criteria	Key phases from Ofsted framework describing 'good' performance	Judgement (1234)	Main strengths & weaknesses	Evidence and examples
Virtual School accountability to Local Authority		2	<ul style="list-style-type: none"> <li>• Commitment to supporting CLA in education from VSHT to Corporate Parent to Schools.</li> <li>• Shared focus with VS Team and partners</li> <li>• VS Governors take role very seriously and it is now confident in challenging and supporting the VS in order to help drive forward improvements.</li> <li>• Close links between the Corporate Parent Group and VSGB</li> <li>• A well-established Virtual School Governing Body which supports and challenges the VS</li> <li>• VS Team operate as a team in supporting our learners.</li> <li>• All workers receive 1:1 and annual appraisals.</li> <li>• Accessibility of the VSHT</li> <li>• Clear lines of accountability</li> <li>• VSGB have an accurate and comprehensive understanding of the needs of their pupils and the reasons for underachievement.</li> <li>• VSGB plan and monitor actions in order to improve the school's work.</li> <li>• Four of the VSGB are CLA Governors in their own schools.</li> <li>• Performance management is used effectively to improve outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• VSGB membership includes CLA Governors from four schools; a rep from TASH and TAPS; senior managers from Social Care and Education; FE college rep; foster carer.</li> <li>• Schools Forum agreement to fund a primary CLA Teacher has seen this post now integrated within LA.</li> <li>• VSHT Annual Report to Governors presented to Corporate Parenting Group.</li> </ul>
Virtual School as champion for looked after children's education		1	<ul style="list-style-type: none"> <li>• VSHT is clear on the vision for improvement</li> <li>• VS Team is passionate and committed to all of its pupils.</li> <li>• VS Team strives to ensure each child has access to good quality education and any barriers are removed.</li> <li>• VS Team not afraid to challenge schools when necessary</li> <li>• Torbay schools very supportive of the VS</li> </ul>	
Virtual School's self-evaluation		2	<ul style="list-style-type: none"> <li>• The VS knows its strengths and areas for development.</li> </ul>	

and development planning			<ul style="list-style-type: none"><li>• The increase in the size of the team has increased capacity. A clear commitment to our CLA and recognition of the capacity of a small, and well respected, team.</li></ul>	
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## Glossary

EYFS - Early Years Foundation Stage

GLD - Good Level of Development

DT - Designated Teacher

EHCP - Education, Health and Care Plan

SEMH - Social and Emotional Health

MLD - Moderate Learning Difficulty

ASD - Autistic Spectrum Disorder (Condition)

PMLD - Profound and Multiple Learning Disabilities

SEN - Special Educational Need

EBACC - English Baccalaureate

NEET - Not in Education, Employment or Training

VS - Virtual School

SGO - Special Guardianship Order

RI - Requires Improvement (OFSTED category)

KS - Key Stage

FE - Further Education

ARE - Age related expectations

PA - Persistent Absence

SATS - Standardised Assessment Tests

GSCE - General Certificate of Secondary Education

SMART - Specific, measurable, attainable, realistic/relevant, timebound

STEM - Science, technology, engineering and maths

PRIM - Progress review intervention monitoring

PP+ - Pupil Premium Plus

EP - Educational Psychologist

CPD - Continuing Professional Development

THRIVE - A therapeutic approach to help support children with their emotional and social development

ePEP - Electronic Personal Education Plan

UASC - Unaccompanied Asylum Seeking Children

PX - Permanent Exclusion

FTX - Fixed Term Exclusion



**Meeting:** Policy Development and Decision Group (Joint Commissioning Team)

**Date:** 4 March 2019

**Wards Affected:** All

**Report Title:** Special Educational Needs and Disabilities (SEND) Strategy 2016-20

**Is the decision a key decision?** No

**When does the decision need to be implemented?** March 2019

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## 1. Proposal and Introduction

- 1.1 This is a mid-term review of Torbay's SEND Strategy 2016 – 2020.
- 1.2 This SEND Strategy 2016-20 sets out the Local Authority (LA) strategy for improving outcomes and life chances for children and young people with Special Educational Needs and Disabilities (SEND) across the local area. The Local Authority has led the strategy and recognises that its success lies in the effectiveness of the partnership between all stakeholders. The strategy sets out what the local area will aim to achieve through partnership arrangements between the LA, educational settings, parents/carers, children and young people, other agencies and services in health and social care, including adult services and the voluntary sector.
- 1.3 The SEND strategy is a key element in delivering aspects of the Torbay Children and Young People's plan for 2014-2019 and Torbay's Strategy for Achieving Educational Excellence Everywhere for 2016 to 2020. These plans aim to give all children and young people the best start in life so they are safe, happy and healthy to reach their full potential.
- 1.4 Through the adoption of this strategy it is our intention to further join up help across education, health and care, from birth to 25. Ensuring help is offered at the earliest possible point, with children and young people with SEND and their parents fully involved in decisions about their support and what they want to achieve. This will help lead to better outcomes and more efficient ways of working.

1.5 The following report provides an overview of what has been achieved from the introduction of the strategy and sets out the future direction through a new action plan.

## **2. Reason for Proposal and associated financial commitments**

### **2.1 Priority areas for action**

Through the process of self-evaluation, the local area has identified key strategic priorities. There is much to do and the planned actions have been selected to reflect the ambition of the area and to ensure there is aspiration in what can be achieved.

The local area is committed to deliver these with rigour and a relentless pace to bring about sustained outcomes in a timely manner.

The strategic priorities will be supported by an action plan, created in partnership with all stakeholders within the local area. The aim being to focus on working in partnership with agreed accountability and governance.

The following paragraphs set out what has been achieved against each priority area:

#### **Priority 1: Integrated Agency Working**

*Agencies will work together effectively to improve outcomes for children and young people with special educational needs and disabilities.*

Social Care has implemented a single point of contact (SPOC) to respond to all requests for statutory EHC assessment within a timely manner. Leaders have taken on board DfE good practice examples to ensure that an assessment of need is offered in each case and are working with the SEN Team to develop the quality of the information provided.

Health have implemented a Single Point of Contact (SPOC) to respond to all assessment information and have recently put in place quality monitoring procedures to strengthen the timeliness and quality of information provided. Timeliness has significantly improved in the last 12 months and work is ongoing to ensure this is sustained.

An Early Identification process between health and social care has been implemented for children with SEN. This will enable the immediate holistic needs of the child and family to be considered in relation to their SEND and consideration of their future individual needs. It will also enable health, education and social care services to plan for the future needs of the Local Area, for instance the number of places that will be needed in a special school or the adaptations that will need to be made to a mainstream school.

A Joint Funding panel is now in place which will secure sufficient high quality care placements for looked after children and children in need in their areas and to ensure an appropriate response to children with complex needs, some of whom will be in care. This will also capture any gaps in provision and monitor emerging needs of children and young people. Placements and packages of care will include in-house, the independent sector and the voluntary and community sector.



The Children and Young People's Strategic Partnership Steering Group has been put in place and is responsible for:

The development of effective local arrangements for the commissioning and delivery of responsive, integrated services; and, fulfilling the duty under the Children Act (Section 10) to promote co-operation between Torbay Council and local partners.

### **Priority 2: The Local Offer**

*Partners and service providers will meet the needs of children and young people with special educational needs and disabilities as part of the Local Offer.*

Substantial work has been undertaken, coordinate by SEN to ensure that the Local Offer is populated with useful interactive content which meets the needs of young people, parents and professionals. This can be evidenced by the Early Years Resource pages which is one of the top number of hits in the FIS directory.

More work needs to be done to ensure that the Local Offer can be used to identify gaps in provision across Education, Health and Care and to ensure that the views of children and young people with SEND and their families are at the heart of this.

The Children and Young People's Strategic Partnership group will consider the intelligence gathered from children and young people with SEND and their families to ensure that service meet the needs of the local area.

The Joint Strategic Needs Assessment now include SEND.

Children and Adult Services are working closely to ensure that an effective transition is planned for young people from the age of 14. Adult Service are investing in Children's Services to address need an earlier stage and reduce the complexity of services that young will when they reach 18.

### **Priority 3: Joint Commissioning**

*Joint commissioning arrangements will contribute to the right services being in place for children and young people with special educational needs and disabilities within Torbay.*

The Children and Young People's Strategic Partnership Steering Group has been put in place and is responsible for:

- The development of effective local arrangements for the commissioning and delivery of responsive, integrated services; and, fulfilling the duty under the Children Act (Section 10) to promote co-operation between Torbay Council and local partners.
- The intelligence gathered from the local area, using consultation and feedback mechanisms such as the local offer will be used to inform the group's commissioning priorities.

The Joint Funding panel will support an appropriate joined up response for those with complex needs.

The Chair of the Parent Carer Forum is a member of the SEND Operational Leads group and takes part in the monthly SEND Audits. The Head of Service for SEND

and SEND Project Manager regularly meet with the forums to provide updates and share developments.

#### **Priority 4: Co-Production**

*Clear co-production pathways will enable children, young people and parents to make a significant contribution to identifying and planning the local offer available to children and young people with special educational needs and disabilities.*

The Chair of the Parent Carer Forum (PCF) represents the views of parents and carers as part of the SEND Operational Leads group. The PCF has drawn up a Principles of Participation, Engagement and Coproduction document which has been signed up to by the SEND Operational group.

The purpose of the principles are:

- To enhance and develop the range and quality of services provided for all children across Torbay with special educational needs and disabilities.
- To ensure children and young people's needs and parent/carers views are adequately represented.
- To create Local action plans that will include parent/carer participation and engagement with identified success measures.
- Mechanisms for parent/carer engagement are embedded in common practice - using various ways of communicating.

The PCF will hold Local Area partners to account by using the principles document as a reference to provide challenge on activity.

The SEN Team has enhanced the opportunities for children, young people and their families to take part in the EHC assessment process and co-produce the EHC plan and will continue to build on this as part of ongoing service developments.

The SEND Operational Leads group is working with Play Torbay to develop further opportunities to work with young people by engaging with the Young People's Partnership Trust.

#### **Priority 5: Preparing for Adulthood**

*Young people moving into adulthood will be offered a variety of opportunities to help them realise their potential.*

A transition protocol between children's and adult services has been developed and is in the implementation phase. The purpose of this protocol is to describe how children's services (Torbay Council) and adult services (Torbay and South Devon NHS Foundation Trust) will work together to ensure that the young person and their family (or carer's) have a positive experience through the transitions process. The protocol will also seek to describe how other key agencies such as housing; will help young people in their preparation for adulthood.

This protocol is part of a set of documents that will inform and guide young people between the ages of 14 and 25 years of age who come under the responsibility of Torbay local authority.

The twice yearly Torbay Transition Board has been set up and brings together professionals from Education, Health and Children and Adults Social Care to share case information and start planning from age 14 for those who are likely to require

a service from Adult Services. This will be further strengthened by the appointment of a joint funded transition worker.

A vision for post 16 education in Torbay has been agreed and a process piloted to measure the outcomes achieved by young people. Post 16 providers are working with the local area to provide a significant amount of data for all learners taking into account performance against individual learning targets, attendance, and destination data. The LA is working with School's Forum to demonstrate that value for money is being provided.

A joint strategic commissioning group is in place with the aim of improving transition between Children's and Adult Services for children with Special Educational Needs and / or a Disability.

## **2.2 Next Steps**

Significant progress has been made across the key priority areas, however key priority actions still need to be delivered to drive forward practice across the local area. The initial action plan of the strategy has been reviewed and the report contains an updated action that represents the next phase of delivery. This action plan has been created across Education, Health and Social Care and represents the agreed priorities for delivery. The progress towards these actions are subject to regular review by the SEND operational group.

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## **3. Recommendation(s) / Proposed Decision**

That the Elected Mayor be recommended:

- 3.1 To note the progress made on the SEND Strategy and agree the revised action plan set out at Appendix 3 to the submitted report.

### **Appendices**

- Appendix 1 Original SEND Strategy
- Appendix 2 SEND Strategy Action Plan with RAG rating of progress
- Appendix 3 Updated SEND Strategy Action Plan



# Torbay's Special Needs & Disability (SEND) Strategy

Vision and Priorities 2016-20



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## Foreword

Our goal is for every one of our children and young people in Torbay to be safe, healthy, happy, and ambitious for their future, and to develop skills for life. This is our aim for all children, including those with Special Educational Needs and Disability (SEND). We want them all to have the opportunity to be the best they can be and to have choice and control over their support.

The recent changes in legislation and ambitions for children and young people with SEND, provide a golden opportunity to improve all our services, working with stakeholders, providers, parents and children. The principles of co-production and transparency are at the heart of this approach as the local authority cannot realise the ambitions of the SEND Strategy without the input and contributions of others.

The number of children presenting with additional needs is increasing both locally and nationally. This reflects, in part, on improvements in medical and diagnostic processes, which are to be welcomed. However it all poses a challenge in ensuring we can meet the needs of the children. The SEND Strategy provides the framework within which services can develop in an affordable and sustainable manner in the interests of Torbay children.

Thank you for your continued support and continuing contribution to an area of work focused on meeting the needs of some of our most vulnerable children and young people.

Andy Dempsey

Director of Children's Services





# Section One

## Introduction

This document sets out the Local Authority (LA) strategy for improving outcomes and life chances for children and young people with Special Educational Needs and Disabilities (SEND) across the local area. The LA has led the strategy and recognises that its success lies in the effectiveness of the partnership between all stakeholders. The strategy sets out what the local area will aim to achieve through partnership arrangements between the LA, educational settings, parents/carers, children and young people, other agencies and services in health and social care, including adult services and the voluntary sector. The following diagram depicts the definition of the local area.



The SEND strategy is a key element in delivering aspects of the Torbay Children and Young People's plan for 2014-2019 and Torbay's Strategy for Achieving Educational Excellence Everywhere for 2016 to 2020. These plans aim to give all children and young people the best start in life so they are safe, happy and healthy to reach their full potential.

Through the adoption of this strategy it is our intention to further join up help across education, health and care, from birth to 25. Ensuring help is offered at the earliest possible point, with children and young people with SEND and their parents fully involved in decisions about their support and what they want to achieve. This will help lead to better outcomes and more efficient ways of working.

## The Vision

Our vision is for a well-planned continuum of provision from birth to 25 in Torbay that meets the needs of children and young people with SEND and their families. This means integrated services across education, health and social care which work closely with parents and carers and where individual needs are met without unnecessary bureaucracy or delay. It also means a strong commitment to early intervention and prevention, so that children's and young people's needs do not increase because early help is provided in a timely way.

We believe that every Torbay child and young person should have their needs met, as far as possible, in their local community, in local early years providers and schools, in Further Education colleges and work places and that they should be offered high quality provision which ensures good health and care and good education progress and achievement.

We expect every early years provider, mainstream school and post 16 setting to make effective provision for disabled children and those with SEN so that they make good progress in their learning and can move on easily to the next stage of their education and later into employment and independent adult life.

We also expect education, care and health services to be delivered in an integrated way so that the experience of families accessing services is positive and children's and young people's safety, well being and health outcomes are well promoted alongside their educational progress and achievement.

Our vision is to have effective services in place for young people with additional needs up to age 25. It is our expectation that the education and training offered by post 16 providers will take into account the assessment of pupils' needs and strategically plan to meet the aspirations of pupils during this phase and beyond. This will be reflected in the wide variety of high quality options for post 16 education and training, giving young people the choices and opportunity to work towards their aspirations, ensuring where appropriate that there are pathways into employment and independent living.

To ensure that young people are recognised as full citizens with their own contributions to make to their local communities and society, we will embed and strengthen the process of supporting their transition to adulthood. To do this, we will recognise the strengths of previous experiences, building on effective strategies for continuity and progression, ensuring that transition is a good experience for every young person, leading to strong outcomes.

We believe that every Torbay child and young person who is disabled has the right to live as ordinary life as possible in the local community, with easy access to local schools and support services they and their families need. Some young people with the most complex needs will continue to require significant levels of help and we aim to ensure they and their families can work with us to shape the services that will best ensure good outcomes for them and their inclusion in society.

In delivering our vision we will ensure our approach is family centred. We will ensure that parents, children and young people are involved in discussions and decisions about every aspect of planning, including making provision to meet local needs.

This will be achieved through their direct involvement in planning and reviewing the local offer; reviewing special educational provision and social care provision and drawing up individual EHC plans, reviews and assessments.

## **Legislative Framework**

Local authorities must fulfil their statutory duties towards children and young people with special educational needs or disabilities in the light of the guidance set out in the Special Educational Needs Code of Practice – January 2015. This Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations.

See appendix 2 for further information.

## **Key principles of the legislation**

The law aims to improve the system by giving more importance to the views, wishes and feelings of children and young people and their families. It is based on these principles:

### ***Participation***

Local authorities and health partners must work with parent carers and young people to improve services in their area, for example through their local parent carer forum.

### ***Outcomes***

Local authorities must offer support in a way that enables children and young people with SEND to achieve the best possible educational progress, and helps them do what they want in their lives as they grow up.

### ***Joint decisions***

Local authorities must make sure that young people and their families get the right information and support to take part in decisions which affect them.

### ***Joint working***

Education, health and social care services must work more closely together when they are deciding the support available for children and young people with SEN and disabilities in their area.

## **Statutory Accountability**

There are two inspectorates, Ofsted and the Care Quality Commission (CQC), that hold local areas to account and champion the rights of children and young people. Under the local area special educational needs or disabilities (or both) inspection framework, inspectors review how local areas meet their responsibilities for children and young people (from birth to age 25) who have special educational needs or disabilities (or both).

The Inspection Framework began in April 2016 and all local areas will be subject to an inspection during the next 5 years. The delivery of this strategy will help the local area to meet the requirements of the regulator.

## **National Strategic Context**

This strategy is being published at a time of significant change, with some of the biggest shifts in national policy for over 30 years. The strategy is intended to ensure that Torbay is well positioned to continue to embed the implementation and maintenance of those changes for the benefit of children, young people and families.

The Children and Families Act 2014 offers simpler, improved and more consistent help for children and young people with SEND. The new system extends the rights and protections to children and young people by introducing streamlined, integrated education, health and care plans, extending provision from birth to 25 years of age and strengthening co-production principles.

The reforms, which came into force in September 2014, require:

- A cultural change in the way in which we listen to and engage with children, young people and their parents and carers enabling them to make informed choices.
- The local authority to develop and publish a Local Offer, and to work closely with the NHS, schools and post-16 settings to use resources through joint commissioning to improve the range of support available in a local area.
- A more flexible model of joint commissioning that promotes access to personal budgets, focuses on specific groups of children or areas within the borough and ensures that children and young people's needs are met.
- Better commissioning of new provisions to ensure needs are met in local schools, post 16 settings and by local community services.
- Positive transitions at all key stages within a 0-25 age range, especially a more successful transition to adult life.
- A skilled workforce that is able to meet the needs of children and young people with SEND and those who are disabled.
- Services that support families to meet their children's needs and help children to remain in their local community.

The Act sets out the expectation that children and young people with special educational needs should be included within the activities of mainstream schools and post 16 settings. Schools and post-16 settings have statutory duties under the Equality Act 2010 to ensure that they do not discriminate against children and young people with SEND. They should ensure that pupils with SEND can be involved in every aspect of school life. This may involve changing the way educational settings teach pupils. Pupils should have access to a mainstream setting alongside pupils who don't have SEN where this is reasonably practical and possible

The SEND Code of Practice provides statutory guidance relating to Part 3 of the Children and Families act. The SEND Code of Practice places significant duties on the local authority and area.

The Care Act 2014 requires local authorities to ensure co-operation between Children's and Adult' services and to promote the integration of care and support with health services. This is so that Young Adults are not left without care and support as they make the transition between Children's and Adults Social Care.

Definitions of disability and special educational needs can be found in appendix 3.



## Section Two

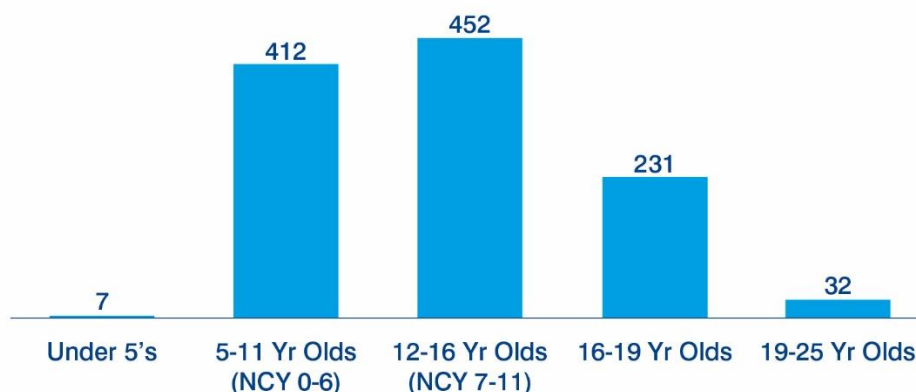
# Torbay's Current Context and Performance

There are currently 26,745 children and young people under the age of 18 living in Torbay (ONS mid- year 2015). 20,055 children and young people attend state-funded schools in Torbay (January 2016 school census).

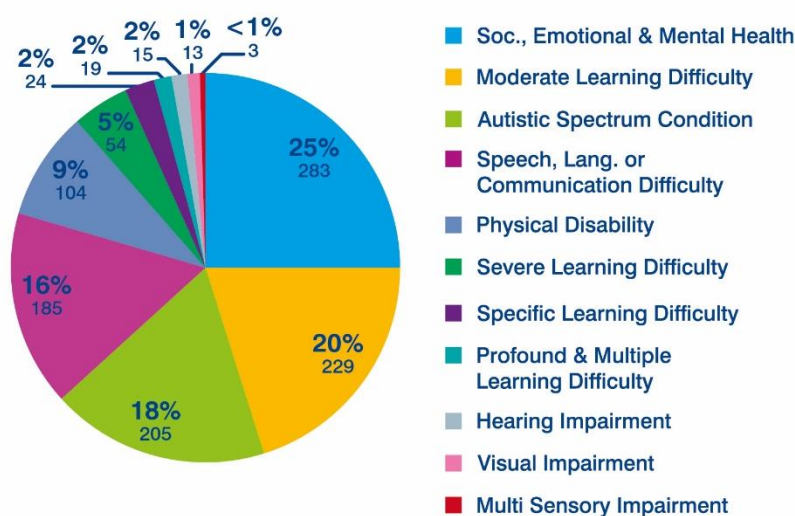
Torbay has a high proportion of children and young people with Statements / Education, Health and Care Plans. This equates to 4.4% of the pupil population compared to 2.9% nationally. This figure includes all types of schools including free schools and independent schools (school census 2016 as reported in Local Authority Interactive Tool (LAIT))

The SEND legislation covers the age range 0-25 years. The total number of Torbay pupils with EHC Plans / Statements is 1134 (as of 30/1/17). The following charts demonstrate the number of pupils with either an EHC Plan/Statement by age band and the primary identified need.

**Statements and EHCPs by Age Band**



## Statements and EHCPs by Primary Need



### Transfers of Statements to EHC Plans

In September 2014 the LA introduced the statutory Education Health and Care (EHC) needs assessment and began the process of transferring Statements to EHC plans. This included the introduction of EHC plans for learners with SEND up to the age of 25, transferring Learning Disability Assessments to EHC plans where requested and needed.

In September 2014 Torbay had a target of 888 Statements of Special Educational Needs to transfer to Education, Health and Care plans. At the time of writing (January 17) 53% (471) had been transferred with a remaining 47% (417) statements to be converted. Torbay has a detailed plan demonstrating the timescales for transferring statements to EHC plans and is accessible at [www.torbay.gov.uk/SEN](http://www.torbay.gov.uk/SEN).

### New Requests for Statutory Assessments

Since September 2014 the LA have seen a 30% rise in requests for new assessments. The percentage of requests for statutory assessment that have been refused has risen from 14% in academic year 2013-14, to 23% in 2015-16. This indicates that thresholds are being robustly applied and more work is needed to strengthen early identification and school support for learners with special educational needs.

The following table shows the new requests for statutory assessment by Academic year and the conversion rates for agreement/refusal.



	<b>Sept 13 – Aug 14</b>	<b>Sept 14 – Aug 15</b>	<b>Sept 15 – Aug 16</b>
<b>Requests for Statutory Assessment</b>	133	164	175
<b>RSAs agreed</b>	115 (86%)	142 (87%)	135
<b>RSAs refused</b>	18 (14%)	22 (13%)	40

When a request has been agreed the LA has to complete the process within 20 weeks. The performance of the authority is well above national average.

The table below details the timescale performance for agreed and issued EHC plans.

	<b>Sept 13 – Aug 14</b>	<b>Sept 14 – Aug 15</b>	<b>Sept 15 – Aug 16</b>
<b>EHC plans completed within timescales</b>	104 (90%)	123 (89%)	103 (82%)
<b>EHC plans completed over timescales</b>	11 (10%)	15 (11%)	22 (18%)
<b>Left Area / Not Issued / Not required</b>	0	4	5
<b>Assessment in Progress</b>	0	0	5

## Current Provision and Accessibility

Children and young people in Torbay may attend mainstream early years settings, schools or colleges or specialist provision such as mainstream schools with enhanced resource provision or special schools.

Information about provision for learners is published on the Torbay Local Offer. All schools publish their SEN Information Report which will detail the support they provide. Information about Resource Provision in mainstream schools and special schools is on the Local Offer.

In addition to mainstream provision the LA has developed a number of enhanced resource provisions that are delivered by mainstream providers. These include the following:-

- Preston Primary School (Autistic Spectrum Condition)
- Barton Academy (Speech & Language Therapy)
- St Margaret's Academy (Hearing Impairment)
- The Spires College (Hearing Impairment)
- Brixham College (Autistic Spectrum Condition)

Torbay also has a strong network of special schools that meet the needs of pupils that cannot be accommodated in mainstream provision. These include:-

- Combe Pafford School
- Mayfield School (including Chestnut Centre)
- Torbay School

For some pupils their needs are also met outside of the local area through alternative and bespoke provisions.

