| **Ref** | **Inspection area** | **How is this working in the Hampshire area?** **SEN Support as well as those with statement/LDA/EHCP** | **Early identification of need?**  | **Effectiveness of meeting need and improving outcomes for the CYP?**  | **Working well OR Area to improve** | **Further work required / planned** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Participation of CYP and their parents/carers in decision making about local provision | Hampshire Local Offer* Local Offer for SEN Support (ie 20% CYP with SEN) [www.hantslocaloffer.info](http://www.hantslocaloffer.info)
* 98% of schools have their SEN Information Reports accessible from the Local Offer setting out their local provision for SEN
* A Local Offer toolkit is being developed to support Childrens’ centre.
* Young Person’s Local Offer under development.
 | * Local Offer as first point of reference for local provision available.
* All settings’ ability to ensure that families are aware of what is available locally via the Local Offer and School Information Report
 | Parents and CYP can access information more easily to support their needs | Working well | Ongoing work on content and further engagement with CYP regarding the Young Persons Local Offer |
| Operational participation of parent/carers, children and young people* For those with a statement/LDA/EHCP (2.85% of CYP with SEN) operational participation of parent/carers and the family is through the completion of the K1 “Our Story” appendix for EHCP;
* Operational participation for children and young people themselves is through completion of the K2 “My views” appendix of the EHCP
* Person centred working is an ongoing process throughout the EHC assessment and subsequent reviews
* Re-engineered end to end EHC assessment and plan business process ensuring the family is at the heart of the process so it is done “with” and not “to” a family
* EHCP evaluation form gathers feedback at the end of the EHCP process from families
* Services for Young Children (SfYC) secure on-going operational involvement of parents which supports the strategic development and review of services. There are systematic feedback loops\* that influence the development and review of services, for example the Childcare Inclusion Fund (ChIF)
* Throughout SfYC, Portage, Children’s Centres, Area Inclusion Co-ordinators and Early Support there is a co-production culture.
* The engagement of parents is a performance appraisal (Valuing Performance) target for all Portage Home Visitors.
 | * Clear person centred assessment process shared with families and settings by SEN staff through the process
 | Views of parents help shape future service provision.Early feedback cites high levels of satisfaction with person centred approaches within SEN. | Working well | Further culture change training planned and needs embedding following the SEN service restructure.Development of EHCP process evaluation form to gather feedback on effectiveness and impact.The way Portage is delivered in Hampshire is currently under review and co-production with parents is outlined in the project action plan. A review of Early Support is being undertaken this year and co-production with parents will be outlined in the project action plan |
| Strategic engagement of parent/carers through joint working with Hampshire Parent/Carer Network (HPCN)* Hampshire Parent/Carer Network (HPCN) have been a key partner throughout the Reforms
* Chair of HPCN is Vice Chair on the SEND Reforms Implementation Board (Change Board as a Pathfinder).
* HPCN sit on pubic aspect of Children’s Integrated Commissioning Board, which reports to the Children’s Trust Board. Attendance is jointly funded (Health and LA).
* HPCN involved in strategic projects – Therapies (Health tender), Autism Strategy, Inclusion project, CAMHs, Integrated Personalised Commissioning (IPC) and the Short Break programme including a fully co-produced statement. Portage and early support documentation all co-produced with parents.
* The Chair of HPCN is a member of the Programme Board for the Transformation of Children with Disability services.
 | * HPCN helping to shape the development of the Reforms in Hampshire from the outset (November 2011).
* Subsequent and ongoing involvement in Hampshire strategic projects.
 | Close engagement with families and ongoing communication and two way feedback/ discussion based on trust. General feel of how families engage and wish to engage in the future. | Working well | Ongoing engagement with HPCN |
| CYP strategic participation* We utilise existing CYP groups for strategic input but need to develop a transparent framework for how this is undertaken formally going forward and using experts in this area (e.g. Hampshire Advocacy Regional Group (HARG)).
* HARG proposal funded by Adult Services working across the IPC “My Life My Way” project and the SEND Reforms for CYP engagement.
