



Tameside DBV Grant Application July 2023



What is the objective of the DBV programme?



DBV Programme Objective

Delivering Better Value (DBV) is a programme working to **identify and implement** local and national opportunities to **improve the outcomes** for children and young people with SEND

In order to achieve this we know;



The child or young person must remain at the centre of everything we do.



We must listen to the challenges from the perspective of those receiving support from the system.



Collaboration is key, with your neighbours, partners and the children and families you support.



Funding is a challenge and key source of frustration that should be considered throughout the planning.

Therefore the DBV programme is designing its support through 2 key approaches;

Short Term Help

To identify **sustainable changes in each LA** that can drive **high quality outcomes** for children and young people with SEND, and to support you in building an evidence-based **grant application** to assist the implementation of those changes

Informing Long Term Reform

Build an objective evidence base across a third of the sector, which can be used to:

- **Inform future policy** and reform
- Build a **national playbook** & share best practice
- Inform **future national programmes** of similar scale and intent

SEND review paper: what is it?



In March of 2022, the Department for Education published a report titled 'SEND Review: Right Place, Right Time'. It was released following an assessment/evaluation of the services and support available for CYP with SEND and in Alternative Provision (AP). The report proposed reforms to the SEND and AP systems to address the 4 key challenges identified so that CYP with SEND can receive high-quality support that meets their needs.

THE 4 KEY CHALLENGES



1. It's hard for children, young people, their families, and schools to get the support they need when they need it.



2. Children and young people with SEND don't always get the support they need to do as well as they could.



3. Too many children do not have a good experience of alternative provision.



4. The money used to support children and young people with SEND or who are in alternative provision is not always used in the best way.

WHAT IS CAUSING THESE PROBLEMS?



SEND and alternative provision services are different depending on where you live. The service that you get depends on where you live, not on what you need.



People do not always know what their job is to help children and young people with SEND which means they do not always do it properly.



Children and young people's needs aren't identified quickly enough. Too many children and young people get support too late.



Some children and young people who need an EHCP have to wait a long time to get one.



Too many children do not get the support they need in mainstream school and have to go to special or alternative provision when that might not be the best option for them.

Delivering better value: the diagnostic phase



The DBV programme is divided in 2 Phases:

Phase 1: Diagnostic Phase

Newton, CIPFA and SEND advisors will work alongside LAs and partners to support the diagnostic phase of the programme. The aim is to identify areas of improvement within the authority by realising the root causes of the problems. At the end of Phase 1, we want to ensure that each authority is set up with a clear plan to implement the changes identified to best support the needs of CYP with SEND. We will also help with drafting a evidence-based application for grant funding.

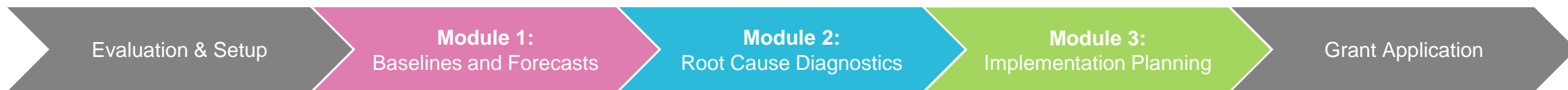
Phase 2: Making the Changes

The realistic change transformation plan created as the end of Phase 1, will form the backbone of the change journey process that LAs will embark on process post the Diagnostic Phase. This will be the implementation period, the chance to drive the changes and make sure they are sustainably adopted.



How are we approaching the Diagnostic Phase? :

We have developed 3 modules that we think are critical to ensure you can identify sustainable changes that will drive high quality outcomes for CYP, and support you in developing your grant application.





Diagnostic Identify Opportunities and what it will take to deliver them

- Understand and quantify opportunities
- Understand how opportunities fit with existing and previous change programmes
- Understand enablers and risks to change
- Engage stakeholders to understand their perception of opportunities
- Develop a high level change plan

What are the expected Outputs of a DBV Diagnostic?

Module 1: Baselines and Forecasts

Outputs:

- Baselines of key performance and spend measures
- Refreshed future view of performance and spend if nothing changes
- Assured Opportunities
- Agreed formulas to calculate opportunities
- Prioritising diagnostic focus areas

Module 2: Root Cause Diagnostics

Outputs:

- Quantified opportunities in terms of spend and outcomes for CYP
- Refreshed future view of spend with impact of opportunities on spend
- Future view of when there will be impact on changes on measures
- Data backed evidence of opportunities

Module 3: Implementation Planning

Outputs:

- High level implementation plans
- Workstream summaries
- Programme governance
- High level system engagement plans
- Change readiness assessment
- Risks identified for change programme

We have identified the key areas to prioritise in Tameside

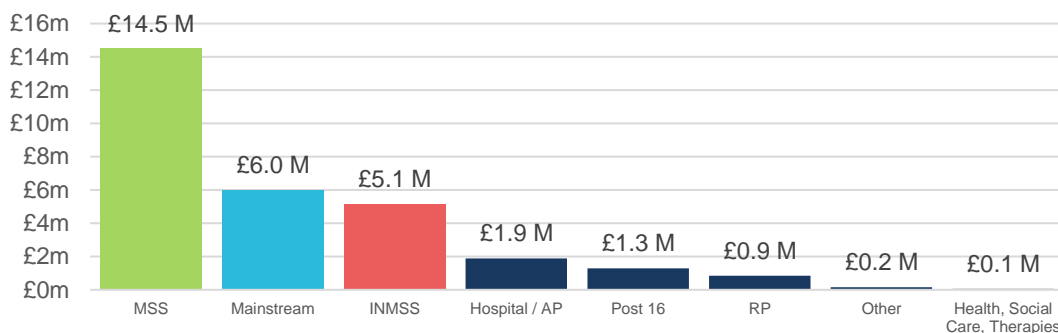


Module 1 Outputs

HNB expenditure has grown 20% in Tameside since FY 19/20 with **MSS, Mainstream and INMSS accounting for 86%** of expenditure.

This growth has been **driven by demand**, with caseload increasing by 16% since FY20/21, while the average cost of supporting each CYP remained relatively steady over the same period.

Expenditure Breakdown by Provision 21/22



Using a linear projection to forecast demand and unit cost, this expenditure is **forecast to grow to £58.2m in 2028**, with INMSS, MSS, mainstream combined accounting for **87% of total expenditure**, and **MSS alone accounting for 47% of total expenditure**

Over 65% of the children being supported in MSS, 50% of children in INMSS, and 30% of children in Mainstream provision start their support at the **transition years** (Ages 4 - 5 primary driver for MSS, with 47% of CYPs starting then)

There are also prevalent primary needs, with **SLCN and SEMH making up 78%** of children being supported in **MSS, 63% in Mainstream** and **73% in INMSS**.

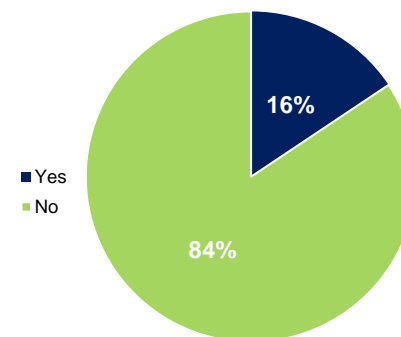
Year	2021	2022	2023	2024	2025	2026	2027	2028
CYPs	1844	2151	2286	2526	2738	2950	3160	3370
Expenditure	£26m	£30m	£34m	£38m	£43m	£48m	£53m	£58m
HNB Deficit	£1.8	£2.8m	£1.4m	£3.5m	£9.1m	£18m	£32m	£49m

Figures in Green at Actual Figures. Figures in Blue are from DBV linear forecasts

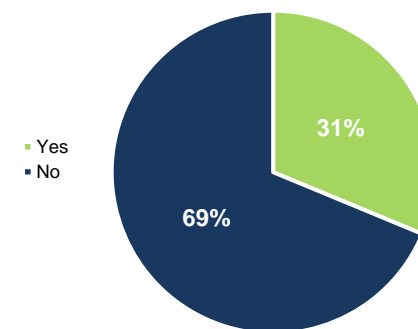
What areas of opportunity have we been exploring in Module 2?

Prioritising the provisions, ages and primary needs from Module 1, **32 cases** were reviewed by a range of professionals across the Tameside SEND system including parents, headteachers, SENCOs and health, to understand if those CYP were **receiving the ideal support** for them to achieve their goals and aspirations.

Could the support required to meet the child's needs be accessed without an EHCP?

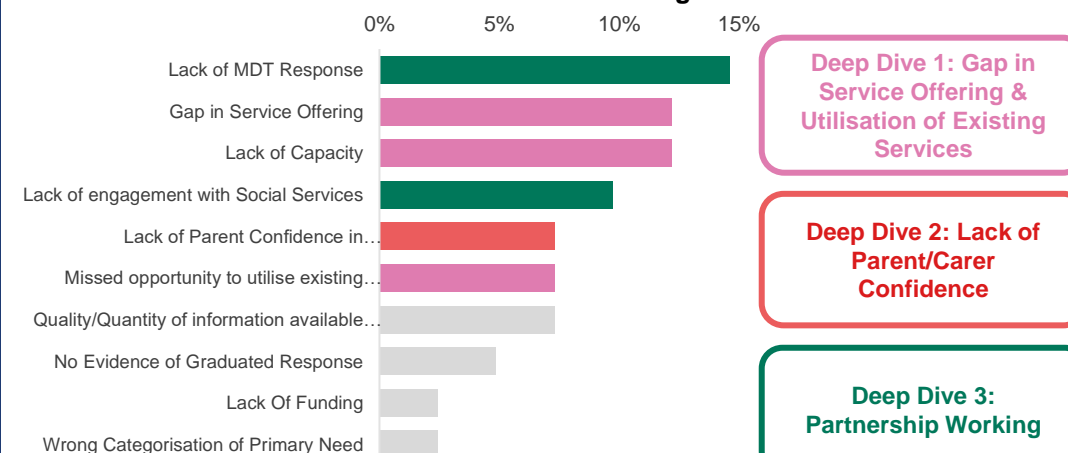


Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?