***Currently 43% of the local area pupils with Statements / EHCPs attend a special school or an independent provision.***

To ensure appropriate pathways exist for students aged 16 -25 the local authority continues to work with and grow the following providers

- Combe Pafford School
- Mayfield School
- South Devon College
- Independent specialist provisions.

The LA also commissions Careers South West to ensure young people remain in education, employment or training through targeted work and planning.

To continue to develop the provision on offer, the Local Authority has been developing its Schools Accessibility Strategy for 2016-2020 in consultation with schools, children and young people and their families.

The aim of the strategy is to improve access arrangements in schools for children and young people with special educational needs and disabilities.

In addition the Local Authority removes barriers to accessibility through the robust implementation of the Home to School Transport Policy. This policy sets out the eligibility for assistance for pupils with a statement / EHC plan. Many children and young people with SEN qualify for assistance, based on mobility problems, associated health and safety issues of their special educational needs or on the grounds that their disability prevents them from walking to the establishment with an adult.

This offer is also extended to students aged between 16 -18. Where students because of special educational need or a disability are not able to walk or travel by bus to their education setting, transport assistance will be provided (supplemented by a contribution to the cost).

### **Funding to support learners with special educational needs and disabilities**

In 2013 the government changed the way in which all maintained schools, academies and non-maintained special schools were funded, including arrangements for funding SEND provision. The intention of the funding reform was to:

- Achieve a simpler, more transparent and consistent system of funding for schools and better focus on the needs of pupils;
- Achieve maximum delegation of funding to schools to ensure education funding reaches the schools and pupils according to need;
- Ensure that funding is arranged on an equivalent basis across providers so that arrangements are transparent and improve choice for young people and their parents.

It is a mandatory requirement for schools to provide up to the first £6,000 of additional support for all pupils with special educational needs from this delegated funding. Top up funding over £6,000 is then allocated from the high needs block to meet assessed needs.

Special schools are funded on a commissioned number of places at a fixed amount per place. Top up funding is then allocated from the high needs block according to the provision required to meet individual pupil needs. The same funding principles also apply to post-16 provision in further education colleges.

All mainstream schools including academies and free schools are expected to use their delegated budget to deliver high quality outcomes for all children and young people including those with special educational needs and/or disability.

Torbay currently allocates more than £26 million annually in supporting the needs of children and young people with SEN and those who are disabled.

The above figure includes the £10million allocated in the mainstream school budget, with the remainder being the Higher Needs Block of £16million. The Higher Needs budget is spent on commissioning places in special schools, top up funding in mainstream schools, colleges and early years, the cost of SEN support services and alternative provision for children and young people of all ages.

**Performance of learners with special educational needs** Current educational attainment for pupils with special educational needs is variable compared to both national and statistical comparisons.

Within the Early Years, children in receipt of SEN support achieve an equivalent level of good development compared to the same national group. Currently 26% of pupils with SEN support achieve a Good Level of Development (GLD). For children with a statement/EHCP Torbay is slightly below the national trend. Currently 3% of Torbay EHCP children achieve a good level of development compared with 4% nationally.

The trend is different at Key Stage 2. In 2016, 13% of Torbay pupils with SEN support achieved the expected standard in a combined level for reading, writing and maths.

This is below both the national level of 16% and the statistical neighbour group at 17%. Torbay is ranked 95th out of 152 authorities.

For pupils with a statement /EHC plan the outcomes at Key Stage 2 are different. 9% of Torbay pupils with a statement/EHC plan achieved the expected standard for a combined level in reading, writing and maths. This compares favourably to the 7% nationally and is in line with the LA statistical neighbours. For this indicator Torbay is ranked as the 27th performing LA out of the 152 local authorities.

The outcomes at Key Stage 4 are not maintained within the Local Area.

At the end of Key Stage 4 in 2015 3.8% of pupils with a statement/EHC plan achieved 5 good GCSE grades including English and Maths compared to 8.8% nationally and 6.8% in statistical neighbours. Torbay ranked 130th out of the 152 local authorities. Work is underway to develop a process for measuring the % of young people with SEND who move into paid employment following post 16 education, starting from September 17. As a local area we will focus on raising aspirations and realising a sustained rise in the % of young people moving into meaningful employment.

### **Our approach to work with children, young people and their families**

Torbay recognises that children, young people and their parent's value support. The local area has arrangements in place for information, advice and support from an easily accessible service. Torbay has taken the decision to externally source a

provider to deliver this advice, ensuring it is confidential, impartial and independent information. Special Educational Need and Disabilities, Information, Advice and Support Service (SENDIASS) dealt with 204 independent support queries and 111 information and advice queries in 2016. The work of the service is highly regarded and valued by young people, parents and professionals.

Personalisation is at the heart of the practice that is being developed within Torbay. For the local area this means putting children, young people and their families at the centre of the Education, Health and Care (EHC) process. The local area takes action in a number of ways to achieve personalisation this includes:

- Person-centred approaches where children with special educational needs or a disability are put at the centre of decision making, enabling them to express their views, wishes and feelings;
- Personalising the support which families receive through education,
- health and social care services working in partnership to arrange seamless care and support for them;
- Funding mechanisms, which enable enhanced flexibility, choice and control for young people and their families through the use of direct payments and personal education and health budgets.

Torbay is committed to ensuring that at the initial stages of an EHCP assessment, a SEN Casework Officer will make a face to face meeting in order to discuss the process and ensure all relevant views are sought. This contact also occurs for each case where it is decided not to initiate the assessment process. This ensures there is an understanding of the reasons why it is felt that an assessment is not necessary and provides an interface to give advice and support regarding next steps.

To create greater personalisation Torbay is developing its approach through the use of a personal budget, giving children and young people choice and control over the design of their care and education package. In developing our approach to personal budgets, the SEN Officer will spend time explaining the personal budget option and will look into each request on an individual basis. If a service can meet a young person's needs within a reasonable cost and there are no funding barriers (e.g. block contracts) then the area is committed to work with families to meet their wishes.

The Local Area recognises that meeting the needs of all children and young people are complex. There may be times when we are unable to reach an agreement. Young people and their families have the right of appeal to the SEND Tribunal. Torbay has a strong formal mediation service commissioned across the peninsular from Global Mediation. Torbay has a very low rate of cases which result in formal mediation (1 over the last 12 months) or SEND Tribunal (1 over the last 12 months)

## Local Area Workforce Development

To continue to improve performance the LA has prioritised the development of the workforce. Since the SEND reforms came into force in September 2014 a great deal of awareness raising and training has occurred on a multi-agency basis in order to ensure there is a greater understanding of the legislative requirements and the expectations placed upon the Local Area. Close working arrangements with Health (Designated Medical Officer; Clinical Commissioning Group commissioners; Heads of Therapy Services), Social Care, educational providers, parents and voluntary sector colleagues has provided a platform to develop the approaches to support children and young people with special educational needs and/or disabilities.

Investment has been put in to ensure all professionals understand the value of working effectively together to deliver a quality of provision that is valued by parents. This can be evidenced from the SEND annual events, SENCO training, Joint SENCO group, SEND Operational Leads, Preparing for Adulthood group. It is valued by parents and is evidenced by the feedback forms and phone surveys which are in place.

The SENCO's from early years settings and schools have received training to help them understand and implement reforms effectively. They are able to demonstrate that children and young people with EHCP's/ Statements of SEN, and those identified as receiving special educational needs and/or disabilities support are having their needs accurately assessed and regularly reviewed. The work of SENCO's is of good quality. SENCOs are adept at supporting their colleagues to highlight areas of concern regarding the children and young people they teach. There is a vibrant SENCO Network which is supported by the Torbay Teaching School Alliance (TTSA). Joint facilitation between SEN and the TTSA ensures aspects which have been identified as part of the SEND Audit process are encompassed and addressed.

## Examples of Workforce Development Initiatives Include

### ***Autistic Spectrum Condition***

The rising level of identified autistic spectrum conditions (ASC) is being addressed well. Pathways for those who have ASC are clearly defined and families are benefitting from a multi-disciplinary approach. Funding granted from the Schools Forum has enabled ASC Champions to be identified in mainstream schools and high quality AET training has been cascaded.

Parents recognise the positive difference that this is making and are appreciative of the guidance and support.

### ***Early Bird***

Joint training between Educational Psychologists / Portage / Speech and Language Therapists around Autism has enabled a comprehensive training programme to be maintained that is valued by recipients.

### ***Attachment Training***

Through the work of the Virtual School for Looked after Children, 24 schools have undertaken attachment training. Schools are becoming attachment aware and staff confidence and knowledge has increased. The training has also been completed by Educational Psychologists and CAMHS professionals.

To build the momentum a support group has been set up for those who have completed the first round of training, this group is being led by the educational psychology service.

## **The services and organisation working to deliver the SEND agenda**

The SEND reforms re-emphasised the importance of working together to safeguard, assess and meet the needs of children and young people with SEND. The development of the workforce will continue to ensure that everyone who comes into contact with children and their families and carers has a role to play in safeguarding children.

### **Early Years**

Torbay has a strong network of early years providers and children's centres that are supported by a high quality advisory service. To identify children at the earliest stage a system has been developed for bring forward a 2-3 year integrated review for all children conducted between Health Visitors and Early Years Providers.

Through this process identification of any additional need will be shared between professionals to ensure timely interventions and/or referrals as appropriate.

As well as setting based SENCOs the Local Authority also has a dedicated Early Years Inclusion Teacher and Portage Team.

Young children with an identified need and their families in early years settings are well supported by practitioners following the 'graduated approach'. The establishment of a multiagency meeting involving the Portage Home Visitor, Educational Psychologist and the Inclusion Advisory Teacher ensures

The most needy of our early years aged children in Torbay are receiving timely support and intervention to enable them with their start to school

- Transition meetings are arranged for all the children at SEN Support and/or with an EHCP, involving the SENDCo of the educational setting and the young children's carers/parent. Following this, a plan is agreed.
- Setting SENDCos are developing confidence and skills through attending SEND training events organised by the advisory teacher for early years inclusion. Some early years settings are working collaboratively to organise their own 'in house' training events.
- Parents/carers have the opportunity to be clearly informed of an individual early years setting's SEND provision through using the Torbay Local Offer.

For the academic year of 2015-2016, 99 children were identified as having additional needs and/or a disability and known to the Early Years Inclusion Service. 66 children were referred between September and the following August, and 33 children were already known to the service from the previous academic year. For many of these children their needs were met in their local community early years setting, supported by additional investment from the Activity Led Funding for Early Years (ALFEY) budget.

### **Early Help**

The Early Help Team Co-ordinator attends the SEND Panel as the designated Social Care Officer. The SEND Team are also represented at the Early Help Panel by an EHCP Co-ordinator or Portage Worker Lead. This enables timely advice on SEND resources, enabling efficient access and identification.

### **Children with Disability Team**

Torbay Children's Services have the Children with Disability Team comprising of social workers and community care workers who support children under 18 with a disability and their families. The team work with children who may present challenges to their families and aim to coordinate appropriate support packages which involve other specialist practitioners such as CAHMS, Learning Disability Team and Health Professionals.

The team's work also includes the management and support of holiday play schemes, Saturday Clubs and Short Breaks services for children with SEND.

### **Looked after Children's Team**

Children who are in care of the local authority have the opportunity to have their views considered by a range of communication methods and the team works closely with advocacy agencies. Children in care are a priority with professionals carefully considering appropriate school placements and the package required to meet their educational needs.

Torbay has a vibrant Virtual School consisting of a Head Teacher, Secondary and Primary Teachers and an attendance/pastoral support officer. Close liaison between the SEN Team and the staff within the Virtual School ensures that students with SEN receive the appropriate level of support.

In November 2016, 66% of the Torbay CLA Cohort were known to SEND with 42% receiving SEN support and 24% having a statement/EHC plan.

### **Youth offending team**

The Local Authority recognises that the principles underpinning the Code are now also relevant when supporting detained persons. There is close collaboration between the SEN Team and the Youth Offending Team to develop protocols to ensure that data sharing is effective and that all steps are taken to improve the



educational outcomes and prepare for adulthood for children who have been part of the youth justice system.

### **Transition from Children's to Adult Services**

Links with Adults Services have been strengthened to ensure a clear transition pathway is in place. Staff from Children's and Adult Services effectively work together, sharing information about young people aged between 14 and 18 who have an identified need. From the age of 16 and subject to assessment, Adult services will work with the young person, their family and supporters to progress their transition and contribute to their EHCP plan, potentially until age 25.

A transition coordinator is assigned to all young people. They look at young person's current needs, the cost and possible support they may need as an adult and assess the level and type of support that is required.

This is a relatively new process and the local area continues to grow and develop this partnership to achieve the best future outcomes.

### **Clinical Commissioning Group**

With the local area there is one clinical commissioning group (CCG). This is South Devon and Torbay Clinical Commissioning Group. In line with the SEND code of practice the CCG has commissioned a Designated Medical Officer who supports the CCG to meet their statutory duties and provides a point of contact for local partners. The designated Medical Officer is actively engaged with the development of SEND and attends the fortnightly SEND Panel and SEND steering group.

### **Joint commissioning across education, health and social care**

The local area SEND operational leads group is made up of officers from education, health and social care teams. The group meets regularly and it aims to identify and review potential areas for joint commissioning activities linked to the SEND reforms. It also links to the review of current joint commissioning services where SEND is a factor. The terms of reference can be viewed at [www.torbay.gov.uk/send-reforms](http://www.torbay.gov.uk/send-reforms)

The CCG is currently in a pre-procurement phase in respect to all Children's Community Health Services. This provides an additional opportunity for the local area to commission services in line with need.



## Section Three

### Challenges

The challenges facing the local area in the delivery of meeting special educational needs are complex and cannot be underestimated for the numerous leaders working at both a local, regional and national level.

The critical challenges to overcome are:-

#### National School Funding Reform

The Department for Education is currently consulting on a reform that will change the current system for distributing school funding. The government has started a process of introducing a national funding formula from 2018 – 2019. The plans would remove the local areas ability to manage the additional demands on higher needs funding by using the central dedicated schools grant. In 2019 the local authority (local area) will receive an allocation of funding for children and young people with high level special educational needs. The funding level to be awarded is also subject to consultation and has not been determined.

Within these proposals there is also the removal of the statutory function to have a schools forum to determine spend across the local area. This could result in a lack of investment from stakeholders towards common aims that have previously been centrally co-ordinated through the forum. For example the investment into a Tier 2's mental health service or centralised training for Autism.

Early analysis of anticipated spend and a review of budgets demonstrates that the local area Higher Needs Block would be in a deficit position without the creation of a statementing contingency fund from the central designated schools block. In 2018 this is anticipated to be approximately £300k.

The Higher Needs Block is also volatile due to an increased expectation to meet the needs of Post 16 pupils. This new duty has not been matched by the allocation of new funding.

To overcome this challenge we will:-

- Share intelligence with schools, systems leaders, partners within the local area to ensure that the challenge is understood.
- Contribute to the current and future consultation processes and make representation to Ofsted and the Regional Schools Commissioner.
- Use the Department for Education Grant to review higher needs spending and implement a specific action plan to address recommendations.
- Facilitate an equivalent body to School Forum.
- Review and apply the thresholds used to allocate higher needs funding.

## Sufficiency of Placements

The Local Authority is one of many stakeholders who can contribute to the development of creating new provision for pupils with special educational needs. Torbay has taken action to commission additional placements with existing schools, colleges and special schools within the local area. The current capacity of providers to expand the offer further is limited; this is compounded by the demographical demand to create more provision at all phases.

Current Free School policy (a term used for all new school post May 2015) will create some new opportunities for growth through additional capital and revenue investment. However the policy requires a commitment from cross border authorities to commission placements for a bid to be considered.

The Local Area has not historically attracted national independent providers. Successful work has been carried out between the SEN team and local organisations to generate some bespoke post 16 arrangements. The capacity to use independent providers that are not registered with Ofsted is also a key factor; much work will need to be undertaken with independent provision to ensure that they are able to meet the requirements of an Ofsted registration and regulation process.

To overcome this challenge we will:-

- Complete an accurate assessment of the provision within the local area.
- Publish a needs assessment and share widely with key stakeholders to bring about market interest.
- Identify sites and existing assets to plan for growth and new provision
- Maintain and utilise relationships with cross border Officers, Multi Academy Trusts, Regional Schools Commissioner office, Department for Education and Education Funding Agency.

## Maintaining Inclusive Practice

In a diverse provider landscape the local area must exercise a range of roles and remain committed to the inclusion of children and young people. The Local Authorities ability to direct schools to accept pupils has altered in a new more autonomous system of academy provision. Whilst the local Authority will of course maximise its influence, it has to be recognised that whilst the statutory duty remains with the local authority the systems levers to ensure compliance are complex and involves timely interventions from the Department for Education for Academy Schools when required.

The ability of providers to include and meet the needs of pupils judged to be at the stage of “education support” also needs to be maximised. The current rates of Statements / Education, Health and Care plans are disproportionately high compared to national, regional and statistical neighbours. This equates to 4.4% of the pupil population compared to 2.9% nationally.

To overcome this challenge we will:-

- Use the findings of the Special Educational Need Quality Audits completed in 2016 -2017 to drive forward key change with senior leaders and SENCO's
- Continue to maximise the SEND network to include Headteachers/ Governors
- Follow up on parental and professional concerns in relation to concerns raised about individual schools, using where appropriate local data.
- Devise a protocol for with Regional Schools Commissioner to inform schools of the actions that will be taken, when and by whom.

## Section Four

### Priority areas for action

Through the process of self-evaluation, the local area has identified key strategic priorities. There is much to do and the planned actions have been selected to reflect the ambition of the area and to ensure there is aspiration in what can be achieved. The local area is committed to deliver these with rigour and a relentless pace to bring about sustained outcomes in a timely manner.

The strategic priorities will be supported by an action plan, created in partnership with all stakeholders within the local area. The aim being to focus on working in partnership with agreed accountability and governance.

### Priority 1: Integrated Agency Working

*Agencies will work together effectively to improve outcomes for children and young people with special educational needs and disabilities.*

- Ensure that Special Educational Needs and Disability is considered in strategic planning of the partners who make up the local area.
- Strengthen the established joint working between local authorities and CCGs in the development of an Education, Health and Care plan to support the provision of effective services for children and young people with Special Educational Needs.
- Embedding and strengthening pathways in order to bring about effective working practices.
- Define clearer roles and responsibilities for education, health and social care and how partners will hold each other to account.

### Priority 2: The Local Offer

*Partners and service providers will meet the needs of children and young people with special educational needs and disabilities as part of the Local Offer.*

- Work with partners to establish a process of monitoring special educational needs and disability provision at a strategic level, including an assessment of quality based on the views of children, young people and their families.
- Work with partners to ensure that the child's parent or the young person are aware of the local offer and thereby the resources available to meet SEN within mainstream provision and other support set out in the Local Offer.
- Ensure that the Local Offer reflects the services that are required as a result of strategic assessments of local needs and reviews of local education, care

provision and of health provision. These assessments and reviews should be linked to the Local Offer to help identify gaps in local provision.

- Align the improvement work in Adult and Children's social care to strengthen the role that social care plays in improving outcomes for children and young people with SEND.
- Ensure that there is a routine mechanism in place for children, young people and their parents / carers to co-produce the development and review of their Local Offer.

### **Priority 3: Joint Commissioning**

**Joint commissioning arrangements will contribute to the right services being in place for children and young people with special educational needs and disabilities within Torbay.**

- Strengthen the SEND Operational Leads remit to ensure that commissioning is focused on achieving agreed outcomes.
- Define expectations of joint commissioning arrangements to ensure a shared understanding at all levels
- Review current provision taking into account the experiences of children, young people and their families, and ensure that the information contributes to future arrangements and the effectiveness of local joint working.
- To strengthen the intelligence gathered for children and young people with SEND and use this information in planning future commissioning priorities.

### **Priority 4: Co-Production**

***Clear co-production pathways will enable children, young people and parents to make a significant contribution to identifying and planning the local offer available to children and young people with special educational needs and disabilities.***

- Ensure engagement and co-production with children, young people, parents and carers.
- Increase personalisation, making sure children and young people are fully involved in planning for their own future and ensuring they get the support that is right for them.
- Facilitate active involvement of young people and their families in the review, development and reshaping of services.

- Continue to develop the implementation of personal budgets where this will support greater independence and choice.
- Build on existing relationships with the Parent Participation Forum to reach a wider group of parents.
- Work with parents, families and young people as well as local SEND partners and providers to seek continuous improvement of services through regular consultation, engagement and feedback.

### **Priority5:Preparing for Adulthood**

**Young people moving into adulthood will be offered a variety of opportunities to help them realise their potential.**

- Implement the pathway for a managed transition to Adult Services, enabling young with special educational needs or a disability to access the support that meets their needs.
- Keep education and care provision under review including the duty to consult young people directly, and to consult schools, colleges and other post-16 providers.
- Work in partnership with special schools, the local FE college and training advisors to share expertise and support effective progression towards adulthood.
- Work with a wide range of providers to further develop provision, pathways into adulthood, supported internships and employability skills across the 16-19/25 phase.

### **Conclusion**

Torbay is ambitious to create a well-planned continuum of provision from birth to age 25 that meets the needs of children and young people with SEND and their families.

Torbay Council and all stakeholders in the local area are committed to discharging our statutory responsibilities to the highest standard. We will drive forward the SEND strategy with rigour and monitor our progress through clear accountability and governance arrangements.

# Appendices

## Appendix 1: Action Plan

The SEND Operational Leads will be responsible for the implementation of the action plan outline below. The Terms of Reference for the SEND Operational Leads can be viewed at [www.torbay.gov.uk/send-reforms](http://www.torbay.gov.uk/send-reforms).

	What?	How?	When?	Success measures
1.	Agencies will work together effectively to improve outcomes for children and young people with special educational needs and disabilities.	Put in place joint protocols to ensure that Special Educational Needs and Disability is considered in strategic planning of the partners who make up the local area.	Spring 2018	Consideration of Special Educational Needs and Disability is evident in the strategic planning of the partners who make up the local area.
		Plan and implement SEND training and awareness raising events aimed at clarifying expectations of local area staff who may support CYP with SEND.	On-going	Education, Health and Care plans will lead to the provision of effective services. This will be evidenced by monitoring progress against targets as part of the Annual Review process.
		Publish and where necessary develop clear pathways in order to bring about effective working practices between different agencies.	Spring 2018	Measuring the timeliness of response to requests for advice and the EHCP audit process, will demonstrate that statutory timescales are being met and that EHC plans are SMART and child focused.
		Define clearer roles and responsibilities for education, health and social care and how partners will hold each other to account.	Spring 2018	Protocols will be created and signed up to by all partners that clarify the local area expectations and minimum standards and escalation process required to support children and young people with SEND.
2.	Partners and service providers will meet the needs of children and young people	Establish a process of monitoring special educational needs and disability provision	Spring 2018	Consideration of Special Educational Needs and Disability is evident in the strategic planning of the partners who make up the local area.



	What?	How?	When?	Success measures
	with special educational needs and disabilities as part of the Local Offer.	at a strategic level, including an assessment of quality based on the views of children, young people and their families.		
		Local area partners will develop and implement a strategy to raise the profile of the Local Offer as the central resource for information on resources available to meet SEND within mainstream provision and other support.	Autumn 2017	<p>The number of hits to the local offer web pages will demonstrate a year on year increase.</p> <p>Feedback from children, young people and their families will demonstrate satisfaction with their access to information about services and support for SEND.</p>
		Set up a transparent multi-agency process for the strategic assessments of local needs and reviews of local education, care provision and of health provision.	Summer 2018	<p>The Local Offer reflects the services that are required as a result of these strategic assessments.</p> <p>Reviews of the Local Offer will demonstrate how gaps in local provision have been identified.</p>
		Align the improvement work in Adult and Children's social care to strengthen the role that social care plays in improving outcomes for children and young people with SEND.	Spring 2018	<p>Post 16 Education, Health and Care plans will evidence that young people are achieving good outcomes related to employment, independent living, community inclusion and health.</p> <p>Young people and their families will provide feedback about the transition process from children's to adult social care.</p>
		Ensure that there is a routine mechanism in place for children, young people and their parents / carers to co-produce the development and review of their Local Offer.	Spring 2018	There will be published evidence of how the views of children, young people and their families have shaped and reviewed the Local Offer.

	What?	How?	When?	Success measures
3.	Joint commissioning arrangements will contribute to the right services being in place for children and young people with Special Educational Needs and disabilities within Torbay.	Update the terms of reference for the SEND Operational leads to include the objectives of joint SEND commissioning for the local area and describe the responsibilities of the group.	Spring 2018	
		Define expectations of joint commissioning arrangements to ensure a shared responsibility at all levels.	Spring 2018	
		Work with partners to ensure that the Joint Strategic Needs Assessment (JSNA) includes current local area provision for SEND.	Spring 2018	The JSNA will identify gaps in the local area provision for SEND which will inform the SEND Operational Leads commissioning strategy.
		Put in place clear pathways for children, young people and their families to provide their views on the range of services which make up local area SEND provision. The pathways will include how the information is evaluated and by whom.	Spring 2018	Feedback from children, young people and their families will be routinely collected and considered by the SEND Operational Leads.  There will be evidence to show how feedback is reviewed and what outcome it has led to.
4.	Clear co- production pathways will enable children, young people and parents to make a significant contribution to identifying and planning the local offer available to children and young people with special educational needs and disabilities.	Put in place clear pathways for children, young people and their families to provide their views on the range of services which make up local area SEND provision. The pathways will include how the information is evaluated and by whom.	Autumn 17 – Spring 18	Feedback from children, young people and their families will be routinely collected and considered by the SEND Operational Leads.  There will be evidence to show how feedback is reviewed and what outcome it has led to.
		Review existing pathways across Education, Health and Social Care and ensure that there is evidence of person centred planning.	Spring 18 – Summer 18	Monitoring of EHCPs via the Annual Review process and the EHCP audit process will demonstrate that children and young people are fully involved in planning for their own future and

	What?	How?	When?	Success measures
		Facilitate active involvement of young people and their families in the review, development and reshaping of services.		ensuring they get the support that is right for them.
		Use the JSNA to identify opportunities to develop personal budgets across the local area.  Set up mechanisms for pooling budgets across education, health and social care, including clarifying the authorising 'sign off' process (who will pay, how much will they pay, what will they pay for).	Spring 18	The number and range of personal budgets will grow.
5.	Young people moving into adulthood will be offered a variety of opportunities to help them realise their potential.	Finalise and raise awareness with all Children's and Adult Services teams of the Transition Protocol.	Autumn 17	All teams that support young people with SEND will understand the protocol for a managed transition to Adult Services, enabling young with special educational needs or a disability to access the support that meets their needs.
		Keep education and care provision under review including the duty to consult young people directly, and to consult schools, colleges and other post-16 providers.	Spring 18 – Summer 18	It will be evident that feedback from children, young people and their families will be routinely collected and considered by the SEND Operational Leads.  There will be evidence to show how feedback is reviewed and what outcome it has led to.
		Work in partnership with local further education providers to develop a framework that supports effective progression into adulthood.	Autumn 17 – Summer 18	The quality of provision offered by local area post 16 education providers will be monitored and challenged based on individual outcomes realised and progression analysis.