* Young Person’s Local Offer “Info4U” in development following a CYP conference January 2014 focussing on the Local Offer identified this need.
 | * Feedback on experiences and views on services to identify gaps through group facilitation with existing groups across Hampshire
 | CYP feel more informed and empowered, supported and considered because of increased understanding and local knowledge. | Area toimprove  | CYP strategic engagement framework being developed. Currently liaising with Health, CS Participation Officer and HARG Chief Officer. |
|  |  | Impartial Information, Advice and Support* IIAS facilitates the effective participation of parent/carers, CYP and to raise issues about provision/lack of provision. In Hampshire this is provided through Support4SEND (formerly Parent Partnership Service) and Parent Voice working closely together.
* Parents were involved in the development of the IAS service.
* Increased joint working across Support4SEND, Parent Voice and Healthwatch Hampshire through periodic meetings to consider IAS for EHC which may also generate ways of sharing data.
* Independent Support (delivered by Parent Voice) captures information from parents and CYP and is shared at termly reviews with Support4SEND.
 | Embedded culture in Hampshire of parent/carers accessing IIAS and now Independent Support | Evidence is available of support provided across Parent Voice and Support4SEND but needs development in terms of determining positive impact | Working well | Developing data capture and reporting to feedback more effectively on the impact of IIAS.Developing the offer to CYP who can now access IIAS through Support4SENDMore formal arrangements needed for LA to report back how the views presented have informed planning and practice. |
| 2 | The effectiveness of communication with partners about the Reforms | List of activities undertaken evidencing ongoing communications practice:* Key partners were brought in to the SEN Reforms Pathfinder programme (Change/ Implementation Board and workstreams) from the outset to develop the proposals. This has included representatives from all key stakeholder groups to develop the proposals, raise awareness and communicate and input to national policy. This continues to in to 2016.
* A Communications Plan was developed with Corporate Communications and key communications were produced and disseminated via agreed channels. A further Communication Plan has been developed for Autumn 2015 external launch and promotion of the Hampshire Local Offer.
* Headteachers/Principals, SEN/Learning Difficulty and Disability Co-ordinators and SEN Governors/Board members (Schools and Colleges) were invited to briefings in the Summer term 2014. 1,500 attended.
* Information sharing through a responsible partnership with schools in activities such as HEP SENCo circles and direct engagement.
* Input/INSET commissioned by schools and Hampshire Governor Services from Hampshire Inspection and Advisory service (HIAS) Inspector/advisors SEN (SENIs)
* Termly update meetings run by Senior Special Needs Officers held for SENCos across the county from Sept 2015
* Briefings and updates for SENCOs and schools via SENI led district sessions, conferences and publications eg SEN Matters
* Health: Engagement with paediatricians enabled them to support the role of the DMO across the five CCGs
* Health commissioner met with therapists, OTs, SaLTs, paediatricians and CAMHs as well as delivering, presentations for CCGs, MACH and CCG Governing Body Boards (presentation available).
* SENCO Support Groups delivered training across the 8 areas covered by the SfYC team Autumn Term 2014 (focusing on the changes in the CoP where providers had identified a need for further support).
* Support4SEND/IAS have very good communication with PV and HPCN. Attending HPCN area meetings to discuss IAS changing in the reforms and to provide info about SEND.
* Regular liaison meetings between the County Services Manager and the CEO of HPCN.
* Annual Special Needs Information Day (17th Oct 2015) for parents/carers of CYP with a range of stakeholders and workshops
* Targeted briefings are undertaken on an on-going basis to internal and external groups for EHCP and Local Offer.
 | * Over 1,500 school representatives attended briefings Summer 2014
* Annual Special School Governors conference with SEN agenda item
* Regular input to all schools strategic groups (Primary, Secondary and Special) to gauge feedback and raise awareness
 | Raising awareness in education settings and other key stakeholders focus on outcomes for living your life as they prepare for adulthood.Raising awareness amongst parent/carers and YP about the Reforms. | Working well | Developing the SENCo interface through Senior Special Needs Officers having termly meetings.Agree the development of a direct SENCos forum/interface in consultation with schools, colleges and early year’s settings.Communications Plan needs to continue for the Local Offer. |
| 3 | Identifying and meeting **social care** and health needs.a. Identifying and meeting child social care needs | * Hampshire is a high performing Authority in terms of meeting statutory timeframes for children’s social care assessments. This is evidenced by the “Good” Ofsted inspection rating 2014. Please refer to the Ofsted report.