For the 'non-ideal' cases, the **timing of the support** and the **setting** in which the child was being supported were the key factors, being a factor in 78% and 59% of cases respectively.

What themes contributed to achieving a non-ideal outcome?



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

Deep Dive 2: Lack of Parent/Carer Confidence

Deep Dive 3: Partnership Working

The use of Tameside's service offering, parental confidence in Mainstream setting and partnership working were the 3 key themes we investigated from case review intelligence



During case reviews, we used the information of each child's current setting to map which themes were most prevalent in each setting, allowing for this to be mapped to opportunities. Using this, we can be confident that addressing these themes will target the right opportunities.

Key Themes from Case Reviews

KEY THEMES TO INVESTIGATE:

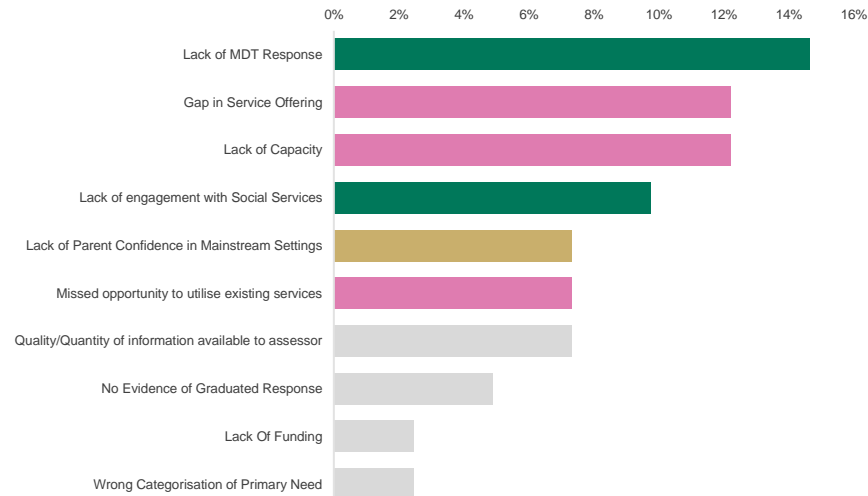
1 **Service Offering, Service Capacity & Utilisation**

2 **Lack of Parental Confidence in Mainstream**

OTHER EVIDENCE AREAS:

Benchmarking Stat Neighbours

Partnership Working



Opportunities	DD1: Gap in Service Offering & Utilisation of Existing Services	DD2: Lack of Parent/Carer Confidence	DD3: Partnership Working	Statistical Neighbors
Supporting the goals and aspirations of the child can be achieved without the need for an EHCP	✓	✓		✓
Supporting the goals and aspirations of the child in a MSS setting rather than INMSS	✓		✓	
Supporting the goals and aspirations of the child in a Mainstream setting rather than MSS	✓	✓	✓	
Supporting the goals and aspirations of the child through Resources/SEN Unit setting rather than MSS	✓	✓	✓	

Current Root Cause Analysis

1 Service Offering, Service Capacity & Utilisation

Which services are underutilised?
How do we improve cross-service collaboration?
Which services are used by which practitioners?

2 Lack of Parental Confidence in Mainstream

How confident are parents in SEN Support
Is this different with an EHCP in Mainstream?
What more do parents want at SEN support?
How does this differ by stage of education?

Caseload Benchmarking

Do we look after CYPs with SEND in a similar way to other LAs like us?
Is the potential to learn from other as to how best distribute cases to support CYPs?

Partnership Working

What are the critical points in the decision to issue an EHCP and the annual review process that follows for intervention?
What are the issues that stop the process delivering the best outcome for a CYP?
What changes could we make to change this?



Education Providers Survey



Parents / Carers Survey



Stat Neighbour analysis



Partnership Working

Module 1 Summary - Tameside

Annual rate 20-22

case review % multiplied by target confidence weighting



HNB Net Position	Revenue Expenditure	Category	% of Spend	Lever	Historical Growth Rate	Status	If deprioritised or not explored, why?	Target % Reduction	
		Mainstream School EHCPs	19.3%	Demand (New)	12.9%		Addressed	High proportion of spend and CYP supported with a high historical growth rate	19%
				Demand (Existing)			Deprioritised	Changing decisions that have already been made deemed high risk and therefore prioritising new demand	-
				Unit Cost			Deprioritised	Not contributing to the increase in expenditure	-
		RP	3.2%	Demand	19.5%		Deprioritised	Small proportion of HNB expenditure	-
				Unit Cost	-28.5%		Deprioritised	Not contributing to the increase in expenditure	-
		MSS	47.1%	Demand	8.0%		Addressed	High proportion of spend and CYP supported with a high historical growth rate	24%
				Unit Cost	5.9%		Deprioritised	Given risk of hitting capacity cap, demand prioritised	-
		INMSS	17.8%	Demand	14.8%		Addressed	High proportion of spend and CYP supported with a high historical growth rate	11%
				Unit Cost	2.1%		Deprioritised	Demand prioritised given largest growth in historical trend	-
Post 16	4.3%	Demand	13.6%		Deprioritised	Small proportion of HNB expenditure	-		
		Unit Cost	4.3%		Deprioritised		-		
Hospital/AP	7.6%	Demand	-		Deprioritised	Small proportion of HNB expenditure	-		
		Unit Cost	-		Deprioritised		-		
Other	0.7%	Demand	-		Deprioritised	Small proportion of HNB expenditure	-		
		Unit Cost	-		Deprioritised		-		
Revenue Income		Block Transfer	-		Not explored		-		
		Health	-		Not explored		-		
		Other Income	-		Not explored		-		

2020-2022

Grant Application

To enable the assurance team to understand the discussions and decisions that have resulted in certain scenarios being selected for the DSG management plan, the assurance team would like the Local Authorities to answer the following questions to document the decisions they've been made.

1 Which scenario have you selected for your unmitigated scenario in the DSG management plan:

- Lower Bound
- Upper Bound

2 Why have you chosen the scenario above for your DSG management plan?

The LA believe the lower bound scenario is both realistic and achievable. The LA has also assumed the increases to specialist place capacity achieved over the last three years will continue into the DBV Plan timeframe and therefore this means the lower bound scenario is the right path.

3 What is the confidence weighting you've used for:

	Support without EHCP	MSS > Mainstream	MSS > RP/SEN	INMSS > MSS
Target	47%	35%	47%	50%
Stretch	65%	50%	65%	66%

4 What could be done to increase your confidence weightings (if anything)?

The LA has included a joint workforce development plan in the DBV application and further government training programmes to promote inclusion for schools / governors to access would further strengthen the confidence in mainstream settings.

The LA also believe that DFE / Ofsted can do more to adjust the balance in favour of inclusivity as oppose to attainment and other targets set for schools.

3 Which confidence weighting have you selected for your DSG management plan?

- Target Opportunities
- Stretch Opportunities

Reviewing the assumptions for the Unmitigated Forecasts

– Upper Bound and Lower Bound Scenarios

	What we assumed in the current forecast	What might we want to adapt for a lower bound forecast?	Tameside comments
EHCP Forecasting	The growth rate in the EHCPs continues and does not slow down over the next 5 years	We may want to consider if there will be a point in time where the proportion of the population with SEN and an EHCP reaches steady state. (5% used as indicative figure)	Tameside instead have fixed EHCP growth against population growth and do not hit a 5% of the population with EHCPs.
	We forecast the growth rate in EHCPs at a provision level	We believe that these assumptions are realistic, and we want to keep in all scenarios of the unmitigated forecast	
	Where the trend at a provision level has been decreasing, we do not forecast this to continue but assume this remains the same as the last financial year and flat going forwards		
	We include known capacity constraints at a provision level	Tameside has historically continued to grow capacity, often without long look ahead on plans to do so	Tameside has forecasted provision capacity constraint growth forward linearly. This was done using historical capacity constraint figures.
	When we reach capacity in RP or MSS, we assume that those children's needs cannot be in a mainstream school and so will end starting in the Independent special school sector	Some Local Authorities have taken a different approach when capacity is reached that we want to discuss and explore all options for the lower bound	Given Tameside's capacity constraints in the lower bound scenario, we see no flow into INMSS
Average cost of an EHCP Forecasting	We forecast the growth rate in the average cost of an EHCP at provision level	We believe that these assumptions are realistic, and we want to keep in all scenarios of the unmitigated forecast	
	Where the average cost has been decreasing, we do not forecast this to continue but assume this remains the same as the last financial year		
	Where the average cost has been increasing, we forecast this to continue	The combination of these assumptions results in 7% increase year on year vs a 1% increase historically across all T2 LAs, for the lower bound forecast we could update the approach to inflation	Tameside challenged unit cost assumptions in their initial upper bound forecasts, so did not feel the need to do this again in the lower bound scenario.
	Known changes to the average cost (inc. framework changes, agreed uplifts etc) are included in the forecast		
Inflation is built on-top of all of the changes above at 4% in FY 22/23 and 3% each year after this			

Effecting the outcomes for 'new starts' in Tameside would result in a cumulative opportunity value of £5.2m – £7.2m by FYE 2028 in the Lower Bound Scenario



The DBV opportunity is built around affecting the number of new starts into SEND provision. This opportunity is calculated from the number of CYPs that would be effected, the difference in unit cost between provisions, and the average duration CYPs spend in each provision.