	What?	How?	When?	Success measures
		Work with a wide range of providers to further develop provision, pathways into adulthood, supported internships and employability skills across the 16-19/25 phase.	Autumn 17 – Summer 18	Destination data gathered from post 16 providers and the Annual Review process will evidence an increase in progression through the education system, leading to an increase in the % of young people with SEND who move into paid employment.

## Appendix 2: Relevant legislation

It may be helpful to consider the following related legislation and guidance:

- Children and Families Act (2014) – Part 3  
<http://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted>
- SEND Code of Practice 2014 (0 to 25 years) (re-issued with amendments 2015)
- <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
- Special Educational Needs and Disability Regulations (2014)  
[www.ipsea.org.uk](http://www.ipsea.org.uk) and [www.legislation.gov.uk](http://www.legislation.gov.uk)
- Equality Act (2010) [www.legislation.gov.uk](http://www.legislation.gov.uk) and [www.disabilityrights.org](http://www.disabilityrights.org)
- Equality Act 2010: Advice for schools: Non-statutory advice from the Department for Education, produced to help schools understand how the Equality Act affects them and how to fulfil their duties under the Act  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315587/Equality\\_Act\\_Advice\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf) and [www.sec-ed.co.uk.best-practice](http://www.sec-ed.co.uk.best-practice)
- Working Together to Safeguard Children (2013) (re-issued with amendments 2017): Statutory guidance from the Department for Education which sets out what is expected of organisations and individuals to safeguard and promote the welfare of children.
- <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Chronically Sick and Disabled Persons Act 1970, which remains relevant for social care provision for disabled children
- The Children Act 1989 Guidance and Regulations Volume 2 (Care Planning Placement and Case Review) and Volume 3 (Planning Transition to Adulthood for Care Leavers): Guidance setting out the responsibilities of local authorities towards looked after children and care leavers  
[www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review](http://www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review) and  
[www.gov.uk/government/publications/children-act-1989-transition-to-adulthood-for-care-leavers](http://www.gov.uk/government/publications/children-act-1989-transition-to-adulthood-for-care-leavers)
- Reasonable adjustments for disabled pupils (2012): Technical guidance from the Equality and Human Rights Commission [www.equalityhumanrights.com/sites/default/files/reasonable\\_adjustments\\_for\\_disabled\\_pupils\\_1.pdf](http://www.equalityhumanrights.com/sites/default/files/reasonable_adjustments_for_disabled_pupils_1.pdf)

- Supporting pupils at school with medical conditions (2014): Statutory guidance from the Department for Education [www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions](http://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions)—3
- Education Act 1996, which remains current legislation in relation to home to school transport entitlement and importance of parent/carers wishes (section 9)
- The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005) <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Care Act 2014 and Care Act 2014 Part 1: Factsheets and Care, Support Statutory Guidance 2016 [www.legislation.gov.uk](http://www.legislation.gov.uk) and <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>
- The Statutory Framework for the Early Years Foundation Stage <https://www.gov.uk/early-years-foundation-stage> and <https://www.gov.uk/government/publications/early-years-foundation-stage-framework>--2

### **Appendix 3: Definitions of disability and special educational needs**

#### **Disability**

The Equality Act 2010 (Section 6) defines a disability as when a person has a physical or mental impairment:

- Which is substantial and long-term (for over a year)
- Which has an adverse effect on their ability to carry out normal day-to-day activities.

This broad definition covers physical disabilities, sensory impairments, such as those affecting sight or hearing, learning disabilities and some specified medical conditions.

#### **Special Educational Needs (SEN)**

THE SEND Code of Practice: 0-25 years January 2015 states that:-

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- a) has a significantly greater difficulty in learning than the majority of others of the same age, or
- b) has a disability which prevents or hinders him/her from making use of facilities

of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

- The broad areas of need described are:
- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical.

A child under compulsory school age has special educational needs if they fall within the definition at (a) or (b) above , or would do so, if special educational provision was not made for them (Clause 20 Children and Families Act (2014))

# Appendices – Original Action Plan

## Appendix 1: Action Plan

The SEND Operational Leads will be responsible for the implementation of the action plan outline below. The Terms of Reference for the SEND Operational Leads can be viewed at [www.torbay.gov.uk/send-reforms](http://www.torbay.gov.uk/send-reforms).

	What?	How?	When?	Success measures	RAG
1.	<b>Agencies will work together effectively to improve outcomes for children and young people with special educational needs and disabilities.</b>	Put in place joint protocols to ensure that Special Educational Needs and Disability is considered in strategic planning of the partners who make up the local area.	Spring 2018	Consideration of Special Educational Needs and Disability is evident in the strategic planning of the partners who make up the local area.	Yellow
		Plan and implement SEND training and awareness raising events aimed at clarifying expectations of local area staff who may support CYP with SEND.	On-going	Education, Health and Care plans will lead to the provision of effective services. This will be evidenced by monitoring progress against targets as part of the Annual Review process.	Yellow
		Publish and where necessary develop clear pathways in order to bring about effective working practices between different agencies.	Spring 2018	Measuring the timeliness of response to requests for advice and the EHCP audit process, will demonstrate that statutory timescales are being met and that EHC plans are SMART and child focused.	Green
		Define clearer roles and responsibilities for education, health and social care and how partners will hold each other to account..	Spring 2018	Protocols will be created and signed up to by all partners that clarify the local area expectations and minimum standards and escalation process required to support children and young people with SEND.	Green



	What?	How?	When?	Success measures	RAG
2.	<b>Partners and service providers will meet the needs of children and young people with special educational needs and disabilities as part of the Local Offer.</b>	Establish a process of monitoring special educational needs and disability provision at a strategic level, including an assessment of quality based on the views of children, young people and their families.	Spring 2018	Consideration of Special Educational Needs and Disability is evident in the strategic planning of the partners who make up the local area.	
		Local area partners will develop and implement a strategy to raise the profile of the Local Offer as the central resource for information on resources available to meet SEND within mainstream provision and other support.	Autumn 2017	The number of hits to the local offer web pages will demonstrate a year on year increase.  Feedback from children, young people and their families will demonstrate satisfaction with their access to information about services and support for SEND.	
		Set up a transparent multi-agency process for the strategic assessments of local needs and reviews of local education, care provision and of health provision.	Summer 2018	The Local Offer reflects the services that are required as a result of these strategic assessments.  Reviews of the Local Offer will demonstrate how gaps in local provision have been identified.	
		Align the improvement work in Adult and Children's social care to strengthen the role that social care plays in improving outcomes for children and young people with SEND.	Spring 2018	Post 16 Education, Health and Care plans will evidence that young people are achieving good outcomes related to employment, independent living, community inclusion and health.  Young people and their families will provide feedback about the transition process from children's to adult social care.	
		Ensure that there is a routine mechanism in place for children, young people and their parents / carers to co-produce the development and review of their Local Offer.	Spring 2018	There will be published evidence of how the views of children, young people and their families have shaped and reviewed the Local Offer.	

	What?	How?	When?	Success measures	RAG
3.				which demonstrates how commissioning decisions have been reached and what outcomes have been realised.	
	<b>Joint commissioning arrangements will contribute to the right services being in place for children and young people with Special Educational Needs and disabilities within Torbay.</b>	Update the terms of reference for the SEND Operational leads to include the objectives of joint SEND commissioning for the local area and describe the responsibilities of the group.	Spring 2018		
		Define expectations of joint commissioning arrangements to ensure a shared responsibility at all levels.	Spring 2018		
		Work with partners to ensure that the Joint Strategic Needs Assessment (JSNA) includes current local area provision for SEND.	Spring 2018	The JSNA will identify gaps in the local area provision for SEND which will inform the SEND Operational Leads commissioning strategy.	
		Put in place clear pathways for children, young people and their families to provide their views on the range of services which make up local area SEND provision. The pathways will include how the information is evaluated and by whom.	Spring 2018	Feedback from children, young people and their families will be routinely collected and considered by the SEND Operational Leads.  There will be evidence to show how feedback is reviewed and what outcome it has led to.	

	What?	How?	When?	Success measures	RAG
4.	<b>Clear co- production pathways will enable children, young people and parents to make a significant contribution to identifying and planning the local offer available to children and young people with special educational needs and disabilities.</b>	Put in place clear pathways for children, young people and their families to provide their views on the range of services which make up local area SEND provision. The pathways will include how the information is evaluated and by whom.	Autumn 17 – Spring 18	Feedback from children, young people and their families will be routinely collected and considered by the SEND Operational Leads.  There will be evidence to show how feedback is reviewed and what outcome it has led to.	Yellow
		Review existing pathways across Education, Health and Social Care and ensure that there is evidence of person centred planning.  Facilitate active involvement of young people and their families in the review, development and reshaping of services.	Spring 18 – Summer 18	Monitoring of EHCPs via the Annual Review process and the EHCP audit process will demonstrate that children and young people are fully involved in planning for their own future and ensuring they get the support that is right for them.	Green
		Use the JSNA to identify opportunities to develop personal budgets across the local area.  Set up mechanisms for pooling budgets across education, health and social care, including clarifying the authorising 'sign off' process (who will pay, how much will they pay, what will they pay for).	Spring 18	The number and range of personal budgets will grow.	Green
		Put in place clear pathways for children, young people and their families to provide their views on the range of services which make up local area SEND provision. The pathways will include how the information is evaluated and by whom.	Spring 18	Feedback from children, young people and their families will be routinely collected and considered by the SEND Operational Leads.  There will be evidence to show how feedback is reviewed and what outcome it has led to.	Yellow

	What?	How?	When?	Success measures	RAG
5.	<b>Young people moving into adulthood will be offered a variety of opportunities to help them realise their potential.</b>	Finalise and raise awareness with all Children's and Adult Services teams of the Transition Protocol.	Autumn 17	All teams that support young people with SEND will understand the protocol for a managed transition to Adult Services, enabling young with special educational needs or a disability to access the support that meets their needs.	
		Keep education and care provision under review including the duty to consult young people directly, and to consult schools, colleges and other post-16 providers.	Spring 18 – Summer 18	It will be evident that feedback from children, young people and their families will be routinely collected and considered by the SEND Operational Leads.  There will be evidence to show how feedback is reviewed and what outcome it has led to.	
		Work in partnership with local further education providers to develop a framework that supports effective progression into adulthood.	Autumn 17 – Summer 18	The quality of provision offered by local area post 16 education providers will be monitored and challenged based on individual outcomes realised and progression analysis.	
		Work with a wide range of providers to further develop provision, pathways into adulthood, supported internships and employability skills across the 16-19/25 phase.	Autumn 17 – Summer 18	Destination data gathered from post 16 providers and the Annual Review process will evidence an increase in progression through the education system, leading to an increase in the % of young people with SEND who move into paid employment.	





# Appendices

## Appendix 2: Next Steps Action Plan (February 2019)

	Priority	Task	Task Date	Success Measures
1.	Agencies will work together effectively to improve outcomes for children and young people with special educational needs and disabilities.	Phase 1 Clarify expectations of all partners for the EHC assessment process and ensure this is shared with all stakeholders.	Jan 2019 Complete	Pathways will be created and signed up to by all partners that clarify the local area expectations and minimum standards and escalation process required to support children and young people with SEND.
		Phase 2 Annual Review process to be updated and implemented with all partners.	Sept 2019	
		Phase 1 Ensure that rigorous processes for monitoring and challenge are in place and drive service development	Jan 2019 Complete	Measuring the timeliness of response to requests for advice and the EHCP audit process will demonstrate that statutory timescales are being met and that EHC plans are becoming more SMART and child focused.
		Phase 2 Embed the outputs from the SEND Audit and associated QA processes and monitor the impact.	Sept 2019	
Phase 1 Set up mechanisms for agreeing joint funded provision across EHC and pooled budgets for individual packages of care	Sept 2018 Complete	Education, Health and Care plans will lead to the provision of effective services. This will be evidenced by monitoring progress against targets as part of the Annual Review process.		
Phase 2 Monitor the impact of the mechanism for agreeing joint funded provision.	Sept 2019		Data will show an increase in jointly funded care implemented within EHCPs.	

	Priority	Task	Task Date	Success measures
2.	Partners and service providers will meet the needs of children and young people with special educational needs and disabilities as part of the Local Offer.	Agree expectations and processes with partners for updating and publicising the local offer	Mar 19 In progress	The number of hits to the local offer web pages will demonstrate a year on year increase.  The Local Offer reflects the services that are required as a result of strategic assessments, e.g. JSNA.
		Develop pathways to ensure all stakeholders can feedback on the quality of local area services and any gaps	Mar 19 In progress	Feedback from children, young people and their families will demonstrate satisfaction with their access to information about services and support for SEND.  Reviews of the Local Offer will demonstrate how gaps in local provision have been identified.



	Priority	Task	Date	Success measures
3.	Joint commissioning arrangements will contribute to the right services being in place for children and young people with special educational needs and disabilities within Torbay.	Phase 1 Agree a vision and specific objectives for joint commissioning of SEND services across EHC	Oct 18 Complete	There will be strategic multi agency group to deliver better, integrated service that maximise outcomes for all children and young people, and their families.
		Phase 2 Services will be commissioned to address identified gaps in SEND provision.	April 2020	The JSNA will identify gaps in the local area provision for SEND which will inform the SEND Operational Leads commissioning strategy.
		Create and publicise a process for reaching joint commissioning decisions which references local offer feedback	Sept 19	Feedback from children, young people and their families will be routinely collected and used to influence commissioning at every level  There will be evidence to show how feedback is reviewed and what outcome it has led to.

	Priority	Task	Date	Success measures
4.	Clear co-production pathways will enable children, young people and parents to make a significant contribution to identifying and planning the local offer available to children and young people with special educational needs and disabilities.	Agree a vision and specific objectives for co-production between CYP and local area partners	Oct 18 Complete	Feedback from children, young people their families will be routinely considered by the SEND Operational Leads when considering service developments.  There will be evidence to show how feedback is used and linked to outcomes.
		Facilitate opportunities for active involvement of young people and their families in review and development and reshaping of services.	Sept 19	Feedback from children, young people their families will be routinely considered by the SEND Operational Leads when considering service developments.  There will be evidence to show how feedback is used and linked to outcomes.
		Review and update pathways to consult and co-produce services with children, young people, parents and carers and ensure these are well known.	June 19 In progress	Monitoring of EHCPs via the Annual Review process and the EHCP audit process will demonstrate that children and young people and their families are involved in planning their own future and ensuring they get the support that is right for them.

	Priority	Task	Date	Success measures
5.	Young people moving into adulthood will be offered a variety of opportunities to help them realise their potential.	Develop and implement a transition protocol between children's and adult services	Feb 19 In progress	All teams that support young people with SEND will understand the protocol for a managed transition to Adult Services, enabling young with special educational needs or a disability to access the support that meets their needs.
		Keep the impact of education and care provision under review and ensure this informs commissioning	June 19 Apr 2020	The quality of provision offered by local area post 16 education providers will be monitored and challenged based on individual outcomes realised and progression analysis.
		Commissioning will improve transition between Children's and Adult Services for children with Special Educational Needs and / or a Disability	Apr 2020	Investment by Adult Services to support young people at an earlier stage will help them to achieve better outcomes and reduce the long term cost for Adult Services.



draft



**Meeting:** Policy Development and Decision Group (Joint Commissioning Team)

**Date:** 4th March 2019

**Wards Affected:** All

**Report Title:** Accessibility Strategy 2017- 20

**Is the decision a key decision?** No

**When does the decision need to be implemented?** March 2019

**Executive Lead Contact Details:** Councillor Stocks, Executive Lead for Children and Housing, [cindy.stocks@torbay.gov.uk](mailto:cindy.stocks@torbay.gov.uk)

**Supporting Officer Contact Details:** Rachael Williams, Assistant Director, Education, Learning and Skills 01803 208743 [rachael.williams@torbay.gov.uk](mailto:rachael.williams@torbay.gov.uk)

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## **1. Proposal and Introduction**

- 1.1 This is a mid-term review of Torbay's Accessibility Strategy 2017 – 2020.
- 1.2 This Accessibility Strategy 2017- 20 sets out the Local Authority (LA) strategy for ensuring that accessibility of the curriculum, the physical environment and information for disabled pupils is central to the delivery of services and provide support to schools in meeting the needs of disabled pupils and raising their attainment.
- 1.3 Ensuring help is offered at the earliest possible point, with children and young people with SEND and their parents fully involved in decisions about their support and what they want to achieve. This will help lead to better outcomes and more efficient ways of working. The LA has led the strategy and recognises that its success lies in the effectiveness of the partnership between all stakeholders.
- 1.4 The following report provides an overview of what has been achieved from the introduction of the strategy and sets out the future direction.

## **2. Reason for Proposal and associated financial commitments**

- 2.1 The Local Authority provides advice and guidance to all supports schools (regardless of whether they are maintained schools, academy schools or free schools) to respond to individual needs of pupils and training needs of staff with a range of specialist services, commissioned services and part traded services, all listed within the original strategy. The Local Authority website and Local Offer both

provide information about the provision available to support access to the curriculum for pupils with learning difficulties and disabilities. The SEND Code of Practice includes advice on approaches to identification of need and the graduated approach to meeting identified needs.

- 2.2 This has been enhanced by the ongoing creation and publication of information and guidance pages on the Torbay Local Offer as described within the online [Torbay SENCO Handbook](#).
- 2.3 Torbay's SEND Information, Advice and Support Service (SENDIASS) and the Torbay Parents/Carers Forum (PCF) works collaboratively in supporting the Local Authority to engage with parents and carers of pupils with disabilities to inform and develop good practice within settings.
- 2.4 This Strategy provides schools with a blank Access Plan template that schools may find useful in fulfilling their duty to have an Access Plan in place.
- 2.5 The joint commissioning of education, health and care provision for children and young people required by the Children and Families Act 2014 is leading to the development of more integrated packages of support to support children and young people with disabilities in accessing the curriculum.
- 2.6 This Strategy and the requirement for schools to have Access Plans in place and updated information on the SEN Capital Funding, including details of how to apply for Accessibility funding has been raised at termly SEMD Network meeting between the LA, school headteachers, school SEN governors and school SENCO's. It was also raised within commissioned SEND school Audits carried out in 2017.
- 2.7 The LA also carries out an annual check on SEND information published on schools websites and provides feedback to schools on their compliance with legislation to publish the following documents and links on their own school's website:
  - SEND Policy
  - [SEN Information Report](#)
  - School Access Plan / Disability Equality Scheme or similar that conforms with [Torbay's Accessibility Strategy](#)
  - Supporting Pupils with Medical Needs in School / Managing Medicines Policy that conforms with national guidance on [Statutory guidance on supporting pupils at school with medical conditions](#)
  - Exclusion Policy that conforms to national guidance on [Exclusion for maintained schools, academies and pupil referral units](#)
  - Link to the [Torbay Local Offer](#)
  - Link to [SENDIASS Torbay](#)
- 2.8 Since the original Strategy was written the ability to increase local provision has been enhanced by the allocation of SEN Capital Funding via the Department for Education.
- 2.9 The LA undertook consultation from the 1st December 2017 until 31st January 2018. [Consultation results](#) were published on the Torbay Local Offer on 14<sup>th</sup> March, in line with requirements, and responses received were used to help inform decision making on how the funding was allocated.

- 2.10 Torbay's Special Provision (SEN) Capital Funding allocation was agreed to be used to fund:
- An enhanced provision at The Spires for students with Autistic Spectrum Disorder
  - Additional provision to support students with Social, Emotional and Mental Health difficulties at a mainstream secondary school (Paignton Community and Sports Academy)
  - Expansion of Medical Tuition Services to include Post 16 provision
  - Provision of Accessibility Funding Grants for mainstream schools, private/voluntary and early years providers to bid for – there were 9 bids approved during 2018-19, summary details and images can be seen on the [SEN Capital Funding Local Offer webpage](#).
- 2.11 The DfE have recently announced increases to the original SEN Capital Funding, therefore, additional consultation is now required. This consultation is due to take place from mid-April 2019 to nearing the end of May 2019 in line with requirements for it to be published along with the revised plan by 31<sup>st</sup> May 2019.
- 2.12 This proactive work to increase capacity for schools to be more inclusive and accessible for children and young people with SEND will relieve pressure on the High needs block funding.
- 

### **3. Recommendation(s) / Proposed Decision**

That the Elected Mayor be recommended:

- 3.1 That the progress made on the Accessibility Strategy be noted.
- 3.2 That further consultation be carried out on the Special Educational Needs (SEN) Capital funding and the Assistant Director, Education, Learning and Skills, in consultation with the Executive Lead for Children, be given delegated authority to make appropriate revisions to Torbay's Special Provision Plan by 31 May 2019.

#### **Background papers**

1. [Original Accessibility Strategy](#) – this web link takes you directly to the published Accessibility Strategy.
2. [SEN Capital Funding](#) – this web link takes you Torbay's Local Offer web page in relation to the SEN Capital Funding, including summary details of projects undertaken using accessibility funding awarded to schools.
3. [Torbay's Special Provision Plan \(2018-2021\)](#) – this web link takes you directly to Torbay's published plan. This is due to be updated by 31<sup>st</sup> March 2019 to show progress against the original funds allocated and to be revised and republished by 31<sup>st</sup> May 2019, to include additional consultation, in relation to the additional funds allocated in May 2018 and December 2018.
4. [Special Provision Capital Fund Guidance](#) – this web link takes you directly to published national guidance.





**Meeting: Policy Development and Decision Group (Joint Commissioning Team)**

**Date: 4 March 2019**

**Wards Affected: All Torbay**

**Report Title: Torbay's Strategy for Supporting Disadvantaged Children's Learning**

**Is the decision a key decision? Yes**

**When does the decision need to be implemented? 30 April 30 2019**

**Executive Lead Contact Details:** Councillor Cindy Stocks, Executive Lead Children's Services, 01803 207114 [cindy.stocks@torbay.gov.uk](mailto:cindy.stocks@torbay.gov.uk)

**Supporting Officer Contact Details:** Rachael Williams, Assistant Director Education, Learning and Skills 01803 208743 [rachael.williams@torbay.gov.uk](mailto:rachael.williams@torbay.gov.uk)

## **1. Proposal and Introduction**

- 1.1 This strategy for **supporting disadvantaged children's learning** is a key element of the framework to deliver our vision for the children and young people in Torbay. Our ambition is to ensure that through greater collaboration, we can ensure children and young people are given the best start in life and can grow and prosper within safe families and communities that give them the best start for the future.

## **2. Reason for Proposal and associated financial commitments**

- 2.1 This strategy sets out the context for our approaches to meet the needs of vulnerable learners and significantly close achievement gaps. We aim to ensure there is a high quality range of support, and opportunities, to enable vulnerable learners to become confident individuals, effective communicators, successful and responsive citizens, to remain healthy and to achieve the educational and life outcomes which they deserve.
- 2.2 The strategy also aims to ensure that the full range of services and partners work together more coherently with Early Years and Childcare providers, schools, other educational settings, Public Health, CAMHS and the CCG to maximise the impact of available resources in further raising the attainment and improving the progress of the most vulnerable learners.
- 2.3 As there is much to do, our planned actions are ambitious and challenging. We are determined to pursue them relentlessly and we believe we have the ways to achieve them. As part of our on-going discussions and partnership with headteachers, governors and other stakeholders (Local Area Partners) there is a

good level of shared ambition to achieve improvements in the period leading up to 2020.

#### PRIORITY ONE – Participation

- Local area partners will actively promote and communicate the local need to elected members, local education providers and external bodies.
- There will be dedicated space on the Torbay Healthy Learning Website for schools.
- The LA will facilitate a steering group and Wellbeing Outcomes Network that will champion the vulnerable pupil and include Local Area partners

#### PRIORITY TWO – Ensuring the needs of vulnerable pupils are met

- The LA have developed a comprehensive Special Education Needs and Disability Strategy, this will be implemented with pace and rigour.
- Local area partners will undertake a needs assessment of alternative provision and ensure the generation of sufficient alternative placements.
- The LA will gather intelligence on the number of children receiving part time packages, fixed term exclusions and permanent exclusions. We will both challenge and support schools to ensure that pupils are re-integrated and their school place retained.
- Local area partners will develop our local policies and protocols to ensure children are safeguarded in education.
- The Virtual school will enhance the outcomes of Children Looked After and hold ourselves and schools to account for the money received through pupil premium plus.

#### PRIORITY THREE – Parental Influence and Involvement

- Local area partners will create specific guidance and advice for parents to enable them to raise concerns and have their questions answered.
- Local area partners will develop an Advocacy Service that will include parents, carers and families
- Local area partners will develop our approach to co-production of key strategies and decision making.

#### PRIORITY FOUR – Performance and monitoring

- The LA will implement a performance and monitoring system that is shared with schools and used by school leaders at the Local Education Board.
- Local area partners will develop system leadership and collaborative capacity, engaging with regional partners, local leaders and accountable bodies to share local priorities and gaps.