<http://reports.ofsted.gov.uk/local-authorities/hampshire> * Peer review and Quality Improvement Plan in place to progress identified actions from Ofsted inspection.
* SfYC “Good” inclusion and Children’s Centres
* Children in Care support has been reviewed and adapted with a focus on supporting the education outcomes. This has been achieved through tracking progress and delivering direct support to settings on a termly basis where CiC attend (the OFSTED Quality Improvement Plan (QUIP) and Virtual School Plan have evidence. Data is collected termly on children’s progress).
* Safeguarding training and other relevant briefings support school staff to work effectively with Children’s Social care in identifying and meeting CYP social care needs and promote close working
 | Early Help Hubs are in place in all district council areas in Hampshire. Weekly meetings are attended by statutory and voluntary/third sector agencies. Families are referred via this route or through CRT/MASH for early help. A distance travelled tool is used with every family to assess the effectives of the intervention. Where children/families need a service from children’s social care teams, referrals pass quickly to R&A teams in every district and timescales for responding to referrals are monitored closely with children being seen and assessed quickly and multi- agency plans put in place without delay. Feedback is sought from families at the ‘front door’.Comprehensive scrutiny of work takes place via monthly auditing of case records and monthly performance management meetings. In addition there is a well-established programme of peer inspections which are based on the Ofsted Framework and take place 4 times a year. | Social care services and other agencies are effective in their interventions with children and families, as evidence by KPIs, audit, feedback form families, inspection of services and confirmed by Ofsted in recent inspections of social care servicesSafeguarding arrangements work well and the right children are looked after and achieve permanence within their care placements. | Working well  | Peer review and Quality Improvement Plan in place to progress identified actions from Ofsted inspection |
| b | Identifying and meeting Adult social care | * Adult Services are fully engaged with EHCP process.
* Collect early information to inform commissioning strategies.
* There is a transition social work team. Generally people with eligible needs influence how needs are met.
* Focus on YP as they become an adult.
* IPC and TLAP projects developing multi-agency approach to person centre care. Developing holistic personal budgets across EHC and encouraging creativity and aspirational planning through co-production of plans.
* Data collection from age 14+ identifies key areas of need, accommodation, link workers, current support, where educated. Informs planning to meet need and improve outcomes through transition.
 | Contribute to EHCPs from age 16.Adult support package agreed by age 17 so aware of outcomes and requirements | Developing a seamless journey and managing anxiety for YP and their families. Informing strategic development and market shaping.Robust focus on ‘local first’. | Working well for less complex needs.Area to improve for more complex needs | Developing the infrastructure around accommodation needs so able to meet complex needs through market shaping.  |
| c | Identifying and meeting **Health needs** | * Clear process for identification of health needs for children based on clinical evidence and health led outcomes.
* Large block contracts for provision of paediatric services.
* Single Therapy contract for Hampshire delivered by Solent NHS Trust for children.
* Single CAMHS contract across Hampshire
* Single School Nursing contract across Hampshire – the new school nursing service through Southern Health has a focus and a KPI around SEN children
* IPC/TLAP work in progress will improve and influence how parents have CYP needs met.
* Public Health Nursing: Health Visiting Service (Provider SHFT) lead and coordinate delivery of the Healthy Child Programme (HCP) 0-5 years

<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>and <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf> The service is based on the new national 4;5;6 health visiting model <https://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf> with a focus on early identification, assessment and help for children with additional needs and working through multi-agency teams to address needs.* Public Health Nursing: School Nursing 5-19 years (Provider SHFT) lead and coordinate delivery of the Healthy Child Programme 0-19 years

[http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\_107566](http://webarchive.nationalarchives.gov.uk/%2B/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_107566)* HCC new contract from 1st August 2015: based on national model (universal and targeted offer proportionate to need) with a focus on vulnerable C&YP including those with SEN. The service now includes 16-19 year olds; C&YP attending SEN Schools; C&YP not in school and young people in the Youth Offending system. KPIs include number of C&YP identified with additional health needs; % of C&YP with SEN receiving the HCP key contacts; SEN schools taking a whole school approach to “Healthy Schools”/School Health Improvement Plans.