'New Starts' Opportunity Matrix

Provision (e.g. type of school/setting)	Cases	EHCP Necessary (%)	Ideal Placement (%)	Resourced Provisions or SEN Units	Mainstream schools and academies	LA maintained special schools	Not enough information available
LA maintained special schools	14	86%	43%	29%	29%	0%	0%
Independent or non-maintained special schools	9	100%	44%	0%	0%	22%	33%
Mainstream schools and academies	5	40%	100%	0%	0%	0%	0%
Resourced Provisions or SEN Units	2	100%	50%	0%	0%	0%	50%
Early year settings	2	100%	100%	0%	0%	0%	0%

Calculations Assumptions box

- All recommended movement from case reviews could be applied to predicted new EHCP starts from school year starting 2024 onwards.
- Forecast of new starts per year have been made from High Impact Analysis and CYP data return 20-22.
- Confidence weightings have been reviewed and incorporate all existing deep dive and benchmarking insights
- 2022 new starts have been used as a baseline and predicted caseload growth % has been applied to estimated future new starts rate.
- No overlap between LA Mitigations and DBV opportunities occurs in analysis
- Linear capacity constraint growth modelled into opportunities
- EHCP growth is fixed against population growth
- 1 – Full Sept '24 Opportunity calculated from total number of new starts affected for that academic year (including ongoing from savings from following years of expected education)
- 2 – FY 24/25 to FY 27/28 Opportunity: Calculated off expected monthly benefit being April '24 to April '28. No benefit expected April '24-Aug '24 due to first impact occurring at the start of academic year Sept '24.

Opportunity		Full Sept '24 Year Opportunity ¹		FY 24/25-27/28 Full Opportunity ²	
ID	Summary	Target	Stretch	Target	Stretch
1	Support without EHCP	£838,936	£1,160,231	£2,515,488	£3,478,867
2	MSS > Mainstream	£165,298	£218,194	£1,099,393	£1,451,199
3	MSS > RP/SEN	£715,169	£1,021,671	£781,398	£1,116,282
4	INMSS > MSS	£795,217	£1,099,768	£846,695	£1,170,962
TOTALS		£2,514,621	£3,499,863	£5,242,975	£7,217,310

Effecting the outcomes for 'new starts' in Tameside would result in a Annualised opportunity value of £5.2m - £7.2m by 2028.



The DBV opportunity is built around affecting the number of new starts into SEND provision. This opportunity is calculated from the number of CYPs that would be effected, the difference in unit cost between provisions, and the average duration CYPs spend in each provision.

'New Starts' Opportunity Matrix

Supporting children's goals and aspirations through the right provision type



Opportunity	Annualised Benefit		5 year cumulative benefit 22/23 – 27/28	
	LB Confidence Weight	UB Confidence weight	LB Confidence Weight	UB Confidence weight
Supporting the goals and aspirations of the child can be achieved without the need for an EHCP	£0.8 M	£1.2 M	£2.5 M	£3.5 M
Supporting the goals and aspirations of the child in a MSS setting rather than INMSS	£0.2 M	£0.2 M	£1.1 M	£1.5 M
Supporting the goals and aspirations of the child in a Mainstream setting rather than MSS	£0.7 M	£1.0 M	£0.8 M	£1.1 M
Supporting the goals and aspirations of the child through Resources/SEN Unit setting rather than MSS	£0.8 M	£1.1 M	£0.8 M	£1.2 M
Total	£2.5 M	£3.5 M	£5.2 M	£7.2 M

Calculations Assumptions box

- All recommended movement from case reviews could be applied to predicted new EHCP starts from school year starting 2024 onwards.
- Forecast of new starts per year have been made from High Impact Analysis and CYP data return 20-22.
- Confidence weightings do not currently incorporate Module 2 Deep Dive outputs
- 2022 new starts have been used as a baseline and predicted caseload growth % has been applied to estimated future new starts rate.
- Linear capacity constraint growth modelled into opportunities

Opportunity	Annualised Benefit		5 year cumulative benefit 22/23 – 27/28	
	LB	UB	LB	UB

The total value of cumulative benefit will be £7.8m - £9.8m in Lower Bound Scenario

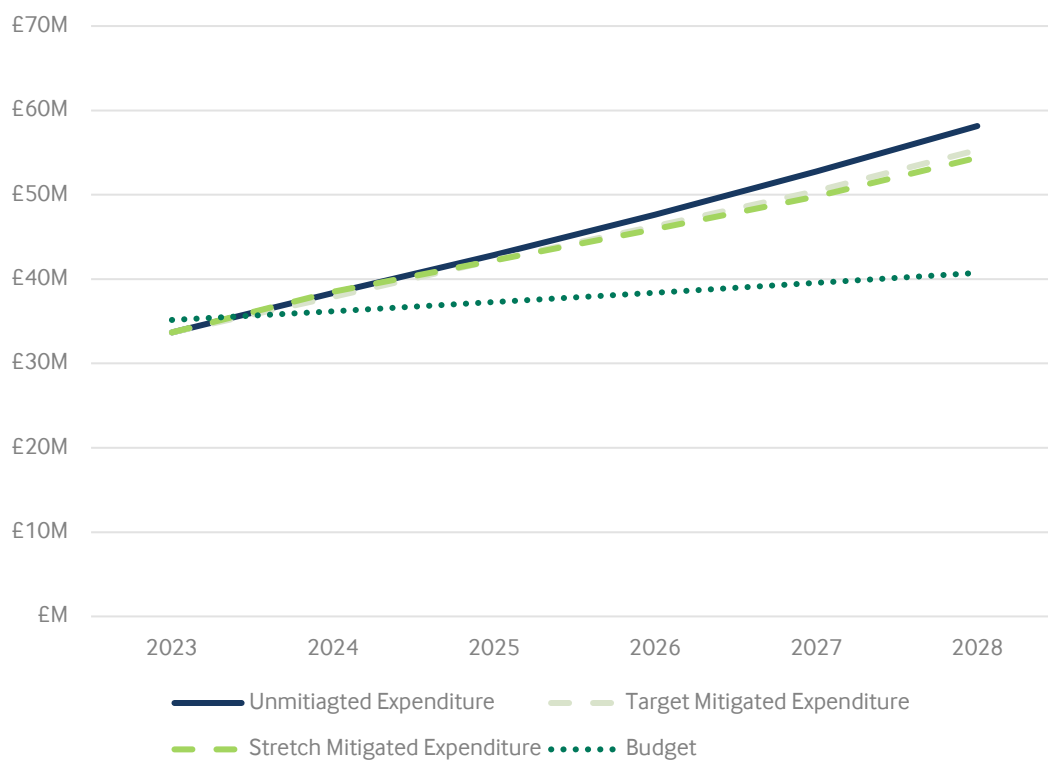


Method and assumptions

- The benefits profile is built with an increasing baseline of forecasted starts and costs year on year using the agreed module 1 output
- Any deficit calculations for future scenarios were built off 3% budget increases year-on-year
- Opportunity modelled on projected number of new pupils and projected unit cost

- Unmitigated INMSS flow goes back into MSS in LA mitigations to add to RP capacity opportunity*
- We have assumed that benefit will only be coming in from Sep 2024 as that is when all opportunities begin to take effect
- Trends built from row level data from 2021-2023 calendar years
- Aggregated view of individual provision projections

Comparison of Stretch and Target Expenditure



Opportunity		Cumulative Benefit	
		LB Confidence Weight	UB Confidence weight
1	Support without EHCP	£2.5 M	£3.5 M
2	MSS > Mainstream	£0.8M	£1.1 M
3	MSS > RP/SEN	£0.8 M	£1.0 M
4	INMSS > MSS	£1.1 M	£1.5M
Existing mitigations	Increased RP provision	£2.6m	
Total		£7.8 M	£9.6M

DBV Opportunities will affect Mainstream, RP, MSS and INMSS caseload



HN Pupil Unmitigated Projections per provision								
Provision	2021	2022	2023	2024	2025	2026	2027	2028
Mainstream	674	820	859	966	1055	1144	1232	1320
RP	70	97	100	119	133	148	162	177
MSS	768	855	896	964	1025	1085	1145	1205
INMSS	85	92	112	123	136	149	162	175
Post 16	247	287	319	355	390	424	459	493
Total EHCPs	1844	2151	2286	2526	2738	2950	3160	3370

Table shows the unmitigated EHCP projections in each provision

Our main savings will be through reduction in CYPs in the INMSS, which has been facilitated by LA mitigations

Opportunity Area	Target Mitigated Number of EHCPs							
	2021	2022	2023	2024	2025	2026	2027	2028
Target Mainstream	674	820	859	966	1030	1071	1106	1134
Target RP	70	97	100	168	189	215	240	266
Target MSS	768	855	896	915	966	1010	1054	1099
Target INMSS	85	92	112	123	134	144	153	162
TOTAL EHCPs	1844	2151	2286	2526	2709	2864	3012	3154