The priority areas are underpinned by a comprehensive action plan that has been developed with our Local Area partners.

### **3. Recommendation(s) / Proposed Decision**

3.1 That the Elected Mayor be recommended:

- (i) that the Torbay Strategy for Supporting Disadvantaged Children's Learning: Vision and Priorities 2018 to 2020, as set out in Appendix 1 to the submitted report, be approved.
- (ii) that the Director of Children's Services, in consultation with the Elected Mayor, Executive Member for Children's and key stakeholders, be authorised to make any final changes to the Strategy; and
- (iii) that the Cabinet receive regular updates on performance against the Torbay Strategy for Supporting Disadvantaged Children's Learning.

### **Appendices**

Appendix 1: Torbay's Strategy for supporting disadvantaged pupils learning: Vision and Priorities 2018-2020

Appendix 2: Action Plan

### **Background Documents**

None

<b>Section 1: Background Information</b>	
<b>1.</b>	<p><b>What is the proposal / issue?</b></p> <p>For most pupils school is a rich and rewarding experience, but it is an uncomfortable fact that at every level in the Education system, pupils from poor backgrounds achieve less well than their counterparts.</p>
<b>2.</b>	<p><b>What is the current situation?</b></p> <p>In Torbay pupils who meet the disadvantaged criteria do less well than their counterparts at every level.</p>
<b>3.</b>	<p><b>What options have been considered?</b></p> <p>Much has been done within schools to address this problem and some schools have closed the gap. However too often this is not sustained over a number of years.</p> <p>Up until now schools have dealt with this issue alone. It is evident that the role of Local Authorities is paramount. We are charged with meeting the needs of young children through the Child care Act 2006. This places a duty on Councils to improve outcomes for all young children, reduce inequalities and ensure that there is sufficient, high quality provision.</p>
<b>4.</b>	<p><b>How does this proposal support the ambitions, principles and delivery of the Corporate Plan?</b></p> <p>Ambitions: Prosperous and Healthy Torbay</p> <p>Principles:</p> <ul style="list-style-type: none"> <li>• Use reducing resources to best effect- pool resources with key partners</li> <li>• Reduce demand through prevention and innovation- identify children destined for disadvantaged and use early interventions to attempt to slow the decline into disadvantage.</li> <li>• Integrated and joined up approach between, Early Years Settings, Schools, Public Health, Family Support Services, Speech and Language Therapists</li> </ul> <p>Targeted actions:</p> <ul style="list-style-type: none"> <li>• Protecting all children and giving them the best start in life</li> </ul>
<b>5.</b>	<p><b>How does this proposal contribute towards the Council's responsibilities as corporate parents?</b></p>

	<p>This proposal has a section devoted to Looked after Children and their outcomes so the Council has another mechanism to monitor achievement and progress of these children.</p>
6.	<p><b>How does this proposal tackle deprivation?</b></p> <p>By linking with Public Health we can pool resources and ideas to ensure that we are fulfilling our ambition. The launch of the Torbay Healthy Learning website has helped to communicate with schools. The vision is that this will also be a place to share good practice.</p>
7.	<p><b>How does this proposal tackle inequalities?</b></p> <p>Improving outcomes for vulnerable learners has been a priority for a number of national bodies and government departments, for a number of years. Sutton Trust research and the Social Mobility Commission reveals the current state of low social mobility in the UK and the disproportionate representation of the most affluent, often those educated in independent and selective schools, in top universities and professions. The economic cost of this inequity to the country's economy and social cohesion, and impact on the life choices of young people, is considerable unless change occurs.</p> <p>This Strategy sets out our approaches to meet the needs of vulnerable learners, improve educational and other outcomes and significantly close achievement gaps</p>
8.	<p><b>How does the proposal impact on people with learning disabilities?</b></p> <p>This strategy identifies children with SEN as being a part of the disadvantaged group. This strategy links closely to the SEND strategy to strengthen and support it.</p>
9.	<p><b>Who will be affected by this proposal and who do you need to consult with?</b></p> <p>All schools will be affected by this strategy and the TSCB Education sub group and the Local Education Board have been consulted. Between both of these boards we have representation from all Key Stakeholders.</p>
10.	<p><b>How will you propose to consult?</b></p> <p>Consultation has already been completed. Once the strategy has been adopted by the Council, the strategy will be launched with schools and the action plan will be completed.</p>

## Section 2: Implications and Impact Assessment

11.	<b>What are the financial and legal implications?</b>  N/A
12.	<b>What are the risks?</b>  If we do not ensure that vulnerable children and families have their needs met early, they may experience the level of challenge and difficulty in their lives that require statutory interventions. They should have the same opportunities as all other children and families to flourish, to stay safe and well and succeed in the education system
13.	<b>Public Services Value (Social Value) Act 2012</b>  N/A
14.	<b>What evidence / data / research have you gathered in relation to this proposal?</b> ‘The Pupil Premium – next steps’ Sutton Trust, July 2015 Unknown Children – destined for disadvantage? – Ofsted 2016 Education Endowment Fund – 2016 until present
15.	<b>What are key findings from the consultation you have carried out?</b>  The data that we have analysed supports our initial thoughts that disadvantaged pupils are out performing at all phases
16.	<b>Amendments to Proposal / Mitigating Actions</b>  Some amendments were made <ul style="list-style-type: none"><li>• The title was changed from vulnerable to disadvantaged</li><li>• Communication was changed to Participation</li><li>• SEN was clarified to mean in a mainstream school</li><li>• The targets were changed to be SMART</li></ul>

## Equality Impacts

17.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	The strategy will have a positive impact on young people through a focus on working differently		
	People with caring Responsibilities			X
	People with a disability	The strategy will have a positive impact on children and young people with a disability as an identified group.		
	Women or men			X
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	The Strategy is being implemented to further ensure that the disadvantage gap is closing and actions are targeted towards providing support.		
	Religion or belief (including lack of belief)			X
	People who are lesbian, gay or bisexual			X
	People who are transgendered			X
	People who are in a marriage or civil partnership			X

	Women who are pregnant / on maternity leave		
	Socio-economic impacts (Including impact on child poverty issues and deprivation)	The strategy will seek to improve outcomes for pupils in this group.	
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	The strategy will be delivered in partnership with Public Health and provide a platform for many projects. For example as part of the work a holiday hunger scheme has started to develop with a community interest company.	
<b>16</b>	<b>Cumulative Impacts – Council wide</b> (proposed changes elsewhere which might worsen the impacts identified above)	<i>None</i>	
<b>17</b>	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	<i>None</i>	





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Torbay's Strategy for Supporting  
Disadvantaged Children's Learning:  
Vision and Priorities 2018 to 2020

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DRAFT

## **Foreword**

Local area partners including Torbay Council have a strong belief in success for every child and have committed proactively to work together to achieve this.

Removing the gap between achievement of disadvantaged pupils and their peers is one of the highest priorities faced by policy makers in England. To begin to tackle the challenge of the attainment gap within Torbay, it requires us to understand it both in scale and nature, and better understand the factors that are most likely to help it close.

This strategy is brought to you to help mobilise effective practice across the diverse education system, reducing the variability in pupil outcomes we currently see and helping to increase consistency.

The Local Authority continue to have a meaningful role within the school led system as the Champion for all learners in Torbay. This strategy delivered and developed with partners exemplifies this approach and as Lead Member I look forward to working with you to deliver improved outcomes.

Thank you for your ongoing commitment and support.

Councillor Cindy Stocks

Lead Member for Children

## Section 1

### Our Vision and Strategic Aims

This strategy for **supporting disadvantaged children's learning** is a key element of the framework to deliver our vision for the children and young people in Torbay. Our ambition is to ensure that through greater collaboration, we can ensure children and young people are given the best start in life and can grow and prosper within safe families and communities that give them the best start for the future.

This strategy sets out the context for our approaches to meet the needs of vulnerable learners and significantly close achievement gaps. We aim to ensure there is a high quality range of support, and opportunities, to enable vulnerable learners to become confident individuals, effective communicators, successful and responsive citizens, to remain healthy and to achieve the educational and life outcomes which they deserve.

The strategy also aims to ensure that the full range of services and partners work together more coherently with Early Years and Childcare providers, schools, other educational settings, Public Health , CAMHS and the CCG to maximise the impact of available resources in further raising the attainment and improving the progress of the most vulnerable learners.

## Defining vulnerable pupils

The Ofsted definition of disadvantaged learners is those learners who are currently eligible for free school meals, including those eligible in the past six years ('Ever-Six'), or pupils who are looked after and adopted from care. Also included are those children who qualify for Two Year Old Funding, providing 15 hours of free childcare per week, and those children who now qualify for the Early Years Pupil Premium funding, introduced in April 2015. There is a focus on children's development within early years in the Children's Trust Early Help strategy and also within the council's child poverty strategy.

The Children's Commissioner's Office identified seven broad categories of vulnerable children to provide an initial framework of what is meant by 'vulnerable'. The categories were neither an exhaustive list nor mutually exclusive but were intended as a starting point to stimulate further thinking. The seven types of vulnerability identified also tend to reflect distinct sources of data and so are useful in making the connection from conceptual groups to measurement. The seven starting categories are:

1. **Formal categories of children in care of the state** whether in care, or living in other forms of state provision such as offender institutions, residential special schools, mental health establishments or other forms of hospital
2. **Formal categories of need that may reflect family circumstances** such as children receiving Free School Meals or Children in Need, and asylum seeking children
3. **Categories of need that reflect features of child development** such as children in Pupil Referral Units or with Special Education Needs and Disability. These groups might also include wider categories such as children subject to assessment or supervision under the Children Act, children subject to court orders or in receipt of youth justice services and missing children
4. **Children who are in receipt of services following assessment** even if they do not have a formal status. For instance, those with a CAHMS service but with no formal diagnosis, those receiving prevention services through children's care, or youth justice, all of whom have been assessed by statutory agencies as vulnerable in some manner
5. **Informal types of vulnerability** that may be important to the practice of local agencies such as for example when a child is referred to CAMHS who does not reach the threshold required to access services but where unmet need and vulnerability may still exist, or a child identified as part of a family experiencing domestic violence and abuse
6. **Definitions relating to national policy such as 'troubled families' or 'just about managing' families.** This category will often relate closely to other categories and where children are identified as in need of support through such mechanisms they are in scope of this review

**7. Scientific and academic literature** on risk and resilience such as Sameroff (2005), Rutter (2012), and including tools and approaches such as the measurement of adverse childhood experiences (ACEs)

### **Identifying vulnerable pupils**

A statistical indicator of pupils living in a challenging family and socio-economic environment in Torbay is pupils living in communities with a higher than average level of deprivation and pupils eligible for Free School Meals. Data shows that pupils from this group are more likely to:

- achieve poorer rates of progress and development at the Early Years Foundation Stage
- have Specialist Children's Services involvement
- be persistently absent or excluded from school
- be supported by the Troubled Families programme
- engage in offending and anti-social behaviour
- not achieve the expected standards at age 11
- not achieve 5 or more A\* - C GCSEs (including English and Math)
- have poorer post 16 and 18 destinations
- become NEET (Not in Education, Employment or Training)

The experience of a single disadvantage can create difficulties for pupils and multiple disadvantages can often interact and exacerbate one another, leading to more harmful and costly outcomes for the pupil, the family, the school and society as a whole. The most vulnerable learners are those that span more than one of the 4 categories.

Schools need to be directed to quality assured toolkits that can help them to identify vulnerable children to ensure valuable resources are targeted at the correct group.

The educational landscape is changing rapidly and at the same time resources are reducing. At such times of change, often the most vulnerable children, young people and families are at the highest risk of poorer educational and life outcomes. The strategy aims, therefore, to support the development of robust partnerships, identify good practice and ensure the effective use of all available resources.

Good educational outcomes are vital to ensuring future life opportunities and outcomes. Evidence shows us that vulnerable and disadvantaged pupils have greater individual differences in academic performance than the wider population. Whilst there will be individual differences in cognitive abilities and personal attributes, a child's home background and environment, and the family's level of income, have a more powerful impact on life chances. It is the job of the education system to make more of a difference to counteracting the disadvantages some children face. This strategy focuses on four key factors which need to work together to mitigate the effect of such disadvantage and narrow educational achievement gaps.

### **The Pupil Premium –The National Context**

There have been two national reviews on the impact of funding for vulnerable learners. These reports attempt to evidence the impact of this additional resource and explain these findings in relation to learner outcomes. Some of the key findings are given below.

## House of Commons Committee of Public Accounts - Funding for disadvantaged pupils - September 2015

Since the introduction of the Pupil Premium in 2011, there is some evidence that the attainment gap between disadvantaged pupils and their peers has started to narrow. Headteachers have increased their focus on tackling this obdurate issue and there are many examples of schools using the Pupil Premium on interventions that work. Approximately 2 million (29%) children aged between 4 and 16 (of the 7 million children in publicly-funded schools in England) come from disadvantaged backgrounds. Such pupils tend to perform poorly in public examinations relative to other pupils. As poor academic performance is associated with lower wages and higher unemployment in adulthood, this 'attainment gap' for disadvantaged pupils is a key way in which poverty is transmitted from one generation to the next. Between 2011 and the end of 2015, the Department had distributed £6.0 billion of Pupil Premium funding to schools. Since the introduction of the Pupil Premium, the attainment gap has closed overall by 4.7 percentage points in Primary schools and by 1.6 percentage points in Secondary schools.

Schools have demonstrated the potential of the Pupil Premium, but it is not yet a success in every school. The attainment gap between disadvantaged pupils and their peers has narrowed since 2011 at both Primary and Secondary school level in Torbay, but the gap remains large and progress has been uneven across the county.

Too few schools have undertaken Pupil Premium Reviews, recommended by the DFE for schools that are not using the funding well. In order to support these reviews, it is important that schools who are effectively using the pupil premium, share their best practice.

Some children from disadvantaged backgrounds are starting school under-prepared and developing more slowly than their peers. Evidence shows that there may be more that can be done to tackle the impact of deprivation on a child's progress in the years before starting school. It will be important to monitor the impact of spending on the Early Years Pupil Premium, introduced in 2014-2015, worth up to £300 per child.

The Education Endowment Foundation reported to the Public Accounts Committee that research shows family engagement and family motivation is highly correlated with attainment at school. The National Audit Office similarly found that 91% of school leaders saw parental engagement as a barrier to closing the attainment gap of some disadvantaged pupils. However, only 57% of these leaders had an intervention in place to address this concern.

Some 64% of school leaders were now aware of and using the Foundation's toolkit to inform decisions about Pupil Premium funding. Many schools are found not to be using the Education Endowment Foundation's evidence toolkit effectively, for example not changing the way they use teaching assistants to help disadvantaged pupils in line with the Foundation's recommendations.



## **The Pupil Premium: Next Steps, Sutton Trust and Education Endowment Foundation, Report and Summit (July 2015) – Funding for disadvantaged pupils - September 2015**

At a recent summit, The Sutton Trust and the Education Endowment Foundation (EEF) discussed the future of the Pupil Premium bringing together policy-makers, academics and the teaching profession to discuss how best to improve attainment for disadvantaged pupils and close the gap between them and their peers. The summit meeting considered a new report Pupil Premium: Next Steps which includes new polling on the use of the Pupil Premium, its impact and the methods used by schools to decide how to spend the funding, as well as a number of short essays written by some of the summit participants.

### **How are schools responding to the pupil premium?**

Nationally, the number of school leaders who said they consider research evidence before taking spending decisions on the pupil premium has increased from 52% in 2012 to 64%. Many learn from what works in other schools (62%) and most are using past experience before deciding what approaches and programmes to adopt.

Primary school leaders across the UK also say they make use of the Sutton Trust/EEF Teaching and Learning Toolkit.

### **Legislative Framework**

Despite a period of national transformation it is important to work within the current legislative framework, whilst being aware of the future.

Torbay has a statutory duty to promote high standards and the fulfilment of children and young people's potential. Under section 13A of the Education Act 1996 Local Authorities must:

- Promote high standards in schools and other providers
- Ensure fair access to opportunity for education and training
- Promote the fulfilment of learning potential

### **Key factors that influence children's development, progress and educational achievement:**

#### **Individual attributes, resilience and emotional well-being**

Children and young people in good health, who are motivated, resilient and have positive emotional health and well-being tend to achieve well. Our focus, therefore, should be to give more priority to, and target resources for, the development of resilience and emotional well-being, in and out of school.

Children and young people who have faced adversity or trauma may have difficulties in achieving their potential. Increasing the resilience of all students and promoting a better understanding of mental well-being amongst professionals, parents, carers and young people can assist in understanding the barriers to learning.

Local Area Partners will support all schools to deliver programmes that improve well-being and resilience, and to identify and support children and young people who are experiencing difficulties. We recognise that services for children and young people that are focused on emotional well-being and mental health need to be more accessible and less stigmatising for young people to seek advice and support.

### **Parental influence, support and involvement**

Children's first few years of life, parental attachment and the development of language and social skills are critical for school readiness. The home environment in the early years, and good quality childcare, can help children develop well for school expectations and engagement in learning. Children's Centres and Early Years Childcare and Education settings can lay the foundations for encouraging a home learning environment that promotes future learning opportunities. The home environment will also support school transitions and life changes and development throughout the academic pathway.

Our aim is to do more to promote support for and engagement by parents in the early years and through all the stages of schooling. Schools that strive to have good parental engagement, and reach out positively to those that are hard to engage, achieve better attendance, behaviour and motivation for learning. Children who are supported by their parents do better at school. Early Help family work focuses on working with and supporting parents. We recognise that more can always be done within family work to promote parents' involvement in their children's learning and develop more positive behaviour and attitudes towards school.

### **High quality teaching and school leadership with moral purpose**

Leaders in schools that have been successful in raising the attainment of disadvantaged pupils know that there is no one single strategy which leads to success. Rather, successful school leaders, including governors, create a vision and culture, consistently communicated to staff, pupils and parents, in which the highest possible achievement of every learner is a priority and an expectation. Leaders in these schools have a resolute determination that every learner regardless of home background or starting point will succeed and they both enable and hold staff to account to achieve this. They know their schools and the needs of individual learners and use data to analyse trends, set targets and then implement the intervention strategies which will have the most impact on accelerating rates of progress.

The Sutton Trust report 2015 highlights the importance of a designated senior leader and governor who have a clear overview of how funding is being allocated, including Pupil Premium funding, and the difference it is making to the progress of disadvantaged pupils.

### **Effective use of resources to improve outcomes**

Since 2011, the Pupil Premium has added an additional resource to support the work of an inclusive school and to accelerate impact on achievement for disadvantaged learners. It offers the opportunity for leaders to find effective and innovative solutions to meet the needs of individual learners. To do this, leaders need accurate and timely data analysis and tracking systems which identify needs, monitor progress for individual learners and inform target setting for closing the attainment gap.

Effective schools prioritise consistent high quality teaching for all and disadvantaged learners benefit particularly in achieving their full potential when attendance, behaviour and emotional support are seen as integral to academic success. Effective teachers are able to draw on a wide range of evidence based approaches to meet the needs of all learners. This will include varied teaching methods and flexible groupings, development of metacognition skills and appropriately tailored interventions. Evidence from the Sutton Trust and Education Endowment Fund shows that significant improvement in narrowing the gap can be made when schools target funding towards:

Improving feedback between teachers and learners

- Paired teaching
- Flexible small group teaching
- One to one tuition
- The teaching of independent learning strategies
- Peer mentoring and assessment
- Active encouragement of parental involvement in learning
- 

The newly formed Wellbeing Outcomes Network will share good practice and collate national evidence for each of the following **themes that have been identified** in Promoting children and young people's emotional health and wellbeing:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414908/Final\\_EHWP\\_draft\\_20\\_03\\_15.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf)

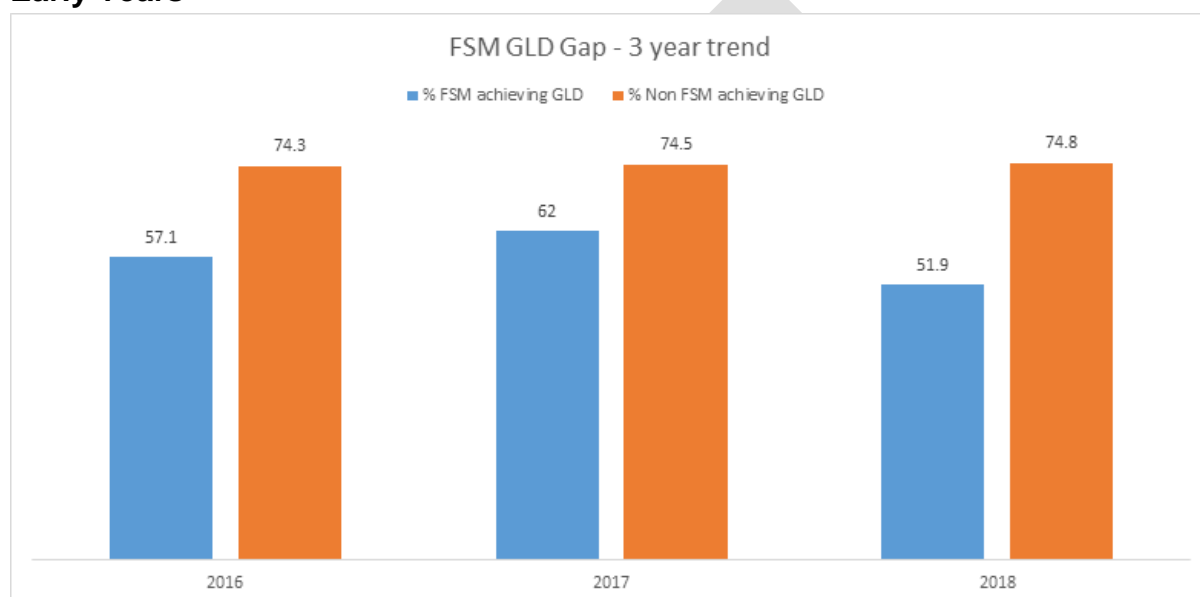


## Section Two

### Current performance of disadvantaged pupil compared to non-disadvantaged

Good educational outcomes are vital to ensuring future life opportunities and outcomes. Evidence shows us that vulnerable and disadvantaged pupils have greater individual differences in academic performance than the wider population. Whilst there will be individual differences in cognitive abilities and personal attributes, a child's home background and environment, and the family's level of income, have a more powerful impact on life chances. It is the job of the education system to make more of a difference to counteracting the disadvantages some children face. This strategy focuses on key factors which need to work together to mitigate the effect of such disadvantage and narrow educational achievement gaps.

### Early Years



	2016	2017	2018
% FSM achieving GLD	57.1	62	51.9
% Non FSM achieving GLD	74.3	74.5	74.8
Gap	-17.2	-12.5	-22.9

## Primary Phase

	EY	phonics	Year 2-ES				KS2 - Percentage ES						
	GLD	Y1	R	W	M	RWM	GPS	R	W	M	RW M	2017	2016
<b>national</b>	72	83	76	70	76	65	77	75	78	75	64	61	53
LA	70	87	73	68	74	63	73	74	75	74	63	59	51

## PROGRESS 2018

	Reading	Writing	Maths
<b>National</b>	0	0	0
<b>LA All</b>	0.3	-0.3	0.3

## Secondary Phase 2018 GCSE

	% achieving 9-4 in Eng/Math		9-4 EM+3	
<b>National NOT FSM</b>	67		71	
	Not FSM	FSM	Not FSM	FSM
<b>Torbay</b>	69	39	73	34

## Progress

### Secondary

	<b>Attainment 8</b>		<b>progress 8</b>	
	<i>non dis</i>	<i>disad</i>	non dis	disad
<b>Torbay</b>	4.7	3.5	-0.15	-0.63

## Early Years Vulnerable Children

### Current context

The 2018 Early Years Foundation Stage Profile Data has identified, for the first time in the last three years, that the attainment gap has widened between children eligible for FSM and those children who are not. This is an unexpected change in the data and the Early Years and Childcare Advisory Service are committed to ensuring the future success of vulnerable learners. The narrowing of the attainment gap is pivotal within the services 2018/2019 Strategic Plan and will be mirroring and supporting the sole improvement focus identified by the Local Education Board for 'Improving the outcomes for Disadvantaged Children'

## **Activities Supporting Vulnerable Learners**

### **Early Years and Childcare Advisory Visits**

All Private, Voluntary and Independent Settings within Torbay have received an annual visit, since 2016, focussing on supporting vulnerable children. These visits have ensured that there has been a raised awareness of the need to identify and provide additional support for more vulnerable children and an increase of practitioner confidence.

### **Free Early Education for Two Year Olds**

Currently, approximately 40% of two year olds are eligible for a free early education place with effect from their second birthday. Approximately 400 two year old children are currently accessing their free education place within a setting in Torbay, this is about 70% of children who have been identified via the Department of Works and Pension list provided by the Department of Education. The Early years and Childcare Advisory Service have offered specific support visits to help providers improve outcomes for vulnerable two year olds, with a specific focus on Communication and Language. A Two Year Old Network has also been established to continue to develop practice and support multiagency working. In collaboration with a range of providers the service has also developed an effective audit tool 'I'm Two, I'm ready, Are You' to ensure providers, including school based nurseries are offering high quality two year old provision.

### **Integrated Reviews for Two year Olds**

Since July 2013 The Early Years and Childcare Advisory Service have been working alongside Health to develop the Integrated Review process across Torbay. Its aims are to:

- identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and behaviour
- facilitate appropriate intervention and support for children and their families especially those for whom progress is less than expected
- generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes.

Work has been ongoing throughout this time to ensure that the Integrated Reviews are effective at identifying those children most in need of additional support. This has resulted in a shared pathway which has been communicated to all Early Years Practitioners and Public Health Nursing and opened up communication channels between professionals. The process is continuing to be developed to work towards a fully integrated review for those identified as most in need.