* Training for schools around using a whole school approach to ‘Supporting pupils with medical conditions’ which consists of a menu of opportunities for schools with:
	+ Medical conditions in school training – two day course with competency sign off
	+ Half day courses around supporting children with diabetes, epilepsy, asthma and allergies
	+ One day course specifically on the management and administration old medicines
* A Supporting children with medical conditions briefing – which is used in training and sent to all schools
* Healthy schools training – another 50 schools trained in October focus on PSHE, healthy eating, physical activity and emotional health and wellbeing of all young people. There is a focus within the training and self-review tool around supporting more vulnerable young people
* Pupil premium network meetings with an opportunity to raise awareness of how the needs of SEN young people can be addressed through effective use of pupil premium
* Pupil premium training for governors – looks at how PP can be used to support SEN and how to challenge headteachers to good effect
* Closing the Gap training for teachers –which covers SEN
* Hampshire Governor Services commissioned training for governing bodies includes a proper focus on their responsibilities with regard to Supporting pupils with medical conditions
* We have a community health contract across Hampshire for all adults delivering; community nursing, continence, speech and language therapy, occupational therapy, physiotherapy, psychology and psychiatry.
* In addition acute contracts with district general hospitals include inpatient and outpatient services. E.g neurology, audiology etc.
* For young adults (14 +) with a learning disability are offered Learning Disability annual health checks with GPs with resulting health action plans. Information is collated about the prevalence of the take up, by “the Improving Health and Lives Laboratory.”
 | Established liaison with SEN and clinicians ensure early identification. This is coordinated by the Area Incos. Paediatricians and other clinicians’ contribution to the EHCP is routine.5 universal health reviews (antenatal; New Birth; 6-8 weeks; 1 year and 2-2 ½ years).Focus on 6 High impact areas including transition to parenthood; maternal mental health; breast feeding and healthy weights; managing minor illness and reducing accidentsService offer 0-19 proportionate to need: universal plus; universal partnership plus. Key transition times for C&YP and families prioritised.New service will increase capacity and skill over the next year. Focus on access; provision of universal key contacts; meeting the public health needs of vulnerable groups including those with SEN and multi-agency working to improve outcomesNeed is identified through commissioning gap analysis and SNAs. For people with complex health needs/long term conditions, individuals might be identified by GPs and local community teams for local care coordination/ monitoring. LD health assessments identify new health needs and appropriate actions to be taken. | Developing a seamless journey and managing anxiety for YP and their families. Informing strategic development and market shaping.Robust focus on ‘local first’.New service models in place for PH Nursing and measures in place to measure impact over the life of the contracts. Requirement to increase access to HCP universal health reviews.For those with complex needs, the outcomes for YPs are measured through robust outcomes focused care plans, that are person centred | Child Health working wellAdult Health area to improveNew PH Nursing models in place – area to improve as they embed and reach full capacity locally. / audit. TransitionWhilst this works well for specific care groups ie LD or PD, there is work required around the wider generic health service from children to adults | Managing education settings and parental expectations around health provision particularly therapy, including sensory integration therapy Public Health Improvement: Reach of universal HCP assessments. Review Multi agency pathwaysUndertake some strategic joint planning between adults and children health services. |
| 4 | Monitoring the identification of special educational needs (SEN Support) | Strategic support to education establishments for SEN Support* All schools access the SEN Support criteria booklet which clarifies identification and suggested interventions through SEN Support.
* Clear criteria booklets clarify when the request for an EHC assessment might be appropriate.
* SEN Inspectors monitor through the activities commissioned by schools (services purchased by schools) and the central schools function such as the Learning and Leadership Partner (LLP) programme. SENIs are involved in school improvement providing challenge and support to schools and fulfilling the LAs responsibilities. LLP and other reports will make reference to actions relating to SEN as appropriate

Early Help and Support* Early Years Foundation Stage (EYFS) Profile data is analysed to ensure children with SEN are identified at an early stage.
* There is a focus on ensuring effective transition from early years in to school.

Child Health* Each of the Five CCGs within Hampshire has a Designated Medical Officer (DMO) in place. These are all consultant paediatricians who are based within health trusts.