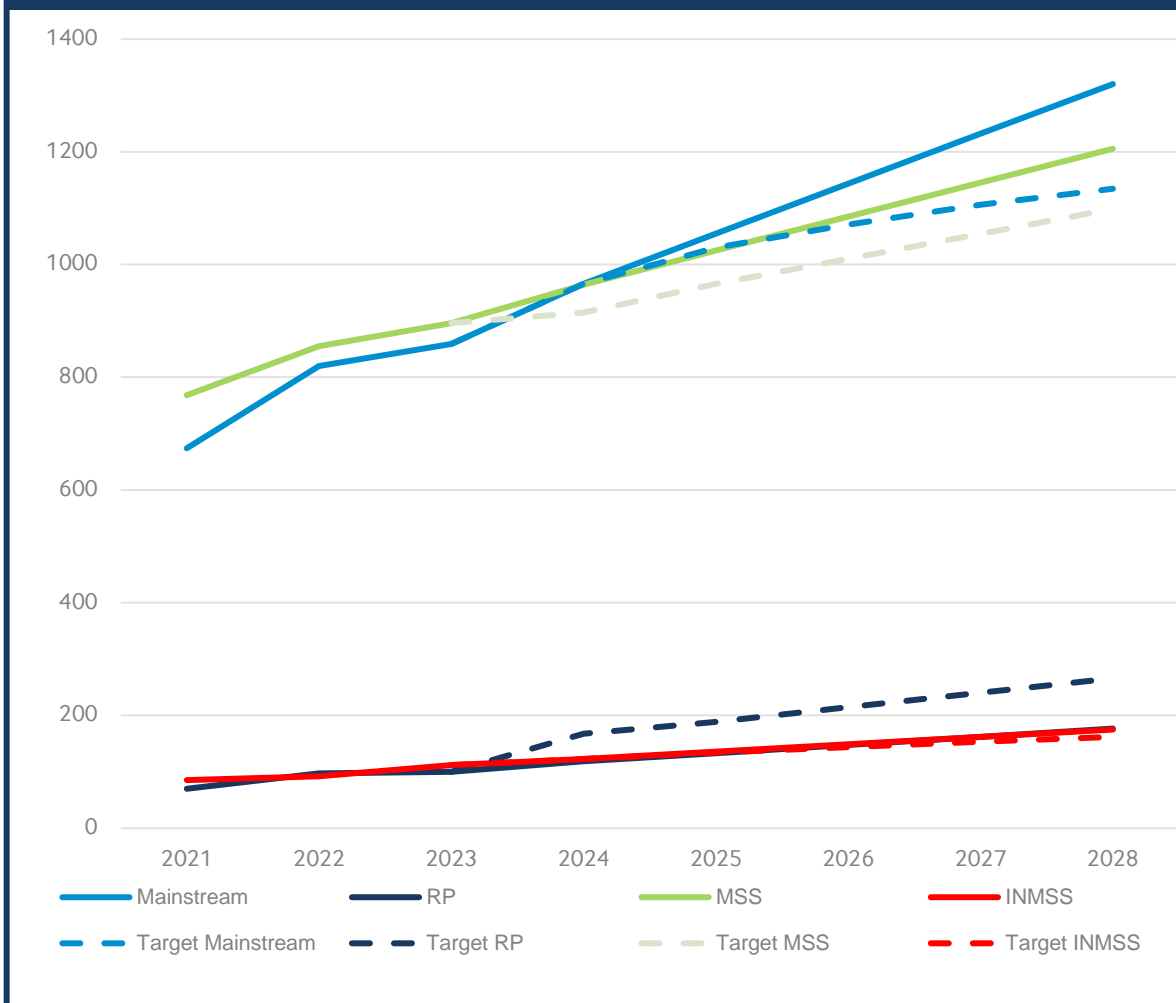
Opportunity Area	Stretch Mitigated Number of EHCPs							
	2021	2022	2023	2024	2025	2026	2027	2028
Stretch Mainstream	674	820	859	966	1021	1044	1058	1065
Stretch RP	70	97	100	168	191	221	251	281
Stretch MSS	768	855	896	915	962	999	1037	1074
Stretch INMSS	85	92	112	123	134	142	150	158
TOTAL EHCPs	1844	2151	2286	2526	2698	2831	2956	3072

Above tables show the target and stretch mitigated projections for number of EHCPs in provisions affected by the opportunities

DBV Opportunities will affect Mainstream, RP, MSS and INMSS caseload



HN Pupil Unmitigated Projections per provision



Graph shows the unmitigated EHCP projections in each provision

Opportunity Area	Target Mitigated Number of EHCPs							
	2021	2022	2023	2024	2025	2026	2027	2028
Target Mainstream	674	820	859	966	1030	1071	1106	1134
Target RP	70	97	100	168	189	215	240	266
Target MSS	768	855	896	915	966	1010	1054	1099
Target INMSS	85	92	112	123	134	144	153	162
TOTAL EHCPs	1844	2151	2286	2526	2709	2864	3012	3154

Opportunity Area	Stretch Mitigated Number of EHCPs							
	2021	2022	2023	2024	2025	2026	2027	2028
Stretch Mainstream	674	820	859	966	1021	1044	1058	1065
Stretch RP	70	97	100	168	191	221	251	281
Stretch MSS	768	855	896	915	962	999	1037	1074
Stretch INMSS	85	92	112	123	134	142	150	158
TOTAL EHCPs	1844	2151	2286	2526	2698	2831	2956	3072

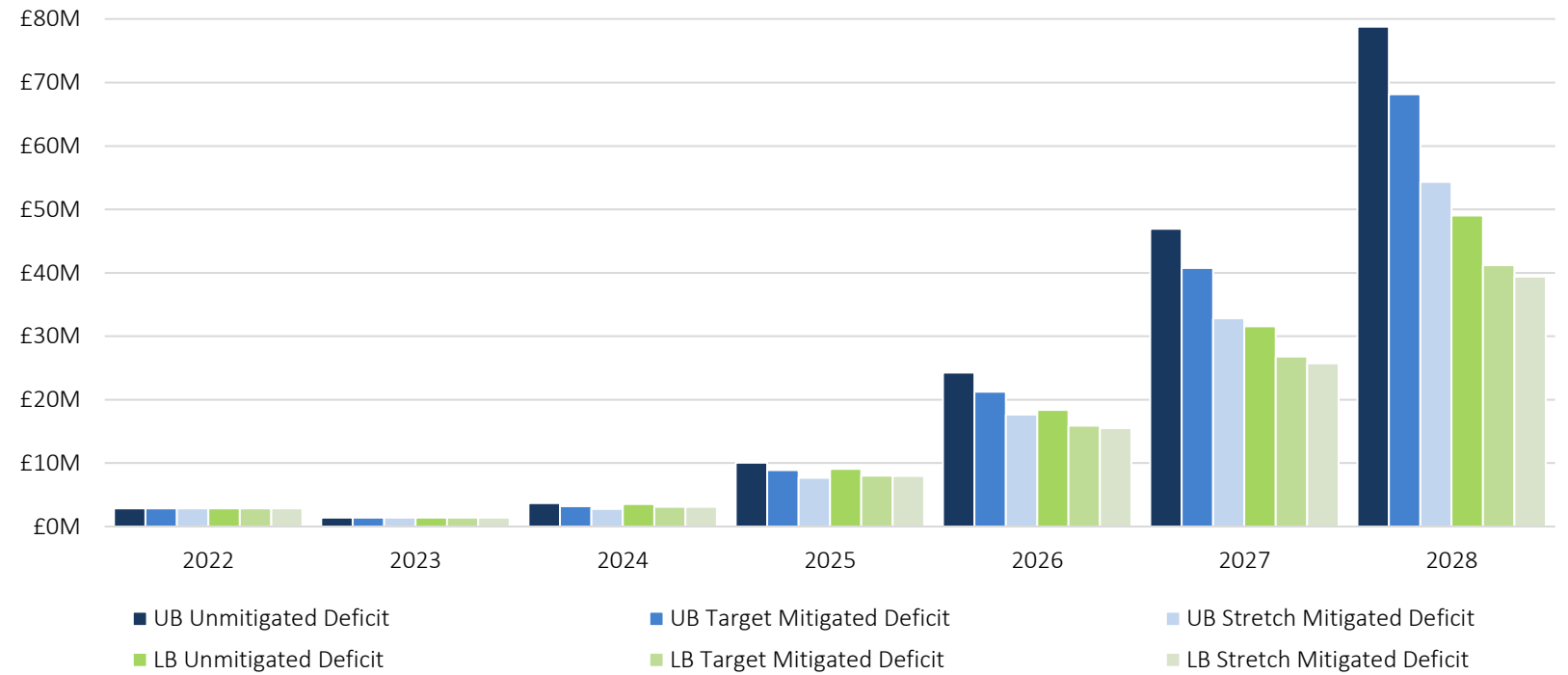
Above tables show the target and stretch mitigated projections for number of EHCPs in provisions affected by the opportunities

Final Mitigated Deficit (including DBV and Existing Mitigations)



Tameside Cumulative Deficit Comparison

Cumulative Benefit 23-28 Lower Bound		
New DBV Opportunity	Target	Stretch
Support without EHCP	£2.5 M	£3.5 M
MSS > Mainstream	£0.8M	£1.1 M
MSS > RP/SEN	£0.8 M	£1.0 M
INMSS > MSS	£1.1 M	£1.5M
DBV Total	£5.2m	£7.0m
LA Mitigations	£2.6m	£2.6m
Total Savings	£7.8 M	£9.6M