### **Workforce Development**

The Early Years and Childcare Advisory Service ensure that the focus on vulnerable children and narrowing the gap is a specific aim for all Forums, Networks and Training events offered to the Early Years Sector in Torbay. Specifically the following, free to attend, termly forums ensure practitioners are kept up to date on current practice:

- SEND and Vulnerable Children's Forum:
- Designated Safeguarding Forum:
- Support for Children's Centres

## **Early Years Pupil Premium**

The Early Years Pupil Premium provides extra funding, at £300 per year, for eligible three and four year old children whose parents are in receipt of certain benefits or who have been in care or adopted from care.

Early Years settings in Torbay have been supported to use their funding in a wide variety of ways including providing extra staffing, speech and language interventions, additional resources and activities as well as organising targeted training for staff. The impact of the interventions is monitored through individual child and group tracking processes within individual settings and practitioners are encouraged to show how the funding is having a positive effect on individual children's progress and attainment, on narrowing achievement gaps, school readiness and early identification of additional learning needs.

The Early Years and Childcare Advisory Service offer advice, support and training to practitioners to use the Early Years Pupil Premium resource to ensure that it has the biggest impact. This has resulted in the development of 'Making the most of Early Years Pupil Premium' a guide with practical tips, intervention ideas and evaluation formats and monitoring tools.

## **Special Educational Needs and Disabilities (SEND)**

### **Torbay's Current Context and Performance**

Torbay has a high proportion of children and young people with Statements / Education, Health and Care Plans (EHCP). This equates to 4.4% of the pupil population compared to 2.9% nationally. This figure includes all types of schools including free schools and independent schools (school census 2016 as reported in Local Authority Interactive Tool (LAIT))

The SEND legislation covers the age range 0-25 years. The total number of Torbay pupils with EHC Plans / Statements is 1134 (as of 30/1/17).

### **Current Provision and Accessibility**

Children and young people in Torbay may attend mainstream early years settings, schools or colleges or specialist provision such as mainstream schools with enhanced resource provision or special schools.

Information about provision for learners is published on the Torbay Local Offer.

All schools publish their SEN Information Report which will detail the support they provide. Information about Resource Provision in mainstream schools and special schools is on the Local Offer.

In addition to mainstream provision the LA has developed a number of enhanced resource provisions that are delivered by mainstream providers. These include the following:-

- Preston Primary School (Autistic Spectrum Condition)
- Barton Academy (Speech & Language Therapy)
- St Margaret's Academy (Hearing Impairment)
- The Spires College (Hearing Impairment)
- Brixham College (Autistic Spectrum Condition)

Torbay also has a strong network of special schools that meet the needs of pupils that cannot be accommodated in mainstream provision. These include:-

- Combe Pafford School
- Mayfield School (including Chestnut Centre)
- Torbay School

For some pupils their needs are also met outside of the local area through alternative and bespoke provisions.

Currently 43% of the local area pupils with Statements / EHCPs attend a special school or an independent provision.

To ensure appropriate pathways exist for students aged 16 -25 the local authority continues to work with and grow the following providers

- Combe Pafford School
- Mayfield School
- South Devon College
- Independent specialist provisions.

The LA also commissions Careers South West to ensure young people remain in education, employment or training through targeted work and planning.

### **Performance of learners with special educational needs**

Current educational attainment for pupils with special educational needs is variable compared to both national and statistical comparisons.

Within the Early Years, children in receipt of SEN support achieve an equivalent level of good development compared to the same national group. Currently 26% of pupils with SEN support achieve a Good Level of Development (GLD). For children with a statement/EHCP Torbay is slightly below the national trend. Currently 3% of Torbay EHCP children achieve a good level of development compared with 4% nationally.

For pupils with a statement /EHC plan the outcomes at Key Stage 2 are different. 9% of Torbay pupils with a statement/EHC plan achieved the expected standard for a combined level in reading, writing and maths. This compares favourably to the 7% nationally and is in line with the LA statistical neighbours. For this indicator Torbay is ranked as the 27th performing LA out of the 152 local authorities.

The outcomes at Key Stage 4 are not maintained within the Local Area. At the end of Key Stage 4 in 2015 3.8% of pupils with a statement/EHC plan achieved 5 good GCSE grades including English and Maths compared to 8.8% nationally and 6.8% in statistical neighbours. Torbay ranked 130th out of the 152 local authorities. Work is underway to develop a process for measuring the % of young people with SEND who move into paid employment following post 16 education, starting from September 17. As a local area we will focus on raising aspirations and realising a sustained rise in the % of young people moving into meaningful employment.

### **Our approach to work with children, young people and their families**

Torbay recognises that children, young people and their parent's value support. The local area has arrangements in place for information, advice and support from an



easily accessible service. Torbay has taken the decision to externally source a provider to deliver this advice, ensuring it is confidential, impartial and independent information. Special Educational Need and Disabilities, Information, Advice and Support Service (SENDIASS) dealt with 204 independent support queries and 111 information and advice queries in 2016. The work of the service is highly regarded and valued by young people, parents and professionals.

Personalisation is at the heart of the practice that is being developed within Torbay. For the local area this means putting children, young people and their families at the centre of the Education, Health and Care (EHC) process. The local area takes action in a number of ways to achieve personalisation this includes:

- Person-centred approaches where children with special educational needs or a disability are put at the centre of decision making, enabling them to express their views, wishes and feelings;
- Personalising the support which families receive through education, health and social care services working in partnership to arrange seamless care and support for them;
- Funding mechanisms, which enable enhanced flexibility, choice and control for young people and their families through the use of direct payments and personal education and health budgets.

### **Challenges**

The challenges facing the local area in the delivery of meeting special educational needs are complex and cannot be underestimated for the numerous leaders working at both a local, regional and national level.

The critical challenges to overcome are:-

#### **National School Funding Reform**

To overcome this challenge we will:-

- Share intelligence with schools, systems leaders, partners within the local area to ensure that the challenge is understood.
- Contribute to the current and future consultation processes and make representation to Ofsted and the Regional Schools Commissioner.
- Use the Department for Education Grant to review higher needs spending and implement a specific action plan to address recommendations.
- Facilitate an equivalent body to School Forum.
- Review and apply the thresholds used to allocate higher needs funding.

#### **Sufficiency of Placements**

To overcome this challenge we will:-

- Complete an accurate assessment of the provision within the local area.
- Publish a needs assessment and share widely with key stakeholders to bring about market interest.
- Identify sites and existing assets to plan for growth and new provision
- Maintain and utilise relationships with cross border Officers, Multi Academy Trusts, Regional Schools Commissioner office, Department for Education and Education Funding Agency.

## **Maintaining Inclusive Practice**

To overcome these challenges we will:-

- Use the findings of the Special Educational Need Quality Audits completed in 2016 -2017 to drive forward key change with senior leaders and SENCO's
- Continue to maximise the SEND network to include Headteachers/ Governors
- Follow up on parental and professional concerns in relation to concerns raised about individual schools, using where appropriate local data.
- Devise a protocol for with Regional Schools Commissioner to inform schools of the actions that will be taken, when and by whom.

## **Vulnerable Pupils service**

### **Defining Vulnerability within the vulnerable pupils service**

As identified at the beginning of this strategy, The Children's Commissioner has identified a wide range of 'Vulnerabilities' that place children at risk of disadvantage. However, there needs to be an understanding for those students supported by the Vulnerable Pupils service. This definition will be limited but sets out what the service is able to directly offer and allow further work to address the situation for pupils outside the current provision.

### **Vulnerable Pupils Service Definition**

It is not appropriate for the service to use the wide-ranging definitions set out by the Children's Commissioner. The service will use the definition that Vulnerable Pupils are at risk of exclusion from education for the following reasons;

1. Poor Attendance – Through the failure of adults to secure consistently good attendance in an appropriate setting.
2. Missing Education – Formally recorded as CME.
3. Fixed Term Exclusion – Beyond a single episode.
4. Permanent Exclusion
5. Diagnosed Medical Need – Below that which meets the threshold for an EHCP.
6. A Lack of Reintegration – Into mainstream education, 16+ transition or specialist setting.
7. Undiagnosed Need – Except that which is already subject to a Request for Statutory Assessment or EHCP.
8. Unregistered Provision – Whether sourced by the LA or another body.
9. Unsuitable Elective Home Education – Either through a lack of capacity in the supporting adults or a lack of clarity about the purpose of this education.

### **Our approach**

Using this definition, the service will offer the following support from existing elements:

1. **Attendance Element (AIO)**
2. **Elective Home Education (EHE)**
3. **Medical Tuition Service (MTS)**
4. **Part Time Timetables (PTT)**

## Existing Settings and Services to Support Vulnerable Pupils

It is important to recognise that the clear majority of Vulnerable Pupils will, and should, have their needs met in mainstream settings as part of their universal offer. Alternative and Specialist settings should be regarded as appropriate for specific students with specific need. Failure to do so can adversely affect wellbeing.<sup>i</sup> Torbay is well provided for with settings that address a wide range of need using a variety of approaches and venues. This should be celebrated as it gives a firm baseline from which the Head of Service can develop and coherent provision.

## Commissioned and Local Authority Services

There are three main settings commissioned by the Authority to provide for Vulnerable Students.

### 1. Catch-22 Burton Academy.

This is the Alternative Provision (AP) setting for KS3 and 4.

### 2. Mayfield Chestnut Service.

This is the AP setting for KS1 and 2. It is comprised of three elements:

- Main School – An AP and SEMH setting that fills the role of AP and that of special school
- An Outreach Service – Supporting specific children in their mainstream schools for a set term.
- An Intensive Outreach Service – Supporting Schools facing a high level of need by providing training, modelling and advice to provide for children in their mainstream settings.

### 3. Medical Tuition Service.

It is a secondary provision and is supported by a Home Tuition element for primary phase and secondary students unable to access the centre.

## Ad hoc and Bespoke Services

The services currently being accessed by the Education Service include: (All figures as at March 2018)

- **YMCA** – for students who are perceived to be a ‘poor fit’ for existing commissioned services. Students often display need that would indicate a specialist setting but with behaviours that would indicate an AP setting. – 6 students
- **Play Torbay** – working predominantly with families and with 52-week provision. Partners in an Innovation in Alternative Provision bid.<sup>ii</sup> – 0 students
- **Apricot** – Used by Social Care and being piloted by Education – 1 student
- **On-Track** – Alternative provision for 0-19. – 5 students
- **Eat That Frog** – Predominantly working with 16+ students with EHCPs. Numbers vary – 1 student
- **Riviera Tuition** – ‘In the home’ tuition service used to support students unable to access any setting, often for medical reasons. – 14 students
- **Adelong Outdoor Education** – Therapeutic provision – 6 students.
- **South Devon College**

In addition to the services above South Devon College offers a range of services that could be commissioned where appropriate. Given the nature of the funding for these services commissioning would give consistency of provision. The provision consists of:

**1. The IF Program**

A reintegration program that runs for a limited period with the aim of returning the student to their main registration school.

**2. South Devon High School**

A 75 PAN school for KS4 students that seeks to provide a vocationally based alternative to the mainstream settings in Torbay. It is selective based on aptitude and is targeted at 'middle learners'. It is expressly not an Alternative Provision setting.

**3. Indirect Placement**

There remains the capacity for schools to place students on courses to support their aspirations outside the school's curriculum.

**4. Elective Home Education (EHE) Course**

A 450-hour course intended to support EHE students. This course is not intended to cover short periods of EHE as outcomes will be limited and there will be disruption to the progress of existing students on the course.

**Children who are not, or may not be, in education, employment or training (NEET)**

**Who are these children?**

There is no one group of children and young people who can clearly be described as being at risk of becoming NEET. In 2016/17 397 young adults were, at some time in the year, NEET but never more than 203 at any one time. This equates to 8.5% of the cohort across the year and approximately 4.1% at any one point. The cohort spent 49.3% of the year NEET on average.

14.4% (58) of all NEET students were not identified as having any vulnerabilities until the point of becoming NEET.

**The impact of NEET on young people**

National tracking and review of the NEET cohort shows the following impacts on young people:

- Lower life expectancy – even when accounting for other vulnerabilities
- Higher incidence of family breakdown
- Limited realisation of aspirations
- Poorly paid employment
- Greater involvement in crime
- Increased substance misuse

**4 Key Strategies to reduce the incidence of NEET**

- Schools and other settings must accurately track all students to support aspirations and identify those at risk.
- Personalised guidance and support must be available to all.

- There must be a broad range of courses and programmes at Key Stage 4 and 16+
- Students, Parents and the Community must be engaged in planning the above.

### What is Torbay doing to support NEET young people?

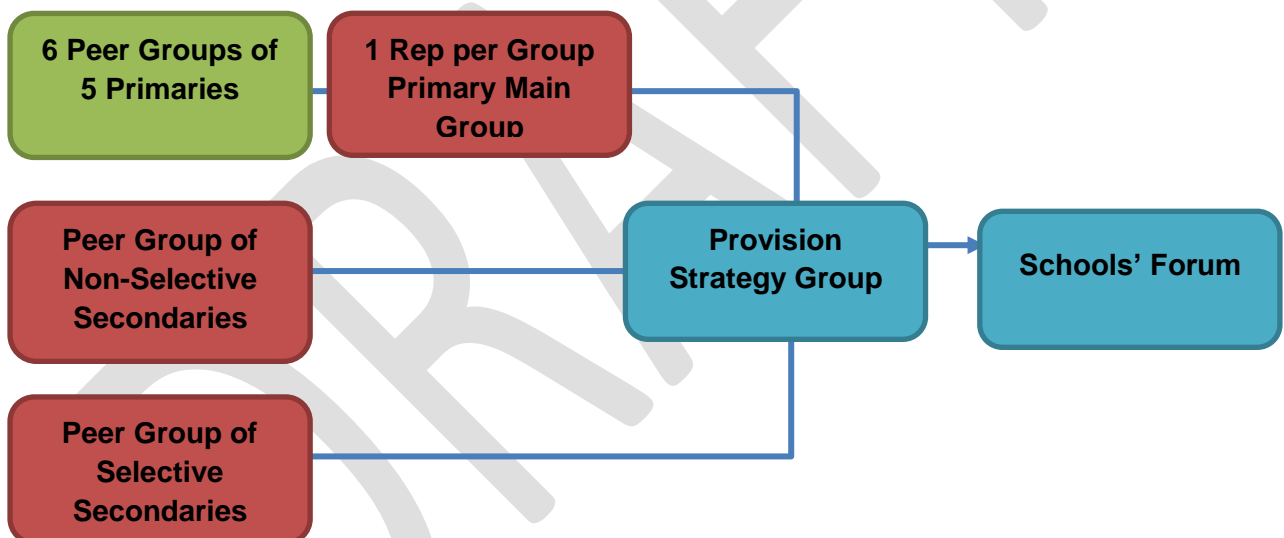
Torbay works with peninsular partners to commission Careers South West to fulfil their statutory duty to young people at risk, specifically:

1. Children and Young People with Education and Health Care Plans
2. Looked After Children
3. Teen Parents
4. Those identified through 'Troubled Families'
5. Children and Young People known to the Youth Offending Service.

### Support to Reduce Exclusions

#### Peer Challenge and Support

Under the leadership of the Schools' Forum and supported by the Heads of Service for the LA; schools form peer challenge and support groups as per the following structure:



Each group should meet termly to discuss students at risk of exclusion, best practice and the associated provision needs. They should then feed into a Provision Strategy Group that agrees priorities and suggests actions for the Schools' Forum.

### Children Looked After

#### Context

In Torbay the Virtual School (VS) strives to ensure that all Children Looked After (CLA) are given every opportunity for equality of outcome rather than merely equality of opportunity.

The Virtual School (VS) has strong partnerships with the schools in Torbay and works both collaboratively and holistically to ensure that improving outcomes for Children Looked After is given the highest priority by our schools.

Each Child Looked After has a Personal Education Plan each term and it is through this planning process that Pupil Premium Plus (PP+) interventions are agreed. This ensures the VS is monitoring on a termly basis the planning for the child and ensures that PP+ is spent on the right interventions and any concerns can be addressed in a timely manner.

The VS consists of a Headteacher (0.6FTE); 3 specialist teachers one for the primary age range and a maths secondary and English secondary; an Inclusion Officer; a PEP Co-ordinator; and a 0.5 FTE Admin Officer. The Virtual School also has a Governing Body whose members include a HT rep for Primary and Secondary schools in Torbay; the lead officer at the local FE College; a Foster Carer; LA Officers; and community governors who are also governors in a school in Torbay. Its job is to support and challenge the school just as any other governing body does.

The Virtual School and its Governing Body uses educational research to give greater depth of knowledge to the impact of education on better life chances for our young people and what factors influence better outcomes during the child's journey in care.

**The Educational Progress of Children Looked After in England: Linking Care and Educational Data** – this was a research project undertaken by the University of Bristol and the Rees Centre, Department of Education and the University of Oxford. It was the first major study in England to explore the relationship between educational outcomes, young people's care histories and individual characteristics. The main analysis concentrated on the progress at secondary school (KS2 – 4) of young people who had been in care for over a year at the end of KS4.

The research's key findings show the following may contribute to the educational progress of young people in care:

- **Time in care.** Young people who have been in longer-term care do better than those 'in need' (CIN) and better than those who have only been in short term care – so it appears that care may protect them educationally.
- **Placement changes.** Each additional change of care placement after age 11 is associated with one-third of a grade less at GCSE.
- **School grades.** Young people in care who changed school in Y10 or 11 scored over five grades less than those who did not.
- **School absence.** For every 5% of possible school sessions missed due to unauthorised school absences, young people in care scored over two grades less at GCSE.
- **School exclusions.** For every additional day of school missed due to a fixed term exclusion, young people in care scored one-sixth of a grade less at GCSE.

**Placement type.** Young people living in residential or another form of care at age 16 scored

- over six grades less than those who were in kinship or foster care.
- **School type.** Young people who were in special schools at age 16 scored over 14 grades lower in their GCSEs compared to those with the same characteristics who were in mainstream schools. Those in Pupil Referral Units with the same characteristics scored almost 14 grades lower.
- **Educational support.** Young people report that teachers provide the most significant educational support for them but teachers suggest that they need more training to do this effectively.

The research identifies that every professional has to play their part in ensuring that the right conditions are in place to enable the young person to achieve their educational potential. The Virtual School Governing Body first requested a report be prepared back in 2016 on the educational outcomes at the end of that school year in relation to the risk factors above. They were very clear with professionals that they would hold them to account just as the Corporate Parenting Board would when considering these risk factors.

The Virtual School (VS) has also identified that emotional well-being and resilience are also key factors which influence the child's development, progress and educational achievement. Consequently the VS has commissioned work on attachment and trauma informed practice. This work commenced in 2014 and has seen at least one member of staff from every school take part in some form of training. Indeed over half of our schools now have a least two members of staff trained in the 7 day Attachment in Schools course designed by Louise Bomber. The three specialist teachers and the Inclusion Officer are also trained and the Inclusion Officer is our lead worker for attachment. This work now sees the Virtual School train staff in schools as well as Foster Carers and other professionals within the children in care arena.

The Virtual School (VS) also undertakes work such as the Y6 Transition Project called Get Gritty. This is a series of days following completion of SATS which uses the medium of the outdoors in order to give the children experiences which they find difficult but then gives them the tools/skills to face the difficulty and then progress through it. This is particularly pertinent for our children when they move from their primary school to a much larger secondary school. This has been a particularly successful project and the VS is now looking how they could extend this to an older age group.

Other areas of work include 1:1 interventions in particular subject areas; mindfulness training for educational professionals, foster carers and young people; a Virtual School choir.

Key to the success of all our work is the relationship built with the young person. The power of relationship must not be underestimated and is key to enabling the child to achieve their educational potential.

DRAFT



## 2.OUTCOMES 2018

Performance indicator	T R E N D	2018 TORBAY children in care % *	2017 National children in care %	2017 TORBAY all pupils %	2017 National all pupils %	RAG Based Torbay CLA v national CLA
EYFS % reached GLD	↓	50% (2)		71.7%	70.7%	A
KS1 % Reached at least expected standard - Reading	↓	50% (1)	52%	74%	76%	A
KS1 % Reached at least expected standard - Writing	↑	50% (1)	41%	68%	68%	G
KS1 % Reached at least expected standard - Maths	↑	50% (1)	48%	75%	75%	G
KS1 % Reached at least expected standard – Reading, writing and maths	↑	50% (1)	36%	Not available	Not available	G
KS2 % Reached at least expected standard - Reading	↓	35.3% (6)	45%	72%	71%	A
KS2 % Reached at least expected standard - Writing	↓	23.5% (4)	48%	75%	76%	A
KS2 % Reached at least expected standard - SPAG	↓	29.4% (5)	50%	76%	77%	A
KS2 % Reached at least expected standard - Maths	↓	23.5% (4)	46%	55%	75%	A
KS2 % Reached at least expected standard - Reading, Writing and maths	↓	17.6% (3)	32%	59%	61%	A
KS4 % 5+ GCSEs at grades A*-C including English (Grade 4+) and Maths (Grade 4+)	↑	33.3% (7)	15%	Not available	Not available	G

Performance indicator	T R E N D	2018 TORBAY children in care % *	2017 National children in care %	2017 TORBAY all pupils %	2017 National all pupils %	RAG Based Torbay CLA v national CLA
KS4 % 5+ GCSEs at grades A*-C	↑	33.3% (7)	Not available	Not available	Not available	-
KS4 % gaining a strong pass in both English and maths at Grade 5+	↑	33.3% (7)	7%	48.7%	39.1%	G
KS4 % gaining a Grade 5+ in English	↑	33.3% (7)	16%	62.6%	Not available	G
KS4 % gaining at least a Grade 4 in English	↑	42.8% (9)	Not available	Not available	Not available	-
KS4 % gaining a Grade 5+ in maths	↑	33.3% (7)	11%	53.4%	Not available	G
KS4 % gaining at least a Grade 4 in maths	↑	38.1% (8)	Not available	Not available	Not available	-
KS4 Attainment 8 score	↑	26.25	18.9	47.9	44.2%	G
KS4 Progress 8 score		-1.106	-1.19%	-0.03	Not applicable	
Y1 – Y11 % attendance 2017-18	↓	95%	96.1%(2016)	96% (2016)	Not yet available	A
% receiving at least one fixed term exclusion	↑	14%	10.42%(2016)	5.05% (2016)	Not yet available	A
% receiving a permanent exclusion	↔	0	0.14%(2016)	0.13% (2016)	Not yet available	G
KS5 number following and completing a L3 qualification		2	Not available	Not available		-
Total of 18-24 year old care leavers participating in Higher Education	↑	9.1%	7% (2016)	-		A

### **PRIORITY ONE – Participation**

- Local area partners will actively promote and communicate the local need to elected members, local education providers and external bodies.
- There will be dedicated space on the Torbay Healthy Learning Website for schools.
- The LA will facilitate a steering group and Wellbeing Outcomes Network that will champion the vulnerable pupil and include Local area partners

### **PRIORITY TWO – Ensuring the needs of vulnerable pupils are met**

- The LA have developed a comprehensive Special Education Needs and Disability Strategy.
- Local area partners will undertake a needs assessment of alternative provision and ensure the generation of sufficient alternative placements.
- The LA will gather intelligence on the number of children receiving part time packages, fixed term exclusions and permanent exclusions. We will both challenge and support schools to ensure that pupils are re-integrated and their school place retained.
- Local area partners will develop our local policies and protocols to ensure children are safeguarded in education.
- The LA will work closely with the Virtual school to enhance the outcomes of Children Looked After and hold ourselves and schools to account for the money received through pupil premium plus.

### **PRIORITY THREE – Parental Influence and Involvement**

- Local area partners will create specific guidance and advice for parents to enable them to raise concerns and have their questions answered.
- Local area partners will develop an Advocacy Service that will include parents, carers and families
- Local area partners will develop our approach to co-production of key strategies and decision making.

### **PRIORITY FOUR – Performance and monitoring**

- The LA will implement a performance and monitoring system that is shared with schools and used by school leaders at the Local Education Board.
- Local area partners will develop system leadership and collaborative capacity, engaging with regional partners, local leaders and accountable bodies to share local priorities and gaps.

### **What will success look like by 2020?**

To ensure all vulnerable learners meet their full potential, working in close partnership with schools and Early Years settings, we aim to achieve the following by 2020:

- The FSM achievement gap in the EYFS will reduce to 12% 2020.
- The FSM achievement gaps at Key Stages 2 and 4 will be less than the national gap figures for pupils from low income backgrounds.
- In Key Stage 2 the gap for FSM for Reading, writing and Maths combined will be in line with national by 2020.
- In Key Stage 4 the FSM gap for progress 8 will reduce to 0 by 2020.
- The achievement gaps for Children in Care at Key Stage 2 and Key Stage 4 will show an upward trend in 2020.

- The achievement gaps for SEN at Key Stage 2 and GCSE within mainstream schools will reduce respectively by 10% by 2020
- We will have no schools in an Ofsted category of concern year by year, so that by 2020 no schools will be in this category, and no vulnerable child will be in a failing school.
- By 2020, pupils with EHC plans will be making good progress in line with national and achieve outcomes in line with national benchmarks.
- The % of NEETs coming from vulnerable groups will reduce to 30% by 2020.
- The attendance of children and young people will improve by supporting the reduction of persistent absence in Primary and in Secondary schools by 2020.
- By 2020, 10% fewer pupils will be persistently absent
- There will be 10% fewer pupils permanently excluded from schools by 2020.
- By 2020, all young people attending a PRU will have a positive learning or training destination at ages 16 and 17
- By 2020, all Children Missing Education will be identified, tracked and monitored, and all new children referred will be offered suitable education provision within 30 days

### **In Conclusion**

Torbay Council and all education providers are committed to our role as champions for vulnerable children and young people and to discharging our statutory responsibilities to the highest standard. We are proud of the strong education system across the area and will be energetic in the delivery of our strategy and rigorous in our actions.