* Part of the DMO role is to ensure the timely identification of the health needs of children with SEN.
* DMOs are responsible for liaising with schools, early year’s providers, SEN teams and other key professionals.
* The DMO’s meet with the CCG formally on a termly basis, to review progress and discuss relevant issues

Youth Offending Team* The YOT Case Manager checks for SEN information as part of the young person’s initial assessment (ASSET) – and this would be taken in to account when planning the intervention including referral to the YOT Education Worker where necessary (and Health / parenting workers).
* YOT pass SEN info onto the secure estate to ensure that appropriate SEN provision is made while the YP is detained.
* The current numbers in youth custody is incredibly low in Hampshire for an authority of our size (7 in October 2015).
 | * Clear criteria for SEN Support in place
* Effective monitoring to identify needs early in SfYC, Child Health providers, Education settings and Youth Justice Settings.
 | Reference attainment data showing Hampshire does better when compared with statistical neighbours and national indicators up to Key Stage 4. | Working well | Review of SEN Support criteria booklet following feedback.Clear focus on ensuring robust progress measures are in place following demise of NC levels.Further work to improve consistency at transition in to school from a pre-school/early years setting.Work underway with paediatric trusts to explore the DMO role in Hampshire and how this can be developed. |
| 5 | Consistency of agreements with education providers about their contribution to the Local Offer | * The Hampshire Local Offer can be accessed from the following link: [www.hantslocaloffer.info](http://www.hantslocaloffer.info)
* To ensure consistency of SEN Information Reports a SE7 regionally agreed pathfinder template consisting of 14 questions was developed (with parents) for schools to complete as their SEN Information Report (and contribution to LO). All schools completed the same questions and these are consistent with their requirements for their statutory duty.
* All schools in Hampshire were invited to add their details to the Local Offer and provide a link to their SEN Information Reports on their own website. This is found under the “overview of the education setting”. For example: <http://www.hantslocaloffer.info/en/Henry_Tyndale_School>
* By October 2015 98% of all Hampshire schools and colleges had their SEN information reports linked to Hampshire’s Local Offer.
* All Early years education settings have been communicated with and workshops have been delivered to provide all registered organisations with guidance to complete their local offers.
* Children’s Centre has submitted cluster LO and have been provided with a LO toolkit, outlining how to achieve the expected minimum LO expected of all CC across the county
* All independent schools outside of Hampshire can be found via the Section 41 list included on the Local Offer, in addition to the independent colleges NATSPEC link (under choosing a school or college).

<http://www.hantslocaloffer.info/en/Schools_-_Choosing_a_School_or_College>   | * Evidence that settings have used the agreed template to ensure consistency of information
* Parent/carer feedback that they find the system accessible and informative
* Signposting on to other services to support the early identification of need
 | Decisions are made from a more informed starting point.Information is more easily accessible for parent/carers so they can find the advice and support they need | Working well | Ongoing content development through the Local Offer sub group leads (Education, Health, Children’s Social Care and Preparation for Adulthood)Following up feedback on the Local Offer from the Summer 2015 HPCN SEND survey with a “You said, we did” response.Ongoing development of the Young Person’s Local Offer linking up with Adult Social Care and their developing Information and Advice system (Care Act 2014 Chapter 2).Further work to support those who cannot access the Local Offer via the internet – working with Libraries, Parent Voice, HPCN and other settings. |
| 6 | Monitoring the impact of early intervention  | * The LLPs will scrutinise outcome data with schools and pursue improvement activity relating to any areas of concern e.g. a tail (those lagging behind) in EYFS, differential between reading and writing progress. This can be linked to the other targeted improvement activity around the progress of children looked after, vulnerable groups etc.
* SENIs and subject specialists are also involved as above
* HEP: Early intervention work with schools through the Educational Psychology service level agreement. There is approx. 86% buy-in from schools.
* The Early Help (EH) assessment records the level of support a child is getting in school around SEN and outcomes are monitored for every family receiving an EH service.
* Schools should monitor on an “Assess, Plan, Do, Review” cycle for those at the early intervention stage.