Year	2021	2022	2023	2024	2025	2026	2027	2028
Fixed Constraint Unmitigated Cumulative Deficit	£1.8m	£2.9m	£1.4m	£3.7m	£10.1m	£24.3m	£47.0m	£78.8m
Fixed Constraint Target Deficit	£1.8m	£2.9m	£1.4m	£3.2m	£8.9m	£21.3m	£40.7m	£68.1m
Fixed Constraint Stretch Deficit	£1.8m	£2.9m	£1.4m	£2.8m	£7.7m	£17.6m	£32.9m	£54.3m
Linear Constraint Unmitigated Cumulative Deficit	£1.8m	£2.9m	£1.4m	£3.5m	£9.1m	£18.4m	£31.6m	£49.0m
Linear Constraint Target Deficit	£1.8m	£2.9m	£1.4m	£3.1m	£8.1m	£15.9m	£26.8m	£41.2m
Linear Constraint Stretch Deficit	£1.8m	£2.9m	£1.4m	£3.1m	£8.0m	£15.5m	£25.7m	£39.4m

Grant Application Summary: Tameside MBC



DSG ALLOCATION
22/23
£242.059m

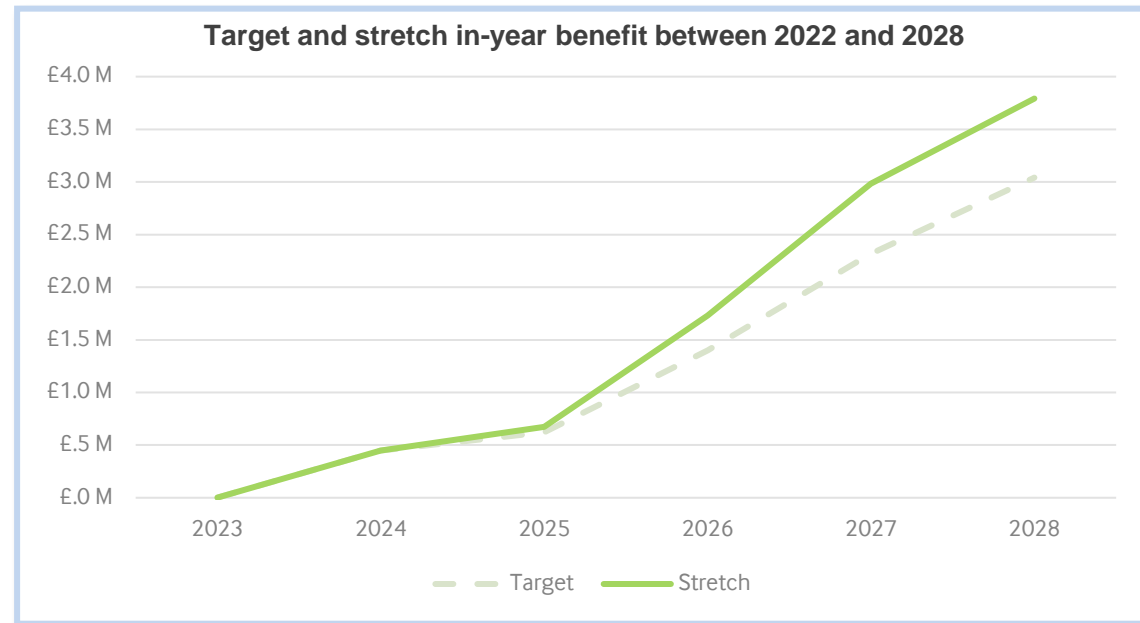
UNMITIGATED CUMULATIVE DSG DEFICIT END OF FY 22/23
£3.306m

% DSG DEFICIT TO DSG ALLOCATION (22/23)
1.37%

LBTARGET CUMULATIVE OPPORTUNITY 22/23-27/28
£7.8m

STRETCH CUMULATIVE OPPORTUNITY 22-23-27/28
£9.6m

RANGE OF ANNUALISED BENEFIT (TARGET TO STRETCH)
£2.5m - £3.5m



TARGET COHORTS BASED ON DIAGNOSTIC EVIDENCE:

There has been a rapid increase in EHCP plans over the last three years and in particular those with a in SCLN. The starts in maintained special schools at the key transition points have put pressure on the capacity and spend through maintained special schools. However the evidence suggests needs could have been met differently or within a time-limited programme of specialist support.

- Rapid escalation in referrals for EHCPs pre 2023 particularly for age 4 and 5 year olds with SCLN
- An EHCP being seen, by parents and some schools, as a requirement to trigger the right provision and support.
- Fragile parental confidence and nervousness of some schools for SEN Support and EHCP pupils as they reach key transition points.

WORKSTREAM PLAN & USE OF GRANT MONEY (£1m APPLICATION)

- 1. Inclusion Quality and Outreach Team:** recruitment of new roles, linked to Special Schools and Resource Provisions, that will ensure SEN funding allocated to schools is spent effectively, establishing new approaches to working with schools to robustly challenge the impact of their spending on outcomes and to assess if a child still requires the support they are receiving. Also ensuring good practice is shared, graduated response tools / strategies are applied effectively and escalation of needs / placement stability in mainstream settings is supported.
- 2. Effective transitions –** Establish a new Early Years Assessment Centre, with good quality wrap around services that provide a targeted support to the assessment centre and cluster schools to ensure effectiveness of transition from **Nursery to Reception**. Improving the identification and support to children that are likely to struggle at **transition from primary to secondary** to ensure we provide right support at right time without needing a formal EHCP and / or escalation to a maintained special school.

Summary of DBV opportunities and workstreams (excluding LA mitigations)



Opportunity / Findings:

Supporting the goals and aspirations of the child can be achieved without the need for an EHCP

Supporting the goals and aspirations of the child through Resources/SEN Unit setting rather than MSS

Supporting the goals and aspirations of the child in a Mainstream setting rather than MSS

Supporting the goals and aspirations of the child in MSS setting rather than INMSS

How will the workstreams target this opportunity:

Effective Inclusion:

- Creation of an Inclusion and Outreach Team linked to / managed by existing Special Schools and Resource Provisions
- Identification of best practices and communication across the system

The grant will support the creation of the Inclusion and Outreach Team which aims to stabilise mainstream placements and ease the pressure on maintained special schools hence reduce the need for INMSS

Effective Inclusion:

- Training of SEND teams and partners as appropriate and developing workforce development opportunities (including parents and carers) to enhance parental confidence across the SEND system and therefore trust the right support is being provided in the right provision at the right time.

The grant will support the delivery of new training programmes and the creation of joint workforce development opportunities

Effective transition at early years and Primary to Secondary:

- Improve the assessment at early years ages to ensure the best chance of transition to a mainstream setting rather than maintained special and other transition activities / funding to improve the effectiveness of transition and parental / school confidence in transition to mainstream settings, therefore reducing demand on maintained special schools and use of INMSS.

The grant will support the creation of an Early Years assessment centre and 6 into 7 transition activities and funding.

Benefits:

5-year opportunity:
£2.5m - £3.5m
Delivery start-date: Sept 2022
Benefits start-date: Sept 2024

5-year opportunity:
£0.85m – £1.12m
Delivery start-date: Sept 2023
Benefits start-date: Sept 2024

5-year opportunity:
£0.78m – £1.12m
Delivery start-date: Sept 2023
Benefits start-date: Sept 2024

5-year opportunity:
£1.10m - £1.45m
Delivery start-date: Sept 2023
Benefits start-date: Sept 2024

Objective and Approach

The objective of the work is to increase inclusion in mainstream schools, which has been identified as the biggest driver of non ideal outcomes across the LA, where 57% of cases reviewed during case reviews were found to have non ideal outcomes as a result. In order to address the perception that mainstream schools cannot meet the child's needs, we are establishing an Inclusion Quality and Outreach Team, linked to Special Schools and Resource Provisions, and a joint workforce development programme, which will include parents and carers. This will take pressure off maintained special schools places and in turn minimise the flow of pupils out of borough to independent non-maintained special schools. It is our aspiration for the Inclusion Quality and Outreach team to work with all Tameside mainstream schools and for 80% of the identified workforce to access the joint workforce development offer. This will improve the proportion of CYP who could be effectively supported to achieve their ideal outcome in a mainstream school.

Programme Team

Senior Accountable Officer
Head of SEND
Key System Partners
Headteachers from each sector
Education Psychologists
Specialist Outreach Support team
Workforce Development team
Project Lead
SEND Project Manager (in post)
Delivery Team
PCF Rep, Headteachers / SENCOs,
SEND service Leads

Stakeholders

To support design:	Impacted by change:
<ul style="list-style-type: none"> Parent Carer Forum SEND Inclusion and Partnership Board Headteacher / SENCo reps – all sectors LA SEND team 	<ul style="list-style-type: none"> Early years service Mainstream Schools Parents and carers CYP SENCOs

Milestone Events

See slide 21

Interdependencies

This requires alignment with the broader SEND Inclusion and Partnership Board strategy (see also slide 18 and 19).

Review of SEND Teams and Specialist Outreach Support Service (RING – Relational Inclusion Needs Group – providing a hotline for schools to receive an immediate response to concerns etc)

Enablers

Governance	G
Digital Capability	D
Leadership	L
Capacity	Cc
Capability	Cb

Likely Measures

Top-level
EHCP starts in Maintained Special Schools
Number of escalations / requests for change of placements
Leading
Numbers of workforce / parents trained
Workforce / parents confidence post training

Risks

The recruitment of the right people with the right skill set to form the Inclusion Quality and Outreach Team and who manages the team to ensure consistent and high impact.
The number of other teams and initiatives that potentially confuse schools and detract from clarity of responsibility.
Parents and carers do not engage with joint workforce development opportunities.