We look forward to an exciting future, secure in the knowledge that the Council and all education settings have at their heart, strong shared values and a commitment to ensuring that our vulnerable learners' life chances are the very best possible

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## Action Plan for Support of Disadvantaged Children's Learning

Activity	Target Date	Who	Outcomes	Prog
Define what Torbay means by Vulnerable	April 2018	DH	Definition included in draft strategy	
Collate Torbay Data	Oct 2018	DH/LG	Add in to strategy and use to help identify Torbay issues with Teaching Schools	
Shared definition of school Readiness by publishing and sharing a leaflet with PVIs and maintained settings	Oct 2018	Early Years	Children entering statutory schooling have the best possible start	
Identify an elected member with specific responsibility oversight and heightened accountability of disadvantaged children.	April 2019	DH/RW	Ensure all stakeholders are aware of the strategy	
Expand system of measuring and recording children's level of development and progress before 5 years to include troubled families data and share.	April 2019	DH/LG	Schools can identify potential vulnerability earlier.	
Expand on early 2 year check assessments, identify % that have had both health and learning development check and ensure policy for requesting/ receiving in place.	April 2019	Early Years Team	Help to identify the disadvantaged in tier 3 offer	
Ensure sufficiency report specifically identifies	Jan 2019	DH, LG and SW	Identify any gaps in provision for disadvantaged	

## Action Plan for Support of Disadvantaged Children's Learning

disadvantaged and childminders prioritise disadvantaged				
Hold providers to account for use of deprivation funding, EYPP and SEND ALFEY funding	Sept 2018	EY Team	To ensure value for money from funding streams	
Meet with all Heads of Service	Nov 2018	DH and HoS	To ensure the strategy covers all activity	
Complete the Strategy	Dec 2018	DH	This will ensure that through greater collaboration we can ensure children and young people in Torbay are given the best start in life.	
<b>PRIORITY ONE – Participation</b>				
Local area partners will actively promote and communicate the local need to elected members, local education providers and external bodies.	Ongoing	LEB	To ensure the strategy is understood and monitored.	
There will be dedicated space on the Torbay Healthy Learning Website for schools.	July 2019	Public health	To make the best use of existing communication methods	
The LA will facilitate a steering group and Wellbeing Outcomes Network that will champion the vulnerable pupil and include Local area partners.	Half termly	DH	Develop a network to be used by all stakeholders to share best practice.	

## Action Plan for Support of Disadvantaged Children's Learning

PRIORITY TWO – Ensuring the needs of vulnerable pupils are met				
The LA have developed a comprehensive Special Education Needs and Disability Strategy.	Reviewed regularly	MG	To ensure this vulnerable group have the best service possible	
Local area partners will undertake a needs assessment of alternative provision and ensure the generation of sufficient alternative placements.	Dec 2019	D Hamer	To provide high quality cost effective alternative provisions for Torbay children and young people.	
The LA will gather intelligence on the number of children receiving part time packages, fixed term exclusions and permanent exclusions. We will both challenge and support schools to ensure that pupils are re-integrated and their school place retained.	Sept 2019	D Hamer	To provide the intelligence to challenge and support schools.	
Local area partners will develop our local policies and protocols to ensure children are safeguarded in education.	Dec 2019	TSCB Education subgroup	To safeguard pupils in Torbay	
The LA will work closely with the Virtual school to enhance the outcomes of Children Looked After and hold ourselves and schools to account for the money received through pupil premium plus.	July 2019	Jl	Ensuring that CLA are achieving highest possible outcomes.	



## Action Plan for Support of Disadvantaged Children's Learning

<b>PRIORITY THREE – Parental Influence and Involvement</b>				
Local area partners will create specific guidance and advice for parents to enable them to raise concerns and have their questions answered.	Sept 2019	SENDIAS	Allowing local area partners to hear the parent voice.	
Local area partners will develop an Advocacy Service that will include parents, carers and families	Sept 2019	SENDIAS	Allow local area partners to help parents to be represented fairly.	
Local area partners will develop our approach to co-production of key strategies and decision making.	Sept 2019	TSCB Education sub group	Ensure all partners maximise their time and resources.	
<b>PRIORITY FOUR – Performance and monitoring</b>				
The LA will implement a performance and monitoring system that is shared with schools and used by school leaders at the Local Education Board.	Sept 2019	LG	Enable partners to monitor performance.	
To share local priorities and gaps. Engaging with regional partners, local leaders and accountable bodies.	Oct 2019	DH	Ensure that Torbay makes the best use of external support.	
Local area partners will develop system leadership and collaborative capacity,	Dec 2019	Teaching Schools	To help with recruitment and retention of leaders and to up skill existing leaders	



**Meeting:** Policy Development and Decision Group (Joint Commissioning Team)

**Date:** 04/03/2019

**Wards Affected:** All

**Report Title:** Prevention Concordat for Better Mental Health

**Is the decision a key decision?** No

**When does the decision need to be implemented?** Immediately

**Executive Lead Contact Details:** Councillor Jackie Stockman, Executive Lead for Health and Wellbeing, Independent Berry Head with Furzeham Ward, 07968 979685

**Supporting Officer Contact Details:** Dr Caroline Dimond, Director of Public Health, 01803 207336, caroline.dimond@torbay.gov.uk

## 1. Proposal and Introduction

- 1.1 The proposal is that Torbay Council becomes a signatory to the Prevention Concordat for Better Mental Health.
- 1.2 We all have mental health. Even if we do not consciously think about it all the time, our state of mental health underpins everything we do on a daily basis. Nationally poor mental health affects at least one in four people each year, with one in six experiencing common mental health problems such as anxiety and depression in any given week. In Torbay 18% of adults reported having anxiety and depression and 25% report being unhappy when asked how they were feeling yesterday.
- 1.3 Many organisations (including local authorities; the NHS, VCSE sector and employers) are becoming signatories of the Prevention Concordat for Better Mental Health Consensus Statement. To sign up, Torbay Council would agree to the following principles:
  1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focussed leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions;
  2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality;

3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play;
4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources;
5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework<sup>1</sup>;
6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health; and
7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.

1.4 Sign up is dependent on the following criteria:

- Senior leader approval and signature on the Torbay Council Prevention Concordat for Better Mental Health Action Plan (Appendix 1);
- Registration of Councillor Mental Health Champion/s with the Centre for Mental Health; and
- A current multi-agency suicide prevention action plan.

1.5 Once an organisation has signed up to the Prevention Concordat for Better Mental Health there will be a formal announcement of new national and local signatories through Public Health England communications. Organisations will also be asked to promote their involvement and deliver joint communications on the prevention concordat and their specific commitments.

## **2. Reason for Proposal and associated financial commitments**

2.1 The Elected Mayor and Policy Development and Decision Group (Joint Commissioning Team) are asked to endorse Torbay Council's pledge to join the Prevention Concordat for Better Mental Health.

2.2 There are no financial commitments associated with the Prevention Concordat for Better Mental Health.

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## **3. Recommendation(s) / Proposed Decision**

That the Elected Mayor be recommended:

3.1 That Torbay Council signs up to the Prevention Concordat for Better Mental Health.

3.2 That the Director of Public Health be given delegated authority to make any required amendment to and sign the Torbay Council Prevention Concordat for Better Mental Health Action Plan as set out in Appendix 1.

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<sup>1</sup> <https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>

- 3.3 That Councillors Stockman and Stocks be appointed as Councillor Mental Health Champions registered with the Centre for Mental Health.

## **Appendices**

Appendix 1: Torbay Council Prevention Concordat for Better Mental Health Action Plan (Torbay Council, 2019)

### **Background Documents**

[Prevention Concordat for Better Mental Health \(PHE, 2019\)](#)

[Mental Health Challenge Champions \(Centre for Mental Health, 2019\)](#)

[Torbay Multi-agency Suicide and Self-harm Prevention Plan](#)

<http://www.southdevonandtorbay.info/media/1163/2018-2020-torbay-jsna.pdf>

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

<https://www.torbayandsouthdevon.nhs.uk/services/mental-health/>

<https://www.torbayandsouthdevon.nhs.uk/uploads/torbay-mental-health-directory.pdf>

<https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf>

[https://www.mentalhealth.org.uk/sites/default/files/mental\\_health\\_resilience\\_inequalities\\_summary.pdf](https://www.mentalhealth.org.uk/sites/default/files/mental_health_resilience_inequalities_summary.pdf)

## Section 1: Background Information

### 1. What is the proposal / issue?

The proposal is that Torbay Council signs up to the Prevention Concordat for Better Mental Health.

We all have mental health. Even if we do not consciously think about it all the time, our state of mental health underpins everything we do on a daily basis. Nationally poor mental health affects at least one in four people each year, with one in six experiencing common mental health problems such as anxiety and depression in any given week. In Torbay 18% of adults reported having anxiety and depression and 25% report being unhappy when asked how they were feeling yesterday.

75% of adults with mental health problems are first unwell in childhood or adolescence. Almost 4 children in every class room will have at least one mental health disorder when assessed. Poorer mental health in children can drastically impact their life chances, impacting on physical health, their educational and work prospects, their chance of committing a crime and even the length of their life. In Torbay almost 5% of school pupils have a social, emotional and mental health need and there are almost 900 self-harm admissions to hospital per year. For both indicators, Torbay has the highest need in the South West.

As well as the impact on individuals and families, mental health problems result in increased costs to the public purse and wider society. The estimated economic and social cost is £105 billion in England alone. As mental health needs increase, so does the demand on local health, social care, education, criminal justice and community and voluntary sector services.

### 2. What is the current situation?

Torbay has high rates of people with mental health disorders and with unmet mental health and wellbeing needs. Some strategic indicators where Torbay is statistically significantly higher compared to England are shown below:

Indicator	Date	Torbay	England
Hospital admissions as a result of self-harm (per 100,000 10-24yrs)	2014/15-2016/17	982.5	407.1
Employment Support Allowance Claimants for mental and behavioural disorders (rate per 1,000 working age population)	2015-17	45.9	27.5
Population living in areas with the highest mood and anxiety disorder prevalence in England (%)	2015	33.7	19.7
Hospital admissions for mental and behavioural disorders due to alcohol (rate per 100,000)	2017/18	84.2	69.2

Adult social care long-term support clients for mental health (per 100,000 65yrs+)	2014/15-2016/17	473.5	404.1
Suicide rate (per 100,000)	2015-2017	15.7	9.6

Source: Torbay JSNA; PHE Mental Health and Wellbeing JSNA

Multi-agency action is required to prevent people becoming mentally unwell, help maintain good mental health and to help support people when they do require additional help from a mental health services. Service gaps need to be collectively plugged to help support the mental health and wellbeing needs of Torbay residents.

**3.**

**What options have been considered?**

- To work singularly to improve the mental health and wellbeing of Torbay residents;
- To work collaboratively with other organisations to improve the mental health and wellbeing of Torbay residents.

The disadvantages of working singularly are less access to multi-agency skills, experience and resources. Poor mental health and wellbeing is a system wide issue and as such system-wide solutions are required to address the unmet need with the impact that is required.

**4.**

**How does this proposal support the ambitions, principles and delivery of the Corporate Plan?**

Joining the Prevention Concordat for Better Mental Health fits with the ambition of a Prosperous and Healthy Torbay. As it advocates for integrated and joined up system approach this is anticipated to use reducing resources to best effect through economies of scale and reduced duplication. The Concordat pushes for preventative and evidence based approaches to improve public mental health.

In terms of targeted actions, collaborative and preventative public mental health intervention should contribute to:

- Protecting all children and giving them the best start in life;
- Promoting healthy lifestyles across Torbay; and
- Protecting and supporting vulnerable adults.

In terms of delivery, collaborative and preventative public mental health intervention should contribute to:

- Establishing a Healthy Schools Network with a focus on healthy weight and healthy food, physical activity, and emotional health and well-being;
- Strengthening the emotional health and wellbeing of children and young people with a focus on whole school programmes such as Thrive and giving children and young people resilience skills; and
- Working with local communities to implement the initiatives of Mental Health promotion, Self-harm, Dementia and Suicide prevention strategies.

5.	<p><b>How does this proposal contribute towards the Council's responsibilities as corporate parents?</b></p> <p>The mental health of looked after children (LAC) is significantly poorer than their peers, with almost half of LAC nationally meeting the criteria for a mental health disorder. Young people leaving care are also five times more likely to attempt suicide than their peers. CAMHS service provision for LAC is poor in many areas of England where services are failing to identify mental health problems when children enter care, and CAMHS services unable to treat vulnerable children who fall below diagnostic thresholds or are without a stable placement. Strengthening the focus on and commitment to improving mental health for all groups in the population is therefore important.</p>
6.	<p><b>How does this proposal tackle deprivation?</b></p> <p>Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with unemployment, less education, lower income, in addition to poorer physical health.</p> <p>Good built environments and healthy local economies contribute to resilient, mentally healthy communities. All policy-makers, from those in government to those in local communities, need to consider and take into account the mental health implications of all policies. Joining the Prevention Concordat for Better Mental Health shows a willingness and commitment by Torbay Council to prevent and improve mental health for all its residents, including those in the most disadvantaged areas.</p>
7.	<p><b>How does this proposal tackle inequalities?</b></p> <p>Research suggests that higher national levels of income inequality are linked to higher prevalence of mental illness. Social as well as individual solutions are required to reduce inequalities and improve community mental health.</p>
8.	<p><b>How does the proposal impact on people with learning disabilities?</b></p> <p>Learning disabilities are often associated with mental health problems. Mental health problems can affect anyone at any time, but unlike a learning disability, they can be overcome with appropriate treatment. It is estimated that 40% of people with a learning disability, will also have a mental health problem. This is more than double the rate of mental health problems in the general population. Children with a learning disability are also more likely to suffer from a mental health problem. For this reason, people with learning disabilities need to be given extra consideration when putting interventions in place to improve and maintain good mental health.</p>
9.	<p><b>Who will be affected by this proposal and who do you need to consult with?</b></p> <p>Joining the Prevention Concordat for Better Mental Health is intended to promote and maintain good mental health for all Torbay residents through collaborative action. As such only positive impact is expected from focused action and transparent commitment. No detrimental impact is expected.</p>
10.	<p><b>How will you propose to consult?</b></p>

	Consultation is not necessary on this occasion.
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<b>Section 2: Implications and Impact Assessment</b>	
<b>11.</b>	<p><b>What are the financial and legal implications?</b></p> <p>There are no financial or legal implications to this proposal.</p>
<b>12.</b>	<p><b>What are the risks?</b></p> <p>No risks associated with signing up to the Concordat have been identified, other than the reputational risk of not making progress against the action plan.</p>
<b>13.</b>	<p><b>Public Services Value (Social Value) Act 2012</b></p> <p>The PSV does not apply, in that nothing is being procured on this occasion.</p>
<b>14.</b>	<p><b>What evidence / data / research have you gathered in relation to this proposal?</b></p> <p>The majority of related research is included in the background links section of this document.</p>
<b>15.</b>	<p><b>What are key findings from the consultation you have carried out?</b></p> <p>Consultation is not necessary on this occasion.</p>
<b>16.</b>	<p><b>Amendments to Proposal / Mitigating Actions</b></p> <p>PDDG is invited to comment on the high level narrative of the pledge in Appendix 1 and Torbay Council action plan in Appendix 2.</p>



## Equality Impacts

17.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people			No differential impact – action plan is for all people across the life course
	People with caring Responsibilities	People with caring responsibilities are more likely to experience a MH condition		
	People with a disability	People with a disability are more likely to experience a MH condition		
	Women or men			No differential impact – action plan is for both male and female residents
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	People from BAME are more likely to experience a MH condition.		
	Religion or belief (including lack of belief)			No differential impact – action plan is for all groups
	People who are lesbian, gay or bisexual	People from LGBT communities are more likely to experience a MH condition than their peers		
	People who are transgendered	People from LGBT communities are more likely to experience a MH condition than their peers		
	People who are in a marriage or civil partnership			No differential impact – action plan does not differentiate between married/unmarried groups

	Women who are pregnant / on maternity leave	People who are pregnant are more likely to experience mental ill health		
	Socio-economic impacts (Including impact on child poverty issues and deprivation)	People from more deprived communities are more likely to experience a MH condition		
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Health needs are often accompanied by unmet mental health and wellbeing needs		
<b>16</b>	<b>Cumulative Impacts – Council wide</b> (proposed changes elsewhere which might worsen the impacts identified above)	None – sign up to MH Concordat is cost neutral to the PH team and the wider authority. There is no additional resource required to work collaboratively.		
<b>17</b>	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	None. Current developments in the wider system are towards greater partnership, which supports the direction of the Concordat.		



Protecting and improving the nation's health

## Prevention Concordat for Better Mental Health: information required from signatories to the Consensus Statement

We are delighted that you are interested in becoming a signatory to the [Prevention Concordat for Better Mental Health Consensus Statement](#). You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.

### The Prevention Concordat registration process

**Step 1.** Complete the local Prevention Concordat action plan template below (Attach any supporting documents that you may want to share)

**Step 2.** Senior leader/CEO of organisation to commit and sign up to approved action plan

**Step 3** e-mail your submission to [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk)

**Step 4.** Confirmation of receipt

**Step 5.** A panel will review and approve action plans submitted within one month of submission date;

- wave 3 –Friday 14<sup>th</sup> December 2018
- wave 4 – Friday 1<sup>st</sup> March 2019

*NB: the team are currently reviewing the process for approving action plans and intend to have a digital process set up moving forward. Please see below.*

### Registration form

Please answer the questions below:

<b>Lead contact name</b>	Rachel Bell
<b>Lead contact details</b>	Email: rachel.bell@torbay.gov.uk Telephone number: 01803 207386
<b>Job title of lead officer</b>	Advanced Public Health Practitioner
<b>Name of organisation / partnership</b>	Torbay Council
<b>Who are you representing?</b> <i>(e.g. Individual organisation,</i>	Local Authority

For further information please contact [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk)

<p><i>collaboration, partnership, Local Authority, Clinical Commissioning Group, community group and other, please name)</i></p>	
<p><b>Please tell us more about your organisation's work</b> (no more than 150 words)</p>	<p>The Borough of Torbay is situated on the South West Coast of England and consists of three towns: Brixham, Paignton and Torquay. Torbay is divided into 16 wards. Torbay Council's ambition is for Torbay to be prosperous and healthy. This will be achieved through the following targeted actions:</p> <ul style="list-style-type: none"> <li>• Protecting all children and giving them the best start in life*;</li> <li>• Working towards a more prosperous Torbay;</li> <li>• Promoting healthy lifestyles across Torbay**;</li> <li>• Ensuring Torbay remains an attractive and safe place to live and visit; and</li> <li>• Protecting and supporting vulnerable adults.</li> </ul> <p>*Focusing on establishing a Healthy Schools Network with a focus on healthy weight and healthy food, physical activity and emotional health and wellbeing. Additionally strengthening the emotional health and wellbeing of children and young people with a focus on whole school programmes such as Thrive and giving children and young people resilience skills.</p> <p>**Focusing on working with local communities to implement the initiatives of mental health promotion, self-harm, dementia and suicide prevention strategies.</p> <p>The Council aims to deliver efficient, transparent and accountable decision-making.</p>
<p><b>What are you currently doing that promotes better mental health?</b></p>	<ul style="list-style-type: none"> <li>• Collaborated to produce an STP suicide prevention strategic statement, co-chair the Devon and Torbay multi-agency suicide prevention strategic group and coordinate a <a href="#">Torbay multi-agency suicide prevention and self-harm plan</a>;</li> <li>• Brixham Community Healthcare Working Group – community meeting (chaired by councillors, supported by health care professionals but steered by community members) to mobilise local action to prevent local suicides.</li> <li>• Developed and ongoing management of the emotional health and wellbeing element of the <a href="#">Torbay Healthy Learning Website</a>. A centralised resource for early years and school staff for national guidance, news, topic specific information, resources and local service signposting.</li> <li>• Trained the first Torbay cohort of community workers in Connect 5 (making every contact count in mental wellbeing) training. This is so community workers can better support their wellbeing and the mental health and wellbeing of the people that they work with through conversations, evidence based interventions and local service sign-posting.</li> <li>• Ran a workplace 5 ways to wellbeing campaign to raise awareness and encourage positive behaviour change.</li> <li>• Follow the principles of Workplace Wellbeing Charter:</li> </ul>

	<ul style="list-style-type: none"> <li>• Offer a range of options to improve employee mental health and wellbeing including: MH training via e-learning modules and face-to-face (delivered by Workways), coaching, counselling and occupational health referral.</li> <li>• Embedding MH support within management practices, such as 1:1 meetings and annual appraisals.</li> </ul>
<b>Do you have or are you intending on producing a mental health plan or a mental health needs assessment.</b>	<p><b>Yes</b> <input checked="" type="checkbox"/>      <b>No</b> <input type="checkbox"/></p> <p>If yes, please specify: Intending to scope out a needs and asset based assessment for the Torbay community with multi-agency contribution. This is intended to influence future iterations of the STP Mental Health strategy (including the Children and Young People's Emotional Health and Wellbeing strategy).</p>
<p><b>The Prevention Concordat for better mental health highlights the five domain framework for local action</b></p> <p><b>Please describe what are you planning to commit to in the next 12 months for your area</b> (see * page 3 for examples to support completion of this section);</p>	
1. Leadership and Direction	<p>Sign up Torbay Council to the Prevention Concordat for Better Mental Health pledge.</p> <p>Recruit and support Councillor Mental Health Champions to be organisational and system advocates as well as community advocates.</p>
2. Understanding local need and assets	<p>Conduct a mental health needs and assets assessment for Torbay/Torbay Council. This should include engagement with communities.</p>
3. Working together	<p>Establish a multi-agency mental health prevention steering group.</p> <p>Seek multi-agency and internal collaboration where possible to promote mental wellbeing and the prevention of mental ill health.</p> <p>Work with local communities and involve those with lived experience in planning and intervention delivery.</p>
4. Taking action	<ul style="list-style-type: none"> <li>• Develop and launch a Torbay and South Devon 5 Ways to Wellbeing Campaign with multi-agency audience reach.</li> <li>• Centralise and promote multi-agency wellbeing, mental health and suicide training offers in Torbay.</li> <li>• Train and recruit 10 Mental Wellbeing First Aiders in Torbay Council to support and signpost colleagues to appropriate services/groups when required.</li> <li>• Deliver ongoing Connect 5 employee training within Torbay Council to develop workforce knowledge and skills in promotion and prevention.</li> <li>• Arrange and promote an external staff counselling offer (via DWP) to help keep staff in work when they are struggling with their mental health (to be agreed by HR).</li> </ul>
5. Defining success	<p>Agreed outputs and outcomes across the organisation that demonstrate delivery of plans, level of partnership engagement</p>

	and the measurement of impact/ improvements in local communities in relation to preventing mental illness and promoting mental health.
<p><b>Is your organisation/ partnership happy to provide key impact headlines when contacted related to the commitment specified?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></b></p> <p><i>The purpose of this information is to support us to measure progress of the programme and inspire others. Information requests will not occur more than once a year.</i></p>	
<b>Upload signature and organisation logo</b>	

In your submission please attach any additional documents that you may want to share to support your commitments e.g. strategies, plans project outline.

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**\*What do we mean by prevention planning?**

**You may already be doing excellent work in relation to prevention planning that you are eager to share however here are a few examples for you to think about**

What does good look like; the framework for effective planning for better mental health in all local areas is evidence based and consists of five steps to delivery:

Steps	Partnerships	Organisations	Communities
<b>Leadership and Direction</b>	<p>Identified lead organisation within the partnership for prevention of mental illness and promotion of good mental health</p> <p>Designated mental health prevention champion at a senior officer level in each organisation</p> <p>Shared vision statement for prevention and promotion that all have signed up to</p>	<p>Designated mental health prevention champion at a senior officer level in each organisation</p> <p>Support and development is given to roles that champion mental health prevention</p> <p>A clear vision for mental health promotion and prevention that fits across the whole organisation , involving all departments and functions and is integrated in all plans and strategies</p>	<p>An identified mental health prevention champion e.g. a local board member or community representative</p> <p>A shared vision and commitment to promote good mental health and prevent mental illness within the community</p> <p>Engagement within local partnerships to advocate for and meet community needs</p>
<b>Understanding local need and assets</b>	<p>Local Authority led Joint Strategic Needs Assessment with a mental health prevention focus</p> <p>Mental Health Equity Audits across the partnership</p>	<p>Mental health prevention needs assessment of targeted populations e.g. prison population, parents, Black and Minority Ethnic or Black, Asian and Minority Ethnic (BAME) , LGBTQ</p> <p>Engagement with communities to gain insight into their needs and assets</p>	<p>Asking questions of individuals, groups and families within the community about their mental health and wellbeing and what influences it e.g. use of <a href="#">WEMWEBs</a></p> <p>Engagement events and opportunities that enable citizens to share views and participate in decision making</p>

	<p>Collaborative analysis of local information and intelligence sharing</p> <p>Real time surveillance of suicide data</p> <p>Engagement with communities to gain insight into their needs and assets</p>		
<b>Working together</b>	<p>Working together in collaboration across a number of organisations on agreed prevention priorities, shared plans and strategies</p> <p>Involve local communities, including those with lived experience in planning;</p>	<p>Seeking collaboration with other organisations and working collaboratively within the organisation to address issues related to the promotion of mental wellbeing and the prevention of mental ill health e.g. multi agency suicide prevention plan, mental wellbeing plan</p> <p>Working with local communities and involving those with lived experience in planning</p>	<p>Coming together with other community groups and/or working with local partnerships</p> <p>Involving those with lived experience in planning and delivery</p>
<b>Taking action</b>	<p>Delivery of partnership plans and strategies</p> <p>Shared prioritisation and resources</p> <p>Mental Health Impact Assessments to integrate mental health prevention into partnership plans and strategies</p>	<p>Delivery of an organisational plan and/or strategy that has clear identified priorities and resource to support implementation.</p> <p>Prevention activity across the whole of the organisation</p> <p>Developing the workforce's knowledge and skills in promotion and prevention.</p>	<p>Programmes of local activity that promote better mental health.</p> <p>Enable citizens and communities to take action to promote better mental health.</p>



<b>Defining success</b>	Agreed outputs and outcomes across all partners that demonstrate delivery of the plans , level of partnership engagement and the measurement of impact/ improvements in local communities in relation to preventing mental illness and promoting mental health	Agreed outputs and outcomes across the organisation that demonstrate delivery of plans , level of partnership engagement and the measurement of impact/ improvements in local communities in relation to preventing mental illness and promoting mental health	Measuring the impact of activity on people's mental health and wellbeing in local communities
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**Meeting:** Meeting Policy Development and Decision Group  
(Joint Commissioning Team)

**Date:** 4 March 2019

**Wards Affected:** All Wards

**Report Title:** Summary of the direction of travel for integrating commissioning between NHS Devon Clinical Commissioning Group (CCG), Devon, Plymouth and Torbay Local Authorities in 2019/20

**Is the decision a key decision?** No

**Executive Lead Contact Details:** Councillor Julien Parrott, Executive Lead for Adults, [Julien.parrott@torbay.gov.uk](mailto:Julien.parrott@torbay.gov.uk)

**Supporting Officer Contact Details:** Caroline Taylor, Director of Adult Services and Housing, 01802 207175 [caroline.taylor@torbay.gov.uk](mailto:caroline.taylor@torbay.gov.uk)

## 1. Development of Integrated Commissioning

Over the last 2 years Local Authorities and NHS organisations across Devon, Plymouth and Torbay have been working to develop more effective ways of delivering integrated health, care and well-being services whilst also making best use of public resources. Collaborative arrangements are continuing to develop between partner organisations, both commissioning organisations and providers of services, to improve population health and enable access to modern, safe and sustainable services. Effective collaboration between organisations will also enable progress toward working as a self-improving system with increased maturity and delegated regulatory functions.