* There is a clear link between the EH web based directory and the Local Offer and vice versa.EH directories: <http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/childmentalhealth/ehcypf/ehcypf-directories.htm>
* Portage delivery in Hampshire is currently under review and a key work stream is developing a tracking progress system to show the impact that Portage has on EYFP outcomes (causality). This also shows the graduated approach being implemented in Portage
* The commissioned EY outreach provision was reviewed last year and a key work stream was developing a tracking progress system to show the impact that outreach has on EYFP outcomes (causality). This also shows the graduated approach being implemented in outreach
* A review of Early Support is being undertaken in 14/15 and a key work stream is developing a tracking progress system to show the impact that ES has on EYFP outcomes (causality). This also shows the graduated approach being implemented in ES.
* Hampshire’s Local Offer has a designated sub section which holds SEN Support information

<http://www.hantslocaloffer.info/en/Education_and_childcare_-_SEN_support_articles> * SEN Service provides money via the high needs block to fund outreach support for cognition and learning and SEMH allocated to the special schools. Schools involved set up an agreement with mainstream schools and outline support to be provided and expected outcomes.
* The impact data is collected and evaluated by the Education Officer and regular training and support is offered via the SEN Service. (Doc Outreach Impact-Lakeside)
 |  | The EH lead is able to provide management information on numbers of children at different levels throughout the year and the social/holistic outcomes achievedSchools say that service is valued and feedback is good. Data on cases is clear.  | Working wellWorking well but areas for development identified | Changes need embedding following the demise of NC levels to ensure consistency across schools, with a clear focus on levels of progress. Portage are developing their work to track progress effectively.A review of the LA’s SEN Support guide is underway to ensure it contains sufficient specificity to help schools determine the level of support needed by individual pupilsSpecial School Outreach Review is currently being undertaken. Documents are being updated. Models of Outreach support are different and impact of each is being considered. |
| 7 | A lack of shared understanding of what constituted “good progress” for the lowest attaining CYP and for personal and social skills development | * Expected progress is three sub levels of progress across key stage. Good progress exceeds this. Schools are advised to use the national progression guidance to guide the setting of targets. However, these are currently more relevant for those young people working within “P” levels.
* The removal of national curriculum assessment level descriptors has implications for the tracking of progress through a key stage. The national expectation is for schools to create their own assessment levelling and tracking models.
* The County Council is providing advice, guidance and support regarding this as an aspect of core function and this includes the tracking of progress with those with SEN.
* HEP: All training stresses that interventions put in place for individual children should show a ratio gain of 2. (Rose 2009):
	+ Literacy project for LAC carried out each year using paired reading approaches, progress monitored through before and after reading tests
	+ Training and support offered include:
	+ Friends of life Project, class based intervention to promote resiliency.
	+ Training and supervision for school based Emotional Literacy Support Assistants who undertake programmes of personal and social develop support for CYP (ELSA). Guidance on the evaluation of effectiveness in an integral part of the programme
	+ Nurture Groups schools supported to introduce nurture groups to promote pro-social skills. Outcomes of paired reading: pupils demonstrated 14 months progress over a 4.6 month intervention, a ratio gain of 3.
	+ Training in the use of SEN teaching approaches e.g. Precision teaching. MyTMaths outcome: standard score increase over 3 month intervention from 79.2 to 87.2, 87.2 falling within the average range. Standard score maintained after a further 3 months
* An integrated 2 Year Old check and Additional Support Pathway is being implemented by multi-agency team in SfYC
* Children in Care support has been reviewed and adapted with a focus on supporting the education outcomes. This has been achieved through tracking progress and delivering direct support to settings on a termly basis where CiC attend (the OFSTED Quality Improvement Plan (QUIP) and Virtual School Plan have evidence). Data is collected termly on looked after children’s progress.
* The Virtual School SENCo focusses on those LAC with SEN needs
* A SfYC Autism Strategy is being developed in partnership with wider stakeholders (which supports the work of the wider Hampshire and National Autism strategies).
 | The authority gathers data on attainment broken down into subsets to analyse trendsPerson centred approach to PEP discussions focussing on targets for individual childrenVirtual school visits have a support and challenge role | Schools, including special schools are expected to show progress. LA level analysis shows progress of those with Statements/ EHCPs by need, to help identify effectiveness of interventions85% of Hampshire Schools participate in ELSA programmeBoxall profile is used to monitor progress. More ambitious targets being set within PEPs with a greater analysis and awareness of individual needs | Working well | A LA headteacher is involved in the national work being carried out around P levels and their relevance to progress and outcomes focus approachesQuality assurance of PEP findings to inform future priorities and training needs |
| 8 | A lack of focus on achieving good outcomes in health and social care | * Childrens social care teams are focused on achieving good outcomes as evidenced by the national and local Performance Indicators data set.