Inclusion: Improving inclusive practice will support more children and young people to achieve high quality outcomes in Mainstream Settings, having a cascade effect on placements within our MSS & INMSS settings



Activity	Description	Impact
Inclusion Service	<p>A team of specialist practitioners, linked to / managed by existing Special Schools and Resource Provisions, who will offer expertise and support to early years providers, schools (primary & secondary mainstream) and other professionals to promote inclusion, raise aspirations and improve outcomes for children. Focussing on early identification and intervention, they will have a key role in determining the appropriate level of provision and support including monitoring the use of top up funding. The Inclusion Service will focus on ASD & SEMH support in the primary/secondary settings, alongside an Early Years specialist.</p>	<p>The introduction of an Inclusion Service will reduce pressures on existing teams, cascade good practice, support and challenge the use of a graduated response and provide capacity to implement the Workforce Training Programme. This team will provide support and challenge to settings where inclusive practice can be improved. This dedicated team will provide oversight and accountability of use Top Up Funding to deliver better outcomes for children, therefore decreasing the number of EHCP's and specialist placements needed.</p>
Joint Workforce Training Programme	<p>Purchasing of license agreements and train the trainer costs to create a robust training programme to upskill practitioners across the Borough to increase and widen their knowledge and confidence in meeting the needs of children and young people within their setting. The programme will develop over time, but initial focus will be on ASD and SEMH. Opportunities will be taken to include parents and carers in elements of the workforce development programme. A common framework and language will be defined tied to the THRIVE MPTN approach to ensure consistent application of graduated response.</p>	<p>Settings told us that they have difficulties with recruiting specialist staff, this programme will enable staff already within the organisation to become specialists. Settings will be better equipped to meet the needs of more complex children and young people in their setting. Reducing escalation to MSS/INMSS. Relationships across SEND professionals and parents and carers will grow as they develop together, hearing the same messages will also improve parental confidence. Everyone uses a common language, based on THRIVE, to ensure a true graduated response and to minimise dis and mis information.</p>
THRIVE resource development	<p>Tameside and Salford have developed their THRIVE Matching provision to need toolkit. However feedback from SENCO's and other professionals varies substantially in terms of awareness and confidence to use. We will develop a suite of training materials and resources that break it down into bite size chunks and utilize the Inclusion team practitioners to signpost and train SENCO's School staff and TA's to improve adoption and use as part of a graduated response.</p>	<p>Settings will be able to access support for their children and Young People via a hot line to the Inclusion service who will act as Broker to match make them to the right resources, and expertise within our MSS and the inclusion team. Everyone including parents will use a common language, based on THRIVE, to ensure a true graduated response to minimise dis and misinformation .</p>
Inclusion Quality Partnership Mark	<p>Schools engaged in the Inclusion service and WFD will benefit from rapid access to inclusion support and cultural development training to help embed inclusive practice in schools. Linking expertise from our Inclusion teams, with the formation of working clusters between MSS and MS schools with Resource Provisions, we can create a long term inclusion training programme for schools along side support that enables them to qualify for the IQP Mark</p>	<p>Inclusive practice will lead to better outcomes for CYP. Reduced exclusions and placement break down. Improved relational inclusive practice and support for CYP and staff lead by Inclusion service. MSS expertise will be available to MS schools through cluster networks and annual programme of training and workshops to share best practice, interventions and approaches to improve inclusive practice.</p>

Inclusion Milestone Events

Inclusion Service

Milestone	When
Service announcement	Sept 2023
Engagement Sessions	Oct 2023
Recruitment and Induction	Jan 2024
Termly assessment of inclusive practice and setting stabilisation	Spring term 2024 onwards
Annual Impact Assessment to SEND Inclusion and Partnership Board	September 2024

Impact Milestone



THRIVE resource development

Milestone	When
Align THRIVE and urgent needs assessment from Inclusion partner support review and SENCO network feedback	Sept 2023
Develop/Procure/commission Materials & Resources	January 2024
Hotline launched for schools	February 2024
Training launched / materials available /Annual Survey baseline	May 2024
Rolling annual Inclusion CPD programme for HT, SENCO's Teachers and TA's	May 2025

Workforce Training Programme

Milestone	When
Programme offer design/development	September 2023
Programme communication and launch	January 2024
Increase in skills and confidence (Annual Survey)	September 2024
Parents and carers report improved communication and support	September 2024

Inclusion Quality Partnership Mark

Milestone	When
Align MSS with MS school to formalise Partnership cluster network	Sept 2023
Develop IPQ Framework with Inclusion team MSS and MS schools	July 2024
Launch IQP framework to all schools	Sept 2024
IPQ mark award and sharing of best practice	July 2025

Transitions

Objective and Approach

The objective of the work is to improve the effectiveness and confidence in key transitions. Age 4,5,11,12,13 have been identified as the most significant ages when new EHCP starts in Maintained Special Schools that accounts for half of the current total spend within the High Needs Block and increased strain on Maintained Special School places can lead to high cost out of borough independent non-maintained special schools places. In order to address the planning, confidence and support that surrounds transition, we are establishing a new Early Years Assessment Centre and providing a range of support initiatives and planning improvements well in advance of key transition points. It is our aspiration to support 60 children with two terms of additional funding into Year 7, for all secondary school to host an Inclusion Summer Camp and one new Early Years Assessment Centre to be opened. This will improve the number of CYP who could be effectively supported to achieve their ideal outcome in a mainstream school. Tameside's case management system (CAPITA One) is stable, updated when appropriate and is subject to continuous cleansing to ensure the system is fit for purpose. The inclusion of financial information within CAPITA One has improved management information and the current implementation of a SEN Portal / Yr6 to Yr7 function will further support our approach to improve transitions.

Programme Team

Senior Accountable Officer
Head of SEND
Key System Partners
Headteachers / SENCOs from each sector
Specialist Outreach Support Service
Project Lead
SEND Project Manager (in post)
Delivery Team
PCF Rep, Headteachers / SENCOs, SEND service Leads

Stakeholders

To support design:	Impacted by change:
<ul style="list-style-type: none"> Parent Carer Forum Partnership and Inclusion board Headteacher / SENCO reps from each sector LA SEND team 	<ul style="list-style-type: none"> Early years service Mainstream Primary schools Parents CYP SENCOs

Interdependencies

This requires alignment with the broader SEND Inclusion and Partnership Board strategy.

Link with local ICB initiatives re Autism in Schools, Neurodiversity Profiling Tool and My Happy Mind as the intention is to start at 0 – 5 in Tameside.

Enablers

Governance	G
Digital Capability	D
Leadership	L
Capacity	Cc
Capability	Cb

Likely Measures

Top-level
EHCP starts in Maintained Special Schools
Stability of Reception and Yr 7 mainstream school placements
Leading
School and parents confidence in transition rating

Milestone Events

See slide 24

Risks

The formal processes for the school establishing an Early Years Assessment Centre delay the opening date.

All secondary schools do not agree the establishment of Inclusion Summer Camps and this dilutes the drive for a consistent inclusive culture and effectiveness of transitions.

The ability to identify the right target cohort for additional transition funding support.

Activity	Description	Impact
Early Years Transition assessment centre	<p>Analysis identifies a significant number of new EHCP starts in MSS at ages 4 and 5 which puts pressure on MSS capacity and ultimately a potential flow to INMSS. The results from the impact of SENIF funding indicate that children are able to access MS after short intensive work and without the need for an EHCP but a good SEN Support Plan. The assessment center pilot in one locality will test the assessment center pathway with a view that assessment centers will be set up for each locality. The Early Years Assessment Centre will benefit from the wrap around of health services / EP support co-located at the Assessment Centre and will outreach to mainstream schools and PVI settings in the locality. The Assessment Centre will improve the effectiveness and confidence of schools and parents surrounding transition from Nursery to Reception.</p>	<p>Children will benefit from intensive support whilst retaining the opportunity to move back into mainstream schools once the intervention at the assessment center is complete. Thereby ensuring our youngest children receive the best start and most ideal outcome in terms of setting</p>
Clearing back-log of Annual Reviews	<p>Commission additional capacity to clear the back log of annual reviews in order that a focus on a multi-disciplinary team approach to annual reviews at Yr5 to Yr6 and Yr6 to Year 7. This will ensure clarity of any additional support required to maintain a mainstream setting and a one page plan that is signed off by MDT / Parents and carers to provide confidence in transition.</p>	<p>Greater parental and mainstream confidence in transitions. Improved multi-agency working to improve the support and confidence at key transition points</p>
6 into 7 transition support (a)	<p>Building on the 6into7 tool and timely Annual reviews, we will look to provide a proactive temporary bespoke transition funding offer in the first two terms of Yr7 for children most in need of additional support in their move to mainstream secondary school.</p>	<p>Greater parental and mainstream confidence in transitions. Mainstreams benefit from support funding to ensure positive and inclusive transitions. On hand support from Inclusion team to facilitate training of staff and support CYP 6 into 7 transition cohort. Better utilization of MSS and development of expertise in RP's to support transition.</p>
6 into 7 transition support (b)	<p>Building on the 6into7 tool and timely Annual reviews, we will enhance the information sharing between SENCOs of our Yr5 and Yr6 SEN Support cohort through 6into7 and "speed dating" in the Spring term of each academic year. Finally the consistent offer of an Inclusion Summer School Camp based at each secondary schools will be supported which will improve confidence of pupils, parents and schools of transition to mainstream and establish / transfer best practice across our Secondary schools.</p>	<p>Primary and Secondary Schools will be better informed / equipped to support an effective transition to mainstream and the content of a child's one page plan will be improved and agreed ahead of transition. Inclusion Summer schools will smooth transition pathways for children and young people through experiencing the secondary school environment.</p>
Parental confidence in transitions	<p>Linked to the workforce development programme and 6 into 7 transition support, there will be a Programme aligned to the relational Inclusion Programme over 3 terms that helps parents help children prepare for their transition from year 6 to year 7.</p>	<p>Parents have more confidence on the overall pathways of support that are available to ensure positive transition to secondary school.</p>