Integrating how the local NHS and the Local Authorities undertake their respective commissioning responsibilities is seen as a key component of:

- supporting increased collaboration,
- enabling the delivery of integrated services,
- making the most effective use of available funding
- and developing the means of self-improvement as a system.

This paper describes the planned arrangements for how Devon, Plymouth and Torbay Local Authorities and the NHS Clinical Commissioning Groups will operate to integrate commissioning through 2019/20

## 2. Process to Date

A number of related work streams have been taking place over recent months involving a wide range of staff from partner organisations. For example,

- Intelligence leads from public health, social care and NHS have developed a common outcomes framework and been planning how to share knowledge, analyse data and provide integrated intelligence to inform planning, prioritisation and decision making.

- Staff with a role in planning in either Local Authorities or NHS CCGs have reviewed the current planning processes and begun designing how these can be adapted to facilitate a more integrated approach.
- Commissioning staff, including Heads of Service, senior officers and executives, have undertaken work to design joint processes, teams and meeting structures and, through doing so, have also increased their understanding of different ways of working and started developing a shared culture.

The proposed arrangements developed through this collaborative process take into account of the current position of the organisations, acknowledge and retain clear accountability and are designed in such a way as to enable implementation without significant re-organisation or disruption, whilst retaining the flexibility for further development.

### **3. Merger of the Devon CCGs**

The merger of Northern, Eastern and Western Devon CCG and South Devon & Torbay CCG is an important step in the journey to create a single strategic commissioner for Devon as part of the CCG's ambition to better integrate health and care services to benefit our local communities. Together with delegated commissioning of primary care, the merger will enable the single NHS commissioner to work consistently and coherently with all local authorities across wider Devon as well as with local partners within each area.

From 1 April 2019, NHS Devon CCG will become a new statutory organisation serving a patient population of nearly 1.2 million people with a budget of more than £1.8 billion. The CCG will comprise a membership of 131 GP practices across Devon, Plymouth and Torbay and will be chaired by a GP with member representation as a core part of its governing body. Through its membership and staff, NHS Devon CCG will work with local communities and partner organisations to improve people's health and make sure they are able to receive high quality, local services.

### **4. Integrated Commissioning Arrangements**

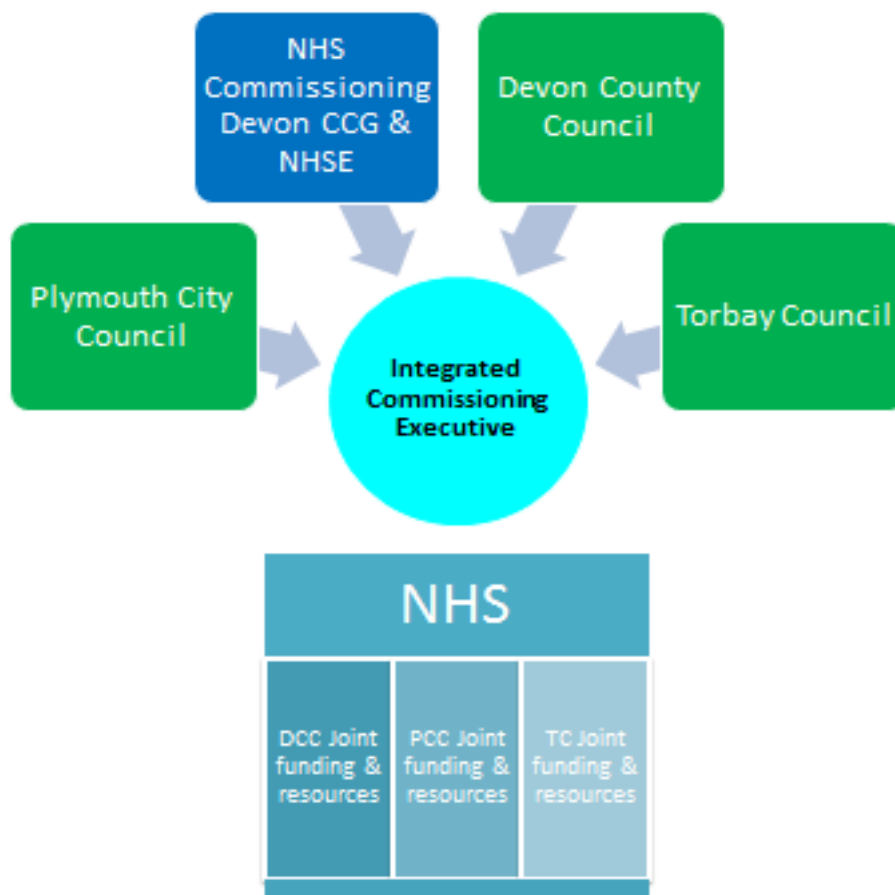
In summary the arrangements will consist of:

1. An Integrated Commissioning Executive who will lead strategic planning, resource allocation and incentivising the system to make progress on joint priorities, development of joint funding arrangements between the NHS and each local authority to support integrated commissioning and review progress against planned outcomes, service quality and cost effectiveness.
2. Joint leadership of integrated commissioning teams with responsibility for commissioning health, care and well-being services for the local population of different communities in the geographical areas across Devon, Plymouth and Torbay as well as supporting commissioning programmes across wider Devon for services or care groups where this will be more effective and efficient.

The following section provides a brief outline of the executive and team function. A detailed description is provided on the accompanying power point slides.

#### 4.1 Integrated Commissioning Executive – Function

The Integrated Commissioning Executive meeting will provide a mechanism for joint planning and shared decision making by the relevant responsible senior officers who have the authority to act in accordance with the decision making framework of each partner organisation. It will be a meeting of executives rather than a joint committee of the statutory organisations or a new additional organisation. Each partner organisation will continue its own internal executive functions & meetings to manage the business of that organisation.



The Integrated Commissioning Executive, through leadership of the commissioning process, will have a role in contributing to policy formulation or development of long term plans. However the responsibility for deciding and approving policies or long term plans rests with the appropriate bodies of respective organisations i.e. the Cabinets or Health & Well Being Boards of Local Authorities, CCG Governing Body and collectively through system governance mechanisms where statutory organisations are represented by leaders and chief executives i.e. STP Collaborative Board. The integrated commissioning executive will agree joint strategies or actions to implement agreed policies or long term plans, prioritising and deploying resources in accordance with the decision making frameworks of individual organisations, and reviewing impact and progress.

#### Membership

The Integrated Commissioning Executive meeting will be a meeting of ‘decision makers’, with authority held by individual executives who will operate within the respective schemes of delegation and remain accountable through the governance mechanisms of their individual organisations.

Membership will comprise those senior officers with responsibility for commissioning services and managing resources on behalf of their organisations including those jointly deployed through pooled fund arrangements. Therefore it is proposed that the core membership will include:

- Devon CCG Accountable Officer
- Local Authority Directors from Devon, Plymouth and Torbay with DASS responsibility
- Devon CCG Director of Commissioning

Other relevant Devon CCG Executives, a CCG clinical membership representative should attend, Local Authority Officers and System Leadership roles will attend and inform decision making according to the agenda. In terms of the latter, it is proposed that an additional system role is created to provide dedicated leadership capacity for Population Health and Well Being with the role to be undertaken by a Director of Public Health on rotational basis in a part time capacity.

Directors of Children's Services will be invited to attend as needed to enable whole population planning and alignment of the priorities of local children and young people's plans with the wider Devon whole system plan or where improvement in service delivery requires action at executive level across services for adults and children.

#### **4.2 Integrated Commissioning Team Function**

The integrated commissioning teams will:

- i. Develop local plans to support the system wide priorities in addressing the needs of the population and service delivery requirements that are specific to the local area.
- ii. Work with partners, providers and the local population to design appropriate support and services that improve the experience of users and efficiency of service provision.
- iii. Create the conditions to enable partners to deliver integrated care services for individuals and to support the development of healthy communities.
- iv. Review the quality of service, progress on outcomes for the local population and financial productivity and performance.

The teams will include commissioning staff from both NHS Devon CCG and each Local Authority, managed through joint leadership arrangements. This will not require staff to transfer employment between partner organisations. The teams will manage the deployment of joint funds in accordance the agreements made at Executive level between the CCG and each local authority. It will commission services to promote well-being and prevention and deliver integrated health and care services including primary and secondary care, physical and mental health for the local population. The integrated teams will also identify when it is appropriate or likely to be more effective and efficient for staff to operate collectively with other teams and providers working across wider Devon.

#### **5. Implementation and Review**

The integrated commissioning arrangements as set out will commence in April 2019. The work programme 2019/20 will include aspects of both delivery and further development.

Key tasks include:

- Delivery of the Operating plan for 2019/20 and supporting development of a Long Term Plan for wider Devon
- Agreeing a commissioning finance plan including allocation against priorities, resource distribution and incentives

- Delivery of commissioning plans, transformation schemes and reviewing the impact of these
- Creating the conditions to enable local partnership development including finance, performance, delivery of Integrated Care Model, local & system transformation
- Continue developing commissioning capabilities, including planning cycle, outcomes framework, intelligence, change capability
- Determine future approach with relevant providers to integrated or delegated Commissioning arrangements, e.g. commissioning individual care and support packages to service level commissioning and delivery.

The Integrated Commissioning Executive will review the effectiveness of the arrangements operating during 2019/20 and draw learning to inform how these should be further developed. In addition, adaptation of the planning processes will also take account of the ongoing work to develop a system governance framework that supports effective collaboration and democratic accountability including collaboration between the three Local Authority Health & Well Being Boards and Scrutiny Committees. The planned integrated commissioning arrangements are deliberately flexible, maintaining the agility to adapt and take opportunities for further development as required for future years.

## **6. Recommendation(s) / Proposed Decision**

- 6.1 That the Policy Development and Decision Group (Joint Commissioning Team) note the progress made to date in respect of integrating commissioning between NHS Devon Clinical Commissioning Group (CCG), Devon, Plymouth and Torbay Local Authorities in 2019/20.

## **Appendices**

Appendix 1 - presentation

# Integrated Commissioning Design

## Joint Senior Leadership Meeting 20/02/19

# Purpose of these slides is to describe:

- The clinical leadership for the Devon CCG from April 2019.
- The principles informing integrated commissioning arrangements.
- Responsibility & accountability, including to statutory organisations and aligned to responsibility for resources.
- The commissioning Executive and System roles to deliver system level commissioning functions, including how these map to relevant NHS and Local Authority statutory roles
- The membership of the “Integrated Commissioning Executive”
- The commissioning functions & structure of integrated local teams
- Leadership of these teams inc seniority, legitimacy and reporting
- A common description & terminology of levels in the system
- The implementation process, pace and next steps
- Work programme for 2019/20 including delivery of the system plan and items for development.



# CCG Clinical Leadership in Commissioning

- Inform the design of the constitution and of the Governing Body of the Devon CCG to be established April 2019, demonstrating it will be a clinical led organisation.
- Sets out how the membership from local areas across Devon will be represented and have the opportunity to inform the CCG's plans and actions.
- Sets out the means for primary care as service providers to influence service design and delivery to improve population well being, support and care for patients.
- Clarifies responsibility for deployment of clinical / professional leadership to support integrated commissioning processes, whilst optimising the use of the professional resources available in the Integrated Care System.

# CCG Governing Body & Membership Representation

- Commitment to the newly formed CCG being a **clinically led organisation** and for this to be reflected in its Governing Body.
- GB to have a **Clinical Chair and x 4 representatives of the membership** in each local area of the CCG.
- For April 2019 the 4 areas will be North, South, East and West to provide continuity, consistency with primary care collaborative boards and to be coterminous with community health and care providers. Local areas may be altered in due course through consultation with members and to enable alignment with local authorities where identified as beneficial.
- The **4 local leads will also be the CCG clinical and membership representative at the local partnership forum** (or equivalent) in each area enabling them to bring local intelligence to the GB and offer a strategic and CCG organisational view to local plans.
- The process of appointment of potential candidates will be a selection and interview process to determine capability prior to an election process by the membership.
- The roles are **clinical members of the GB rather than holding executive responsibilities**. As well as having the shared responsibilities of all GB members in overseeing the functions of the CCG, these roles hold a **specific responsibility to ensure that the plans and actions are informed by appropriate clinical knowledge and local intelligence**.
- This in turn will support the CCG in fulfilling its role as the NHS commissioner working with respective partner organisations in strategic and tactical commissioning to improve population outcomes, support and services and as part of an integrated care system.

# Influencing service design and delivery to improve population well being, support and care for patients

- It is **essential for primary care to work in partnership** with health and care organisations in the design of service delivery to improve population outcomes, support and services.
- **Primary care practitioners** working collaboratively with community leaders, health and social care professionals and VCS organisations **will enable direct influence** on patient care and support, enhancing self-care, enabling people to stay well and building resilience in local communities.
- **Primary care as a provider should also be represented in the local partnership forums** and at whole system through the clinical / professional cabinet. This is **in addition and distinct from the local CCG clinical membership lead roles**.
- GP provider representation at each local partnership forum should be nominated by each local primary care collaborative board.
- The CCG executive are responsible for appointing clinical leads to support commissioning and the design of care models or service pathways as part of the functions of the CCG.
- Developing **clinical and professional leadership** should in future form part of the function of the **system wide clinical / professional cabinet** as currently being considered through an “Academy” approach.

# Integrated Commissioning & Primary Care

- Optimise contribution of primary care in its different modes of:
  - CCG member
  - Clinical leadership in commissioning
  - Provider of primary care services
- Importance of developing primary care networks AND the capacity & capability of network leaders. This to include shared learning, e.g. in relation to Population Health Management, and integrated service delivery with partner organisations.

*NB Primary Care Networks still at a formative stage*
- Develop potential to support integrated system governance with aim of developing accountability to local population.

# Governance Principle 1: Nature and Degree of Integration at Executive level

Integration will be through the shared business processes and joint decision making of relevant senior officers acting on behalf of their organisations.

This means that the relevant Executives from each partner organisation will establish systematic arrangements for working and meeting together to facilitate integrated commissioning both at executive level and through their staff teams.

It does not preclude opportunities to develop joint executive roles between the NHS and Local Authorities at a future date.

# Governance Principle 2: Nature and Degree of Integration at Executive level

The Integrated Commissioning Executive meeting, together with the associated business processes, provide a mechanism for joint planning and shared decision making by the relevant responsible senior officers who have the authority to act and commit resources in accordance with the decision making framework of each partner organisation.

The schemes of delegation should provide for appropriate delegation of responsibility to enable expediency of decision making, whilst senior officers remain accountable through the governance mechanisms of their individual organisations.

The Integrated Commissioning Executive meeting will be a meeting of 'decision makers', with authority held by individual executives. It will therefore be a meeting rather than a joint committee of the statutory partners.

This does not preclude moving to a joint committee of the NHS and Local Authorities at a future date if deemed to be required and with agreement of all partners.

# Governance Principle 3: Policy & Planning

A planning & policy framework and system governance framework will be developed during 2019/20 to support partner organisations to work effectively together as an integrated care system.

The responsibility for decision making of policies or long term plans rests with the appropriate bodies of respective organisations i.e. the Cabinets or Health & Well Being Boards of Local Authorities, CCG Governing Body and with collective system governance mechanisms where statutory organisations are represented by leaders and chief executives i.e. STP Collaborative Board.

The Integrated Commissioning Executive, through leadership of the commissioning process, will have a role in contributing to policy formulation or development of long term plans.

The integrated commissioning executive will agree joint strategies or actions to implement agreed policies or long term plans, prioritising and deploying resources in accordance with the decision making frameworks of individual organisations, and reviewing impact and progress.

An integrated strategic planning cycle will be developed to facilitate early planning and policy direction which in turn will speed decision making and delivery.

# Integrated Commissioning: Shared Ethos

- Manage ambiguity;
- Be agile and take opportunities as continue to develop
- Shared aim of becoming a self-improving system with increased maturity and delegated regulatory functions. This will require both:
  - Supporting providers in the most effective way
  - Purposeful relationship management with regulators
- Arrangements as set out are for 2019/20 and can be developed and adapted as required for future years.
- Integrated Commissioning Executive needs to add value in working at system level rather than duplicate local system planning and commissioning functions.



# Integrated Commissioning: Joint Approach

- Establish and maintain rigorous commissioning process with plans informed by evidence, e.g. of population need, variation in outcome, access, cost effectiveness.
- Test and refine role in year with live examples, e.g. the role of the Integrated Commissioning Executive in relation to Specialist Clinical Services review and strategy.
- Establish a well organised planning cycle and forward work plan for the executive to manage the agenda and balance strategic planning with delivery.
- Establish support and business processes to perform function effectively and efficiently including e.g. appropriate feeds / reporting from quality, finance and business intelligence.
- Commit to test, review and improve functioning over the year.

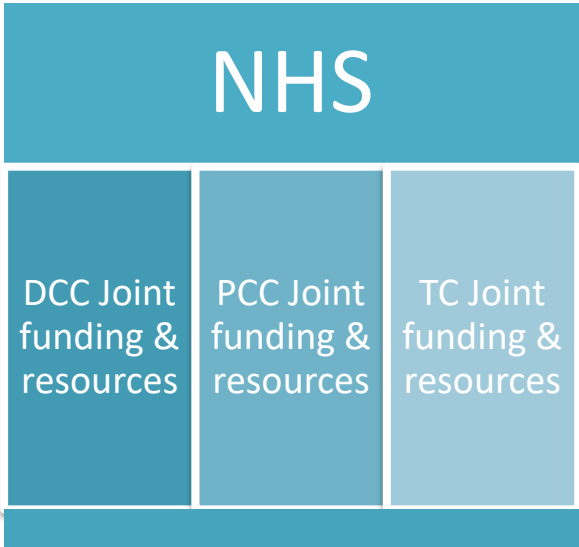
NHS  
Commissioning  
Devon CCG &  
NHSE

Devon County  
Council

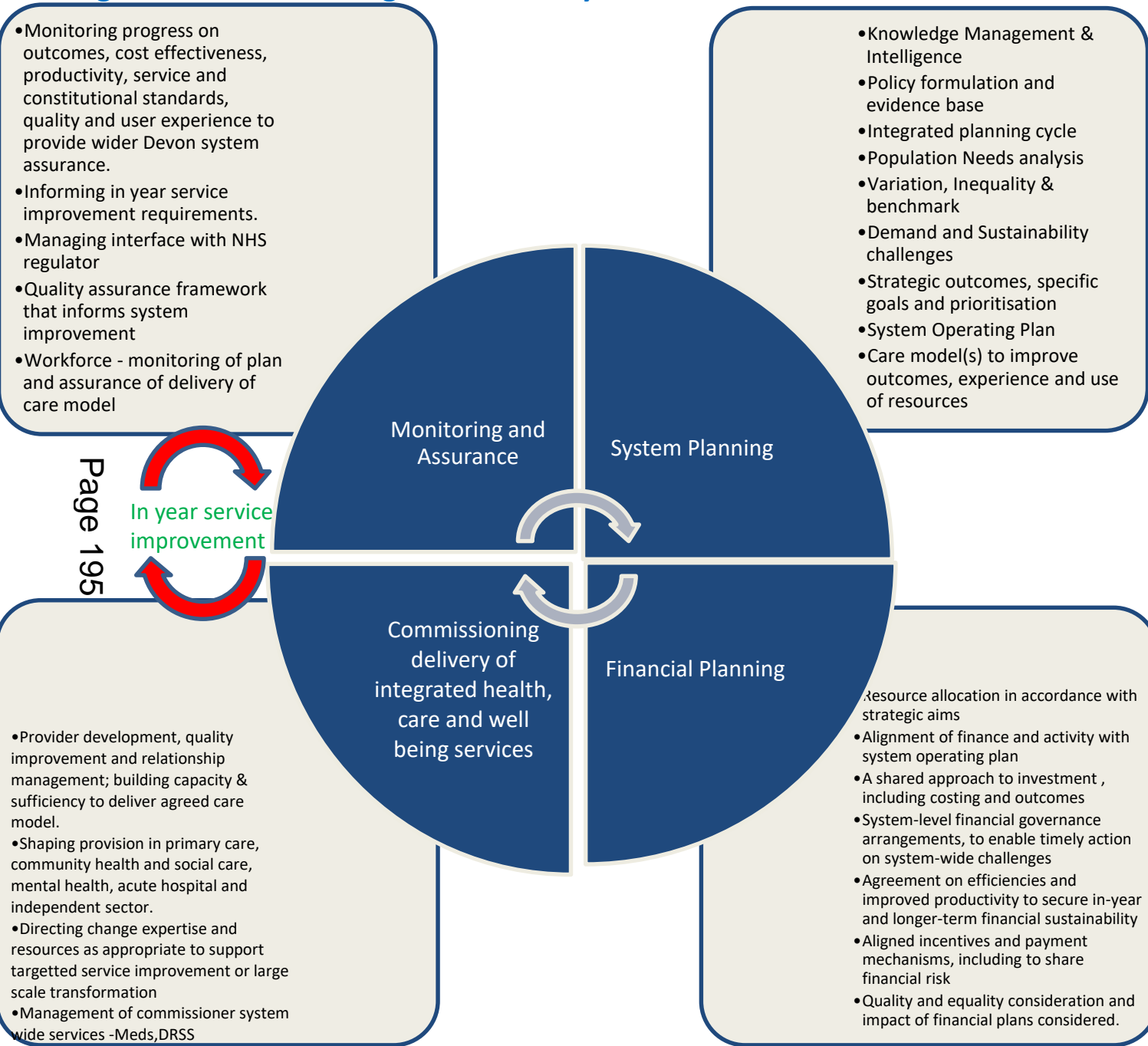
Plymouth City  
Council

Torbay Council

**Integrated  
Commissioning  
Executive**



# Integrated Commissioning Executive – System Level Functions



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## System Resources

- System Leadership and governance
- Professional Leadership
- Leadership for Population Health & Well Being
- Comms and engagement
- Workforce
- IT / Digital
- Change capability
- Corporate Support services

*Engaging and facilitating resource and expertise drawn from across the whole system*

# Integrated Commissioning Executive: Membership

- Each partner organisation will continue internal executive functions & meetings to manage the business of that organisation.
- Membership will comprise those senior officers with responsibility for commissioning services and managing resources on behalf of their organisations including those jointly deployed through pooled fund arrangements.
- Membership:
  - **Devon CCG Accountable Officer**
  - **X 3 Local Authority Directors with DASS responsibility**
  - **Devon CCG Director of Commissioning**
- CCG Executives, CCG clinical membership representative and System Leadership Roles (see next slide) are not members, but will attend and inform decision making as required according to the agenda.
- Directors of Children's Services will be invited to attend as necessary to enable whole population planning and alignment of children and young peoples plans with whole system plans. In addition where improvement in service delivery requires action at executive level across services for adults and children

# Local Authority, CCG & Integrated System Leadership Roles

Executive / System Role	NHS & relevant local government statutory roles	Comments
Senior Executive Officer	CCG AO	
Chief Officer for Adult Care and Health Devon County Council	DASS	
Strategic Director for People Plymouth City Council	DASS	
Director of Adults Services and Housing Torbay Council	DASS	
Director of Commissioning		
Director of Financial Planning	CCG DOF	CCG and System role
Director of Strategy		
Director of Assurance	CCG CNO	
Director of Transformation		<i>To be appointed</i>
Director of Comms & HR		Shared CCG and system role
Director for Population Health and Wellbeing*	DPH	New system role to be established on behalf of x3 Directors of Public Health; 2 year term
Professional / Clinical Director		System Chair of clinical / professional cabinet
Primary Care Medical Director		<i>To be appointed</i>

# Examples of Integrating Commissioning- Integrating Processes

- ❑ Integrated Population Health and Well Being Profile
- ❑ Integrated Planning Cycle
- ❑ Strategic Outcomes Framework
- ❑ Integrated monitoring and assurance process
- ❑ Integrated Decision making (*linked to governance*)

# Governance Principle 4. Integrated Commissioning at Local System / Tactical level

Establish joint leadership of multi functional teams, integrated by a shared plan and objectives, common processes, and deployment of joint resources.