* Hampshire is an Integrated Personal commissioning (IPC) demonstrator site working with children 14 years and older, to improve transition; shift the power; focus on people with complex needs including health. Person centred approaches, better coordination of care across health, social and education. New multi-agency planning model being adopted.
* Health professionals are working towards a more outcomes focussed approach. There is a more joined up approach, but it is too early to establish benefits and outcomes to see if they are different.
* Within the Children’s NHS Therapies contract HPCN representatives take part in the monitoring of this provision which encourages a more outcomes focussed approach.
* As part of the SEND Reforms the Manager of the Children’s NHS Therapies Provision service developed a new report template to be used in the EHCP which is very outcomes focused. SEN colleagues report that the Therapy reports received for EHC assessments are outcomes focussed and jargon free with good practitioner engagement.
 | Cohort has been identified and data set agreed. Using Hampshire Health record, agencies Information systems.At risk register being established First 5 families start new planning process in Nov 4 young peer leaders employed by voluntary sector Coproduction with young people and families underpins ‘My Life My Way’ | National and local evaluation tools being established.What is working well what needs to change Person centred evaluation tool being utilised with each family .e.g. ‘what a good week or good day looks like for me.’ | Working well for social care and TherapiesArea to improve for SfYC and Child Health and Adult Health | Lesson learnt from first 5 families and evaluation of benefits then roll out larger cohort. |
| 9 | The development of personal budgets | * Link to the Hampshire Personal Budgets Information on the Local Offer:

<http://www.hantslocaloffer.info/en/Financial_support_-_Personal_Budgets_Information> * Adults: IPC “My Life My Way” project and Think Local Act Personal (TLAP) work will enable focus on greater opportunities for young people to access personal budgets across education, health and care. Project plan in development, partners signed up to working together, appetite to achieve across all involved at this initial stage. Project Manager has been appointed. Link to the [October 2015 IPC progress report.](file:///F%3A%5CPersonal%5CIPC%5CHants%20IPC%20progress%20report%20October%202015_%28HF000010269021%29.docx)
* [F:\Personal\IPC\Hampshire IPC application final version.docx](file:///F%3A%5CPersonal%5CIPC%5CHampshire%20%20IPC%20application%20final%20version.docx)
* As at September 2015 there are 11 PBs in place in Children’s social care. They are carefully managed and closely monitored. The RAS tool is in place and publicly accessible. Personal budgets are now available to all children within the Disabled Childrens Teams.
* Health: 1 Personal Health Budget in place. Working towards two others. Working in partnership to develop methods of identifying when a personal budget for SEN might be appropriate. The development of the IPC and TLAP is helping drive this forward. There are a few families interested. Alongside the offer of a personal budget, there is work taking place to agree a standardised model of person centred care planning, in the EHCP process and more widely for those children and young people with complex needs.
* NHS England drive to increase significantly the volume of PHB offered is being progressed in Hampshire with all agencies.
* Children and young people who have continuing care needs have a right to a personal health budget, the vision is to expand this more widely to include children and young people with an EHCP. Recently NHS England facilitated a local workshop for senior partners across the agencies exploring how best to expand the local offer for PHBs to children and young people with an EHCP.
 | First 5 families have agreed to be part of project. New multiagency planning has started in Oct 15 will with personal integrated budgets offered by end of Dec 15. | Vision will be to offer personal integrated budgets to children in transition and inparticular children with complex needs. Consistent person centred approaches, support and choices will be offered.New personalised care and planning tool agreed across agencies.See Milly’s story. <http://www.thinklocalactpersonal.org.uk/personalised-care-and-support-planning-tool/about/> | Area to improve | The My Life My Way programme, led by Adult Services, will develop the holistic offer further.New personal budget deployment options are being explored e.g Direct payment Trusts, Individual service funds. To gain sign up from remaining Hants CCGs to National Moving Forward programme for Personal Health Budgets |
| 10 | Transition to adult social care and health services and where young people receive services from different local areas | * Co-ordination carried out via the transition social work team improves the ability to liaise across areas in order to gain agreement for on-going support to meet individual outcomes.