Transitions Milestone Events

Early Years Assessment Centre

Milestone	When
Engage with cluster schools	October 2023
Communication and launch	Nov / Dec 2023
Establish a new Early Years Assessment Centre	Sept - January 2024
Commission and co-locate wrap around services	January 2024
Termly Impact Assessment	Spring 2024

Annual Review Backlog

Milestone	When
Targeted caseload identified	Sept / Oct 2023
Commission / Recruitment	October 2023
Support to clear annual review backlog starts	November 2023
Reduction in Requests at Panel & Tribunal	Spring 2024
Enables start to 6 into 7 workstreams	Spring 2024

6 into 7 Transition Support (a)

Milestone	When
Identification of pupils requiring additional support	Jan / Feb 2024
Agreed planned use of funding via one page profile	March / April 2024
Delivery of additional support in secondary setting	Sept 24 – March 25
Impact report from each school	April 25
Impact report on stability of placement	April 25

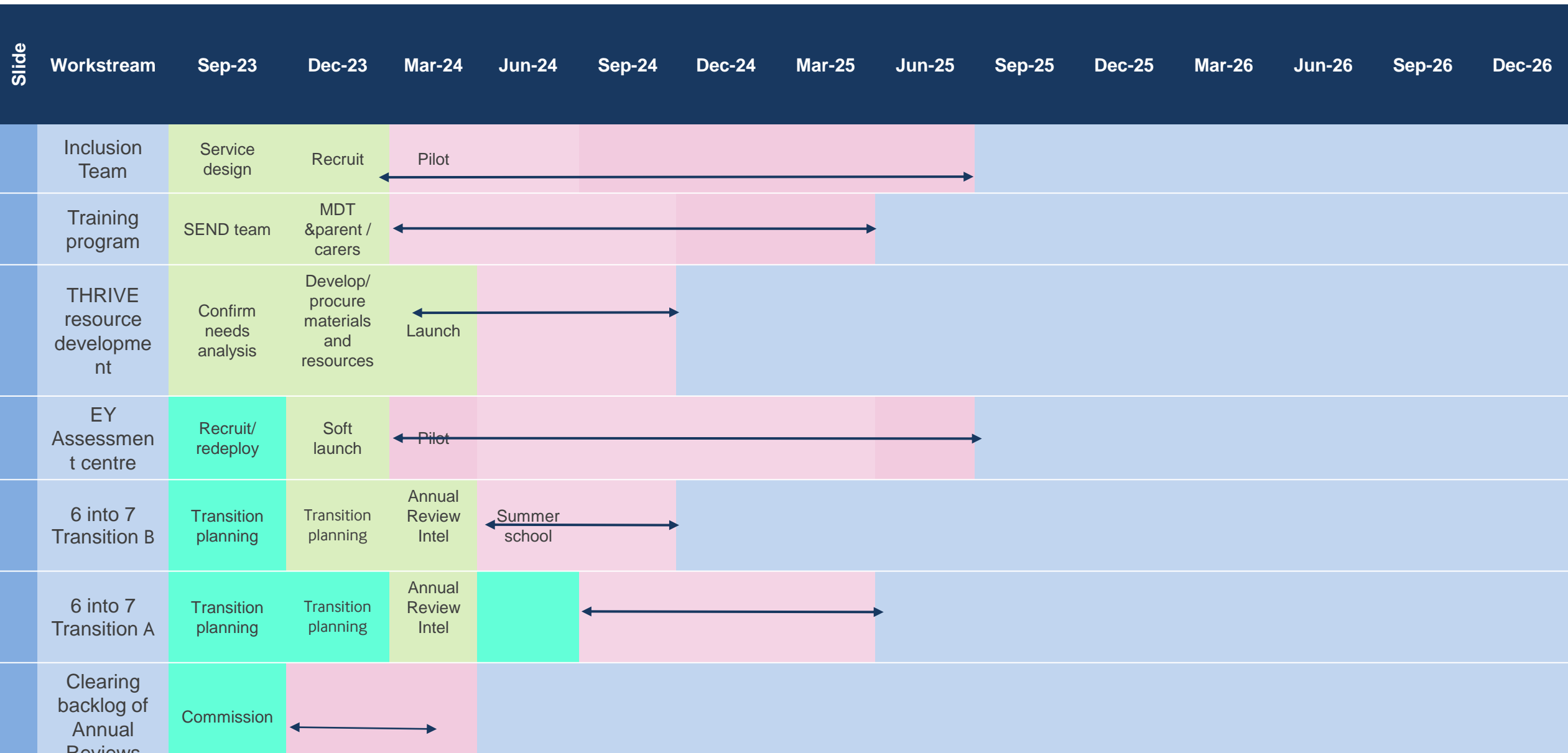
Impact Milestone

6 into 7 Transition Support (b)

Milestone	When
Consultation with Secondary Schools	Oct / Nov 2023
Planning for Inclusion Summer Camps	Jan – May 2024
Delivery of Inclusion Summer Camps	July – Sept 2024
Parents and carers and schools report improved confidence in transition	May - Sept 2024
Impact report on stability of placement	Oct 2024

What is the programme plan?

Below is an example of what an overall implementation plan may look like



DBV Programme Risks

Risks have been identified and mitigation plans are in place. Risk management will be part of the overall governance and reviewed at the monthly steering group.



No	Type	Workstream	Cause	Effect	Risk Manager	Rating	Control/Mitigation	Review
1	Inclusion	Establishment of Inclusion Quality and Outreach Team	Effectiveness of Recruitment	Standing up the service and linking to existing Special Schools and Resource Provisions could draw from same pool that our schools are also targeting. Potential to delay establishment of teams and approach.	Head of Service		<ul style="list-style-type: none"> Ensuring schools are integral to the design of and implementation of the workstream. Exploring all recruitment avenues Work with leads for existing reviews of team structures that are complimentary to Inclusion workstream 	October 2023
2	Transition	Early Years Assessment Centre	Recruitment of wrap around health services	The new Early Years Assessment Centre and schools within the locality will not benefit from the wraparound support that is required to enhance quality of delivery	Programme Manager		<ul style="list-style-type: none"> Consulted ICB commissioner and Service Manager of Therapies to forward plan for the recruitment of wrap around services through a joint commissioning arrangement. 	October 2023
3	Transition	6to7 (a)	Strength of 1page profile/transition overcoming	Reduces ability to overcome parental confidence / concerns about ineffective transition planning.	Head of Service		<ul style="list-style-type: none"> We will ensure the delivery of the annual review back-log recovery plan Training of staff will be implemented Processes will be tightened to ensure parent and carers sign-off of the one page plan 	January 2024
4	Transition	6to7 (a)	Insufficient time in SENCO timetable to enable appropriate planning and info exchange	The identification of the cohort of children to receive temporary additional support is not effective.	Head of Service		<ul style="list-style-type: none"> Ensuring schools are integral to the design of and implementation of the workstream. 	February 2024
5	Transition	6to7 (b)	All secondary schools do not agree the establishment of Inclusion Summer Camps	Dilutes the drive for a consistent inclusive culture and effectiveness of transitions	Asst Director Education		<ul style="list-style-type: none"> Ensuring schools are integral to the design of and implementation of the workstream. 	December 2023

SEND Inclusion and Partnership Board

The SEND Inclusion and Partnership Board was established in June 2023 and will meet half termly. The Practice workstream below includes the implementation, assurance and monitoring of our DBV Plan. Board will receive an exception report and deep dive into elements of the DBV delivery at each meeting.

Work Streams

Communication and co-production

- Themes/Actions from WSOA
- Timeliness & Annual Reviews
- QAF
- Learning from complaints

Assessment, Monitoring & Quality

- Preparing for Adulthood
- Develop a learning culture
- Joint workforce development
- Inclusion Quality Partnership
- Social Care and early help approaches
- Graduated approach across settings
- Add Consistency and quality of

Practice

- SEND places
- SEND Provision – Peer Review; Inclusion Quality Partnership
- Health Provision eg SALT, OT, CAMHS
- Joint Commissioning
- Health diagnosis wait times
- Stability of right school placement
- Delivering Better Value in SEND

Access to Provision and Support

- Parent & CYP engagement
- Partner engagement; Newsletter; surveys
- Local Offer
- Designated caseworkers
- Digital solutions
- Application of co-production charter/principles

Reference Groups

TCP Inclusion Committee SENDCo Networks Schools Forum
Headteacher Fora Health [TBC] EY Working Group Parent/Carer Forum – OKE CYP [TBC]

SEND Inclusion and Partnership Board
Chair: Asst Director of Education and SEND
Termly

Steering Group
Chair: DBV Project Manager

- | | | |
|---|---|--|
| Head of SEND | SEND Services Team Manager | Inclusion and Engagement Committee rep |
| Head of Tameside Pupil Referral Service and Relational Inclusion Programme Lead | SENCO reps | Education Psychologist |
| Strategic Finance Manager | Head of Specialist Outreach Support | Designated Medical Officer |
| Head of Communications | Head of Education and Partnerships | Participation & Engagement Officer |
| Performance & Data Officer | Head of Cared for Children and Care Leavers | Parent Carer Forum Representative |

Inclusion

Transitions

Task Groups

Task Groups

What did young people with SEND and parents and carers say?

Parents & Carers & Young People



Young Person: I need support with setting goals/targets to work towards.

Young Person: I need encouragement to socialise.