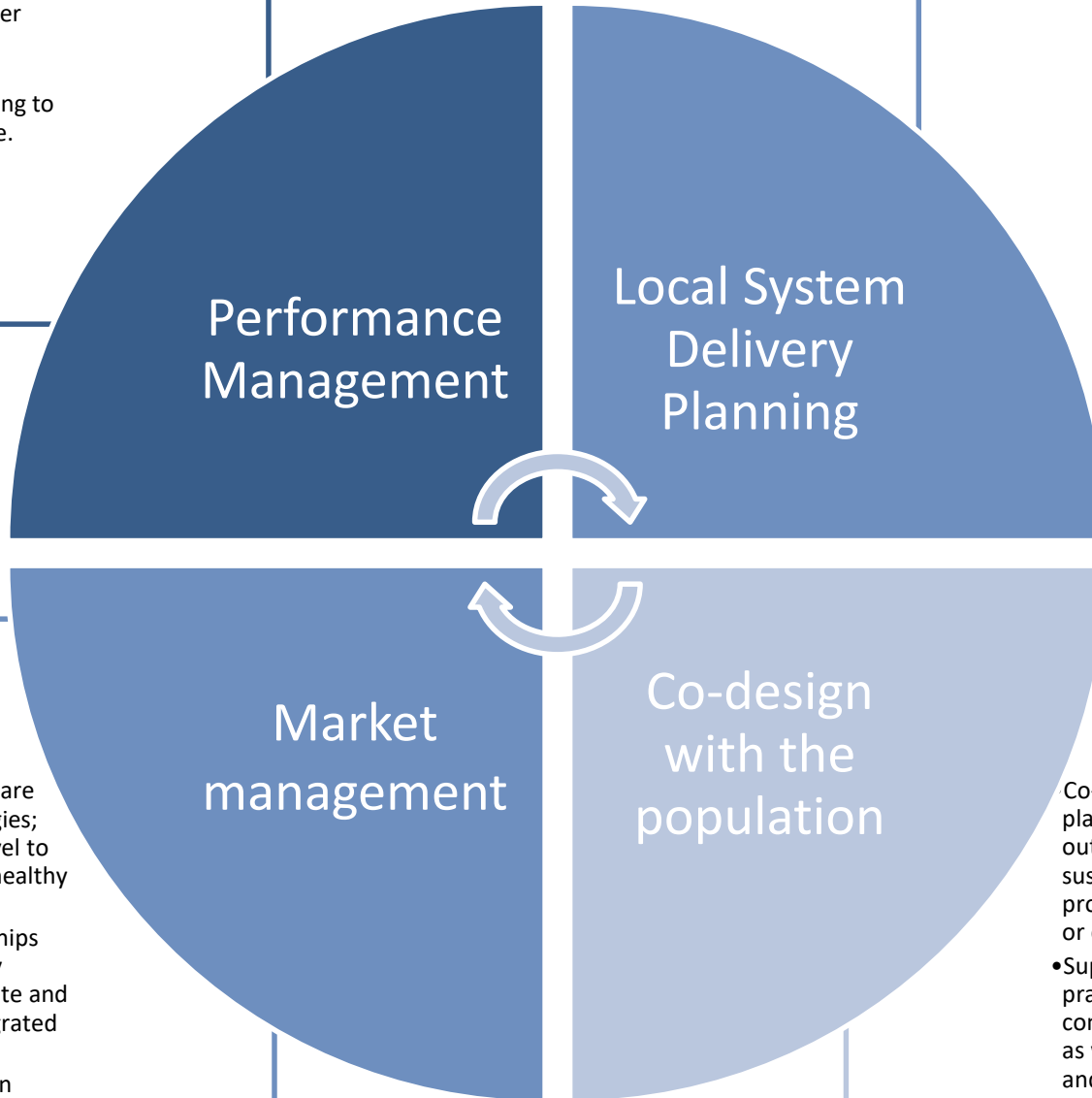
**NB** *This does NOT require delegation of responsibility and resource by one partner to another or represent a structural approach involving a transfer of employment.*

The Associate / Deputy Directors of integrated commissioning that will lead the integrated teams should:

- a) have the delegated authority to act on behalf of partner organisations
- b) be joint appointments between CCG and Local Authority
- c) Report and be accountable to both the Local Authority officer with DASS responsibility and the CCG Director of Commissioning

Enable integrated working via co-location where opportunity arises.

# Integrated Commissioning – Place Functions



- Monitoring progress on outcomes in the local system inc service standards, quality & safety, user experience, productivity and financial performance.
- Quality surveillance contributing to wider Devon system assurance.

- Local planning and delivery of the integrated care model including assessment of need, demand and capacity planning to provide services that meet quality standards within a capitated budget.
- Creating the conditions to facilitate conversations between providers / partner organisations about gaps and support required.
- Connecting with relevant partners to address well-being, housing and leisure etc.
- Use of quality and equality impact.

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- Assimilating service and / or care group specific plans or strategies; integrating these at a local level to support the development of healthy communities.
- Facilitating provider relationships (inc. primary care, community health and mental health, acute and independent); to deliver integrated care model and safe services
- Building capacity/sufficiency in supply

- Co-design with local populations; planning how to improve outcomes, quality and sustainability; co-production of proposals for service development or changes in delivery.
- Support the role of health and care practitioners in engaging with local communities to improve well-being as well as experience, effectiveness and efficiency of service delivery.

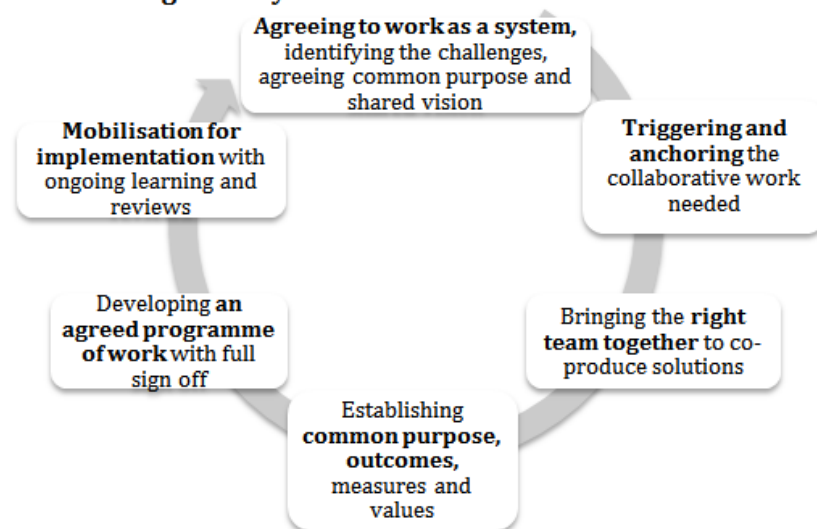


**Integrated Commissioning, realising our shared purpose of “Together, building thriving lives, support and services for everyone”**  
 Commissioning that *“Optimises potential and releases value with equitable and sustainable solutions”* through:

**1. Creating the Conditions for Successful Collaborative Commissioning** with an iterative process which

- Builds relationships, trust and common ownership
- Uses long term financial models and invests to save
- Drives improvement through using key skills to be disruptive, innovative completer finishers influencing, facilitating and listening
- Shares responsibility using peer reviews that check and challenge and ensure flexibility and adaptability
- Provides proactive and enduring leadership to collaborate and co-produce
- Skilfully pays attention to the dynamic relationship between part and whole and works to foster the strengths of both

**2. An Integrated Cycle**



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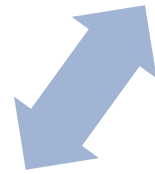
**3. Supporting the system design criteria .....**

An ICS that can...	<i>...make clear decisions so that resources can be mobilized to meet the needs of the people of Devon;</i>	<i>...be agile and adaptable</i>	<i>...exercise good governance</i>	<i>...operate and encourage innovation at neighbourhood, place and system level whilst embracing complexity</i>	<i>...deliver involvement and influence at every level</i>	<i>...be digitally enabled</i>
<b>Integrated commissioning that can..</b>	Define outcomes based on the needs of the population and make best use of resources	Act collectively, managing organisational and legislative differences and meet emerging needs dynamically and rapidly deploying resources	Maximise the benefits of local and whole system concurrently and manage within our means	Build thriving communities and encourage local innovation	Commission collaboratively, using knowledge and evidence to improve outcomes	Supports innovation, productivity, access and safety, allow remote access and the flows of information around the system and with patients and the public

# Integrated Commissioning -Place Structure

Contributing to System

**Associate / Deputy Director of Integrated Commissioning**  
 Finance lead / Pooled Fund Manager  
 Performance and Planning leads    Quality Leads  
 Public Health lead                      Clinical Leads



Quality Improvement Lead    Market Management Lead  
 Service Improvement Team    Contract Management  
 Community and Public Engagement  
 Local named neighbourhood leads (not posts)

**Commissioning for Support and Services Team**  
 covering the following areas as an flexible and agile team:

Wellbeing and Prevention	Planned Care
Integrated Care Model	Urgent Care
Primary Care	Medicines Optimisation
Mental Health	C&YP
Market Management	Disabilities
Quality Assurance	



Enabling local community

Working flexibly

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# Examples of Integrated Commissioning

- ❑ Co-location of Commissioners
- ❑ Increased number of Joint Posts
- ❑ Integrated Stocktake Meetings
- ❑ Joint Development Days
- ❑ Section 75 Agreements in place
- ❑ Joint Procurements and Contracts

# Integrated Commissioning

In the context of the Devon  
Integrated Care System

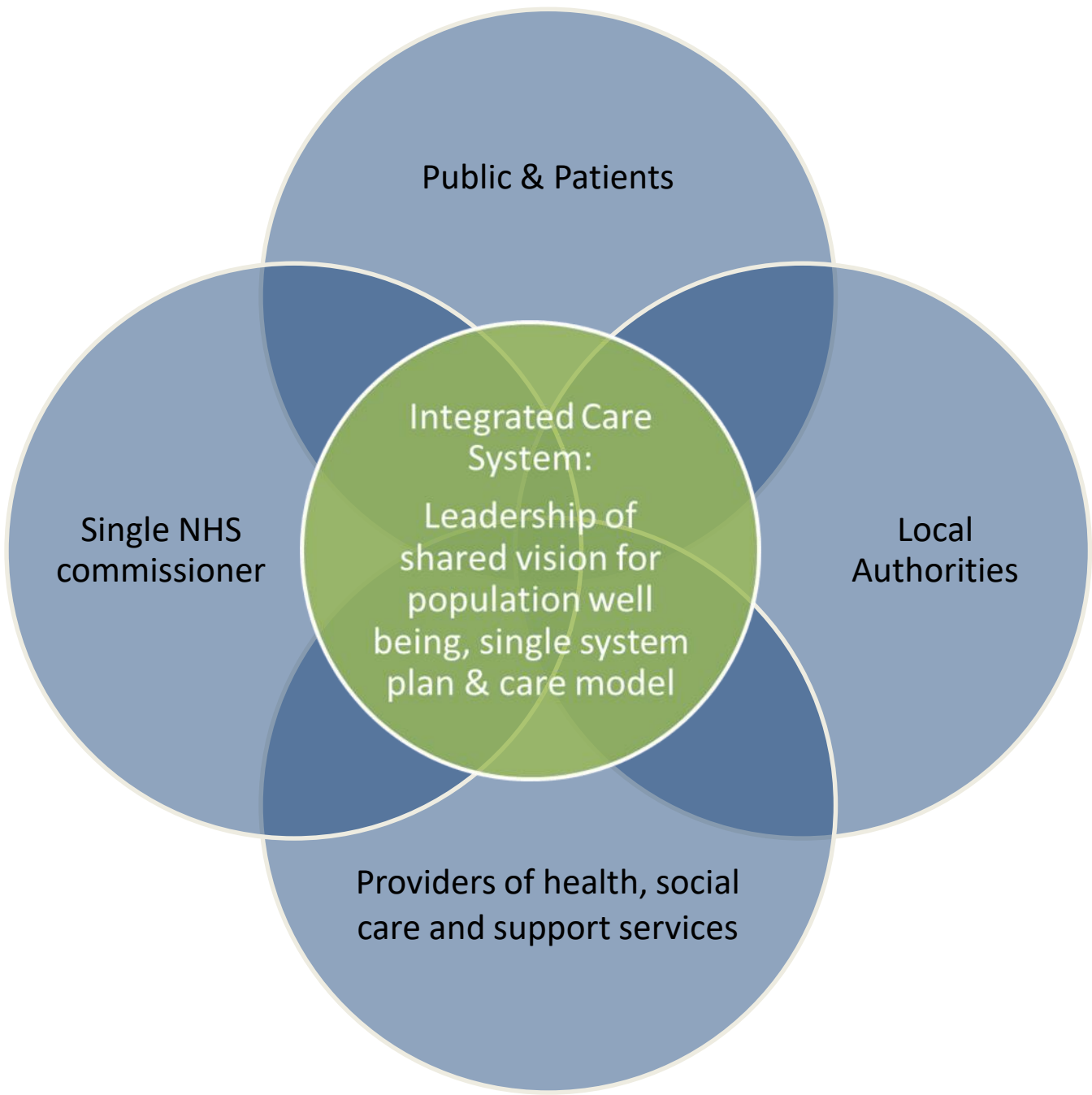
Public & Patients

Single NHS  
commissioner

Local  
Authorities

Providers of health, social  
care and support services

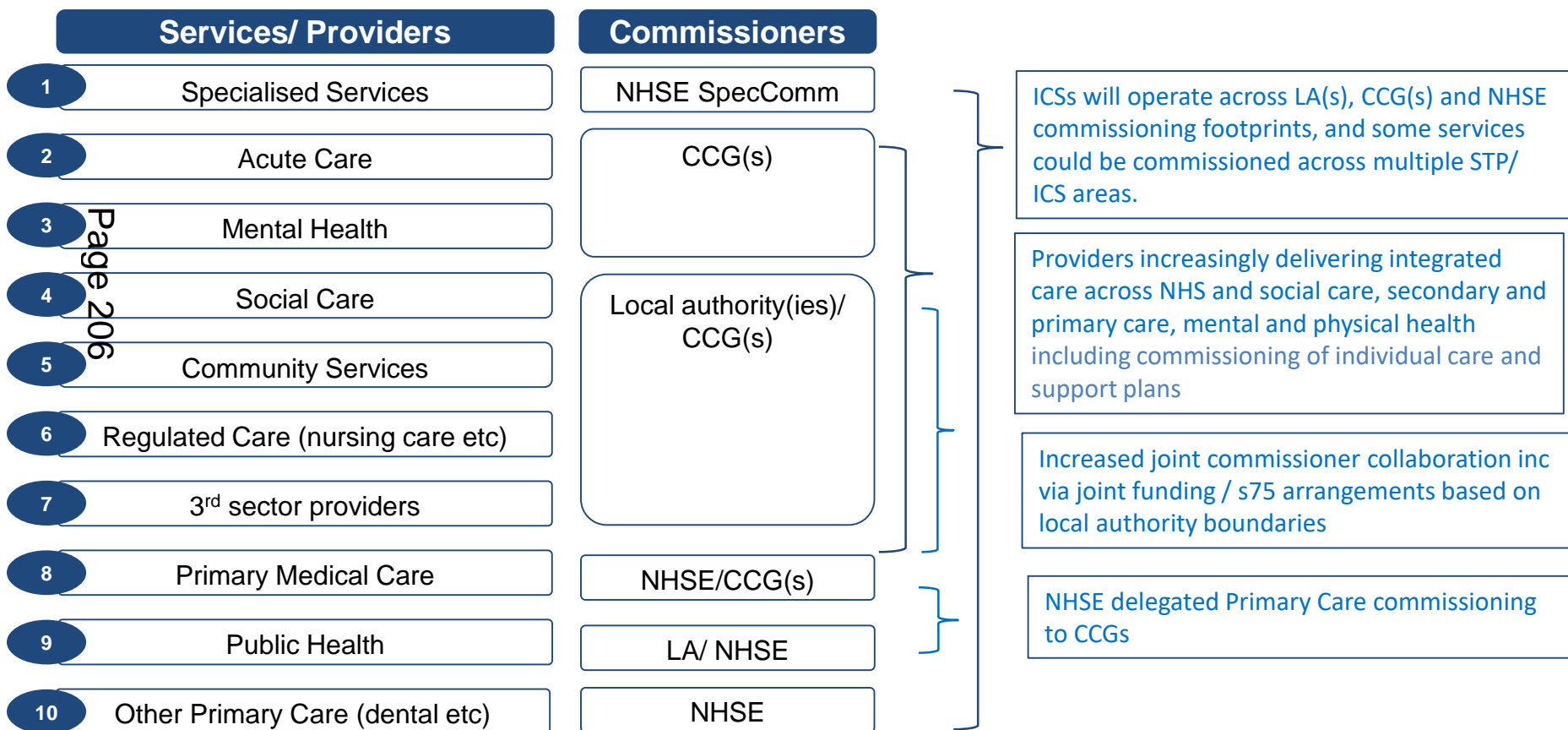
Integrated Care  
System:  
Leadership of  
shared vision for  
population well  
being, single system  
plan & care model



# Integrated Commissioning and planning footprint(s)

Integrated commissioning will need to operate over different footprints according to the population and services being commissioned, whilst operating to a common set of principles and processes to enable:

- joint commissioning of health, social care and well being services within a local geography,
- commissioning services for patient flow over provider footprints that may span local authority boundaries,
- or commissioning specialist and specialised services across the Integrated Care System or multiple ICS's.

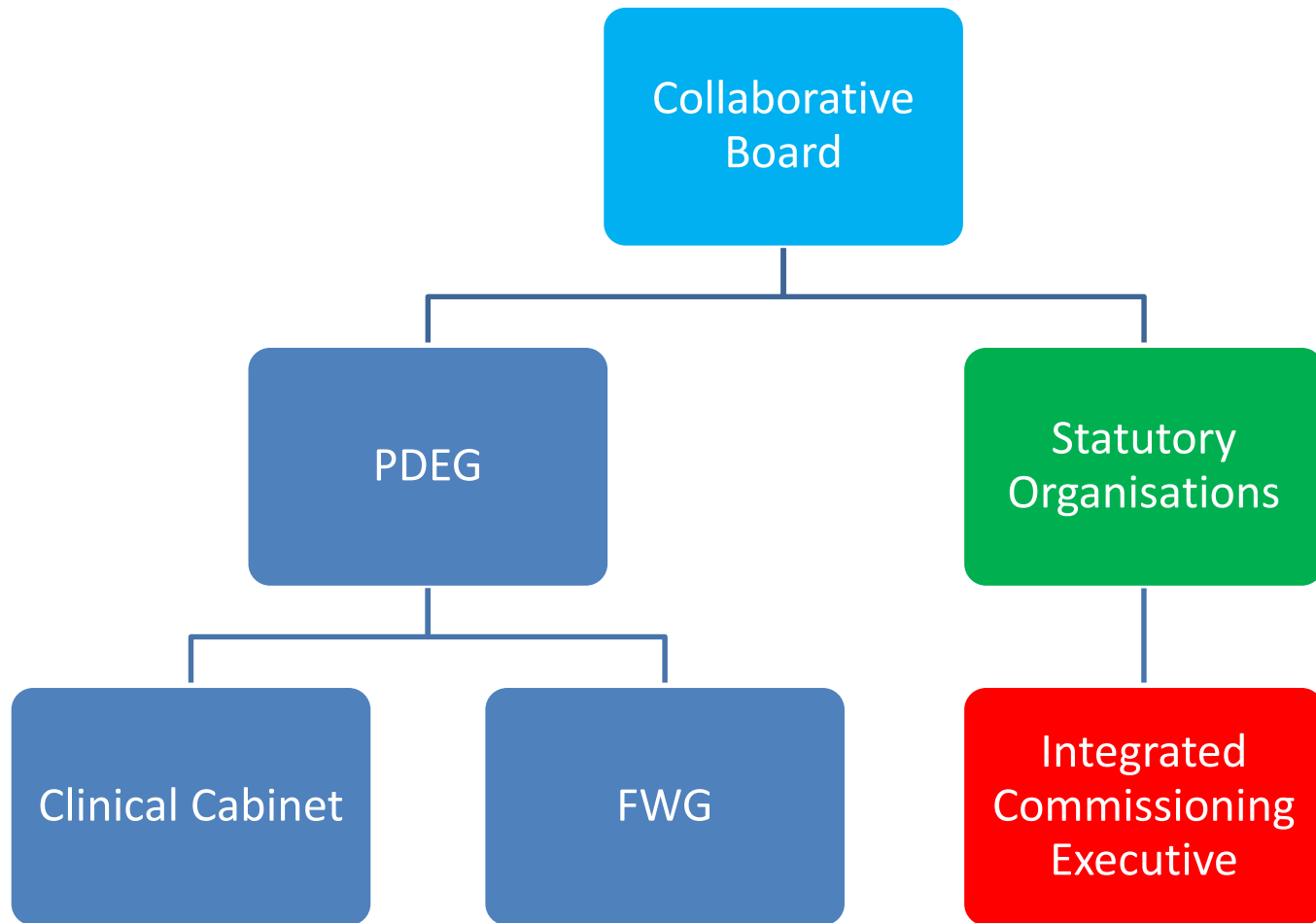


Question: Is 'commissioner consolidation' a sensible concept/is it a distinct work-strand?

# Footprints for Devon System

Level	Function	Mode of Integration	Geography
Region	<ul style="list-style-type: none"> <li>NHS regulatory role –System development, improvement and intervention</li> <li>Specialist secondary and tertiary services</li> </ul>	<ul style="list-style-type: none"> <li>System accountability</li> </ul>	<ul style="list-style-type: none"> <li>South West &amp; SW peninsula sub-region</li> </ul>
System	<ul style="list-style-type: none"> <li>Leadership of shared vision for population well being,</li> <li>System plan inc overall care model, resource allocation and strategic transformation programme</li> <li>System level assurance of quality, performance and finance.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative arrangement between statutory partners.</li> <li>Setting direction, framework &amp; culture</li> <li>Directing collective resource to support and enable progress</li> </ul>	<ul style="list-style-type: none"> <li>Wider Devon (Devon Plymouth and Torbay)</li> </ul>
Local Authority	<ul style="list-style-type: none"> <li>Statutory responsibilities</li> <li>Joint / pooled funding between NHS and each local authority. Deployment of shared resources.</li> </ul>	<ul style="list-style-type: none"> <li>Joint working and agreements between statutory bodies</li> <li>Joint teams</li> </ul>	<ul style="list-style-type: none"> <li>Devon Plymouth and Torbay Local Authority footprints</li> </ul>
Planning & Delivery Footprints	<ul style="list-style-type: none"> <li>Planning and provision of integrated social care and NHS primary care, acute and mental health services working with independent and Voluntary &amp; Community Sector providers</li> <li>GP Collaborative boards</li> <li>Primary Care Networks</li> </ul>	<ul style="list-style-type: none"> <li>Local partnership of NHS and social care organisations to plan and improve delivery of integrated services, provide required standards and optimise use of available resources.</li> </ul>	<ul style="list-style-type: none"> <li>North; East; South; West</li> <li>North; East; South; West</li> <li>Under development</li> </ul>
Local Communities	<ul style="list-style-type: none"> <li>Local leaders and statutory service leads and voluntary and community sector working to improve well being of people in communities</li> </ul>	<ul style="list-style-type: none"> <li>Compact or alliance of community leaders, statutory services and VSC organisations</li> </ul>	<ul style="list-style-type: none"> <li>Market &amp; Coastal towns in Devon</li> <li>Neighbourhoods / localities in Plymouth and Torbay</li> </ul>

# System bodies with distinct and complementary roles





# Implementation: Integrated Commissioning

- March 2019 – Summary paper providing a statement of intention and direction – as a marker and milestone to inform organisations that will commence integrated commissioning arrangements from April 2019.
  - To include myth busting of what proposed arrangements are NOT
  - Emphasis co-production and collaboration in process of design
- Summary paper to be shared with each Local Authority, each H&WB and PCCGs GB. Plus briefing update to PDEG as part of developing working as an Integrated Care System.
- Stakeholder management – develop communications and tailor key messages to audience.
- Manage alignment and consistency with related whole system developments including development of system governance with democratic accountability for population well-being, development of LCP arrangements and development of Devon system's long term plan.

# Implementation: Integrated Commissioning Executive

- Establishing the integrated commissioning executive meeting:
  - Agree ToRs
  - Clarify relationship to system fora and governance - PDEG / Clinical Cabinet / FWG / Collaborative Board and H&WBs
- Develop Pooled Fund arrangements in each area
- Agree 2019/20 work programme inc. Delivery & Development
  - Operating plan and support development of Long Term Plan
  - Commissioning finance plan, allocation against priorities, resource shifts and incentives
  - Delivery of commissioning plans, transformation schemes and review impact
  - Continue developing commissioning capabilities, including planning cycle, outcomes framework, intelligence, change capability
  - Creating the conditions to enable local partnership development inc. finance, performance, delivery of Integrated Care Model, local & system transformation
- Determine future appropriate approach with providers to Integrated or Delegated Commissioning arrangements, e.g. commissioning individual care and support packages to service level commissioning and delivery.
- Forming a joint view of future state

# Implementation: Establishing Integrated Teams

- Agree / appoint leads to deputy director integrated commissioning roles
- Establish joint teams via a peer group led process to enable:
  - Consistency in the development of culture, ethos and function of integrated commissioning teams
  - Commissioners to act on behalf of partner organisations
  - Local differentiation in the exact make up of teams to reflect local systems including how these will work with providers and communities
  - Continuing practice of staff working in their local teams as well as leading or contributing to work across the system
  - Effective multi-functional teams without silos – including quality, intelligence, finance, comms, workforce
  - Optimise professional / clinical expertise.
  - Balance subject matter expertise through fixed roles with the agility and flexibility of project / portfolio working?
- Continue to support co-location as an enabler to integrated working

# Next Steps : Mobilising for 1<sup>st</sup> April

- Map tasks and identify team to support readiness for Integrated Commissioning Executive meeting
- Map key milestones for first 6 months based on 19/20 Operating plan, development of Devon's Long Term Plan and capabilities to work as an Integrated Care System.
- Develop Joint Appointments for agreed roles – to lead integrated commissioning in local systems.
- Deliberately plan time & space in annual work plan for development to enable learning and adaptation.