* Teams are specifically working in AS to influence relationships across health and focus on un-blocking aspects of transition where there are differing processes.
* New role in Adult Services for Partnerships and Preparing for Adulthood working across Children’s and Adult Services..
* Health: A draft Hampshire wide service specification has been developed and discussions are taking place with providers to agree the spec with a view to it being added to all provider contracts from April 2016.
* Hampshire IPC programme ‘My Life My Way’ demands close working across education, health and social care (currently age 14+) to improve choice and control, co-ordination and collaboration and develop a whole system approach to creating a flexible offer for young people with complex disabilities.
 | Data collation from IPC project and transition social work team. Average between 160-200 eligible YP in to Adult Services per annum with an agreed support package. | Ongoing impact from transition social work team. Developing a seamless journey and managing anxiety for YP and their families. Informing strategic development and market shaping.Robust focus on ‘local first’.EHCPs highlight gaps in therapy support for 16-25 year olds. | Working well: Relatively robust Childrens social care to Adult Social care process. Close working relationships transition social work and SEN. Area to improve – transition from children’s to adult health | Transition arrangements are the focus of an improvement plan between Adults and Children’s services, including the IPC project to improve the transition offer.Bridging the gap between child and adult therapy offers. |
| 11 | Joint commissioning arrangements (incl. jointly planning and commissioning education, health and care services) | * The Children’s Integrated Commissioning Group (Health, Education and Social Care 0-25) (CICB) meets quarterly (This was previously the Joint Child Health Commissioning Group and has been re-shaped to meet the new legislation). There are agreed terms of reference and a work programme. It is jointly chaired by the Deputy Director Children and Families Branch (also with responsibility for SEN) and the Associate Director, Children and Maternity Commissioning. Terms of Reference attached: [CICG joint commissioning TOR and Work programme February 2015.doc](file:///%5C%5Cinfldar001%5CHCC_HomeDrives%5Cxcncslm%5CPersonal%5COfsted%20Inspection%5CCICG%20joint%20commissioning%20TOR%20and%20Work%20programme%20February%202015.doc)
* Multi-agency Health and Wellbeing and Better Care Funding (BCF) Boards are in place.
* Better Care Fund relates to the integration agenda with Health. We are in the process of developing a proposal for a section 75 agreement with the 5 Hants CCGs in relation to adults with a learning disability 18 year plus. The proposal includes HCC being Lead Commissioner for individual placements including people funded by CHCs and pooling budgets.  Southern Health LD Health Teams are already co located with HCC LD Staff.
* The Local Offer Designated Officer attends CICB and presents updates on the Local Offer. She will in future, as the content of the Local Offer is complete and strategic consultation and engagement with parents and children and young people is undertaken, provide input to the joint commissioning requirements. This will follow feedback from parent/carers, children and young people on their experiences to help inform and shape future commissioning of services.
* The Inclusion Training Group (SfYC only) has become the Inclusion Workforce development group and involves reps from the therapies, health visiting and SALT. This group will audit workforce development needs, complementary and duplicate offers to support workforce development and gap. We will co-plan approaches to addressing gaps.
* SEN Hub Practitioners are joint commissioned/managed across SEN and SfYC
* Integrated 2 Year Old check and Additional Support Pathway being implemented by multi-agency team (health are key partners)
* Out of County Safeguarding Board assessed as good.
 | Appointment of Joint post for Childrens and Adults services. In Sept 15. Post will work on Joint Commissioning plans across departments.Adults and children’s commissioners using same cost models with providers in ensure VFM | Joint accommodation strategy agreed with focus on reduction in residential care and increased use of Supported Living.My life My way project will ensure joint operational approaches around Planning models and personal budgets2 Supported Living Conferences for children and adultsPractitioners  | Area to improve | Joint accommodation panel and further development of Joint commissioning Plans. Further development of co-location of Adult Health and Adult Social Care teams. |