Parents and carers: Lack of Trust in the SEND system and the way it is applied in Tameside..... SEND team need training

Parents and carers: Transition at Yr6 / Yr7....schools / parents panic re SEND pupils coping in secondary setting

Young Person: I need to be encouraged to be independent

Parents and carers: communication is poor

Parents and carers: Lack of consistency of inclusion culture across mainstream schools.....parents then fight for an EHCP

Young Person: I need a place to find support that is available.

Young Person: I need bigger spaces/less crowded

Parents and carers: Current secondary school model doesn't work for neuro-divergent children

Parents and carers: Schools not held to account for use of SEND resources and lack of inclusion culture (no teeth or inclusion challenge from LA)

What will the grant money be used for?



Tameside are applying for **£1,000,000**. The funding will be used to realise the identified opportunities and as per the description in section 3 and 4. The funding will be required at the following points and is based on the proposed programme delivery plan. It is assumed that, if successful a Grant Offer Letter will be signed off by early October 2023 and then a period of effective workstream planning and recruitment, as appropriate, will take place. Spending in earnest will start January 2024, however two elements of the plan (£400k) are linked to certain school terms and will not start until summer term 2024.

A breakdown of the drawdown and use of funding is listed below:

Workstream & Area	Impact (Opportunities Supported)	Total Financial Cost	Spend 2023/24 (Financial Year)	Spend 2024/25 (Financial Year)
Inclusion				
Inclusion Quality and Outreach Team	xxx	£ 285,000.00	£59,000	£226,000
External training and workforce development	xxxx	£ 60,000.00	£20,000	£40,000
Transition				
Establish new Early Years Assessment Centre	xxx	£ 201,000.00	£40,000	£161,000
Commission capacity to clear back-log of annual reviews	xxx	£ 54,000.00	£54,000	0
Two terms of transition support to targeted pupils	xxx	£ 240,000.00	£0	£240,000
Consistent approach to Inclusion Summer Schools		£ 160,000.00	£0	£160,000
		£1.00 M	£173,000	£827,000

Grant Application: Tameside MBC

1

How much of the grant are you applying for?

Tameside MBC are applying for **£1,000,000**. The funding will be used to realise the identified opportunities as per this grant application.

2

Who from the LA will be responsible for ensuring that the grant money is effectively used to realise the expected return on investment?

The following people within the LA will be responsible for the effective use of the funding to deliver the stated opportunity areas:

[List officers/positions responsible for the delivery and financial monitoring of the programme]:

- Position 1: Jane Sowerby - Overall accountable person for the delivery of the programme and the effective use of the funding
- Position 2: Dave Leadbetter - Overall responsible person for the day to day delivery of the programme/opportunity areas

3

Who from the authority is signing off this grant application?

Finance: Ashley Hughes
SEND Service Delivery: Ali Stathers-Tracey

4

Digital infrastructure

The digital infrastructure has been mapped out.

If digital resource or input is needed, either as part of the deliverables of the workstream, or as part of tracking the impact of the work, how this will be done/resourced is detailed here

Digital resources or input is not needed as the current CAPITA One case management system is fit for purpose and current plans to update with a SEN Portal and Yr6 to Yr7 function will support delivery of workstreams and tracking of impact. The Council will continue to resource and plan the digital infrastructure required to delivery our DBV Plan.

Note: Authorities will receive support from Newton and CIPFA colleagues in completing this summary, drawing on output of the diagnostic activity. We have designed this template with the view to simplify the application process. We will continue to iterate it in order to reduce the level of effort required for the grant application.

Existing System Engagement

Schools & Settings



How have we engaged with Schools and Settings so far?

- Surveys
- Case Reviews and Deep Dive Workshops
- Head Teacher Associations
- Inclusion Committee
- SEND Sufficiency Group
- Schools Forum
- SENCO Network
- Chairs and vice-chairs of governing bodies

How are they feeling now?

We have been able to get feedback from schools and settings, share valuable insight that we have gained through the programme and explore ideas for how we can work together to improve SEND for children and young people in the borough.

Schools and settings are excited to continue our SEND improvement journey and value this added opportunity through the DBV programme, which they see aligns to Written Statement of Action priorities.

Parents & Carers & Young people



How have we engaged with Parents and Carers so far?

- Surveys
- Case Reviews
- Parent Carer Listening Events
- Young People Participation Events

How are they feeling now?

Parent Carer Forum are positive about the changes that are being implemented to improve inclusive practice and transition in the local area. They recognise that for children/young people to achieve the best outcomes that provision should be within their communities with the right support at the right time.

There are some concerns that the programme is focussed on saving money, and there are some concerns that CYP will not get the support that they need.

Multi-disciplinary Partners



How have we engaged with multi-disciplinary partners (e.g. Health, Social Care) so far?

- SEND Improvement Group
- Tameside Provider Partnership
- Case Reviews
- Listening Events
- Deep Dive workshops

How are they feeling now?

Multi-disciplinary partners are aware of the work that is ongoing and are eager to be involved in the improvement of outcomes for children and young people.

They are keen to work in partnership and we are currently exploring how other programmes and projects overlap to maximise resource.

Existing System Engagement

Legend

Done

Not done

Tameside	Engagement Activities		Status	Notes/ Explanation
Parent and carers	Heads up <i>(Set Up/ Module 1)</i>	Sharing communication materials	Done	Email with intro video shared
		Briefings/Q&A	Done	Stand at local offer day 20/04
	Contribution to Problem Definition <i>(Module 2)</i>	Surveys	Done	
		Listening Forums	Done	10/05 & 11/05 discussion groups for parents.
	Contribution to Shaping the Implementation Plan <i>(Module 3)</i>	Participation in Case Reviews	Done	Parent/carers present at case reviews.
		Working session	Done	10/05 & 11/05 discussion groups for parents.
		Sharing draft plans	Done	6 th June
PCF forum	Attend at least 1 PCF	Not done	There are a number of parent forums so utilising the routes above	
CYP Voice	Contribution to Problem Definition	Listening Forums	Done	SEND passport currently being used via participation workers
Healthcare	Heads up <i>(Set Up/ Module 1)</i>	Sharing communication materials	Done	Clinical and Care Professional Advisory Group – 19th April and DBV update at next SEND Partnership meeting
		Briefings/Q&A	Done	As above
	Contribution to Problem Definition <i>(Module 2)</i>	Surveys	Not done	Engaging via other routes
		Listening Forums	Done	
	Contribution to Shaping the Implementation Plan <i>(Module 3)</i>	Participation in Case Reviews	Done	
		Working session	Done	23 rd May
Education Providers	Heads up <i>(Set Up/ Module 1)</i>	Sharing communication materials	Done	
		Briefings/Q&A	Done	
	Contribution to Problem Definition <i>(Module 2)</i>	Surveys	Done	
		Listening Forums	Done	
	Contribution to Shaping the Implementation Plan <i>(Module 3)</i>	Participation in Case Reviews	Done	
		Working session	Done	23 rd May
		Sharing draft plans	Done	5 th June

DBV and fit with SEND System Improvements



The DBV Programme and engagement that been undertaken throughout underpins, connects and accelerates the SEND system improvement.

Joining up and common language.....

One example being considered **RING** (Relational and Inclusion Needs Group) brings together multiple workstreams and provides coherence for schools and parents and carers:

RING – a one stop shop for SEND support and advice....provided instantly rather than waiting for panels or constant signposting. RING will bring together:

SENDIASS

Local Offer

Health Navigator (current OKE (Parent and carers Forum) offer recently developed)

Relational Inclusion offer – attachment / trauma informed inclusion practice (current LA offer relatively new following pilots)

Review of Specialist Outreach Support team (current LA review)

Inclusion Quality and Outreach Team (**DBV**)

The work and intelligence from RING will inform Joint workforce Development programme (**DBV**)

Other connections include: SEND Team review, SEND Sufficiency developments (including Early Years Assessment Centre (**DBV**)), Health initiatives to be linked to establishment of Early Years Assessment Centre.....Autism in Schools, My Happy Mind, Neurodiversity Profiling Tool (identify Early Help and support), improved communication with parents and carers through dedicated resource identified by LA.

The following slide also provides a high-level link between DBV and Tameside's Written statement of Action (WSOA).....

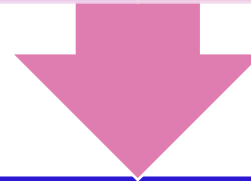
DBV "Inclusion" – How does it link to WSOA?

Priority 2 Parental confidence and satisfaction with provision

Priority 4 – Sufficiency and Inclusive practice

Priority 7 - Oversight of SEND provision

Priority 8 – Consistent application of THRIVE and Graduated approach



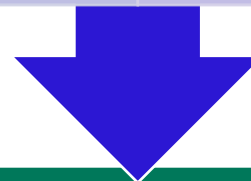
DBV "Transitions" – How does it link to WSOA?

Priority 2- Parental Confidence and satisfaction with Provision

Priority 9 – Poor transition arrangements across all stages of Education

Priority 7 – Oversight of SEND Provision

Priority 8 - Consistent application of THRIVE and Graduated approach



DBV- underpins and accelerates system change needed across critical areas (Secondary SENCo – "DBV process really interesting and was honoured to be part of it....powerful for SENCos to say they have been involved in this kind of work and we will be using to champion our own inclusive practices")

Health partners to jointly commission and join up initiatives linked to Early Years Assessment Centre

Social Care partners engagement with annual reviews and SEND system improvement generally

Mainstream school peer with Mainstream Specialist Schools for Inclusion Quality Partnership

Wraparound support for Schools through RING – Relational Inclusion Needs Group.

Making Change Happen: Parents & Carers



Making the change

What is my Pot of Gold?

What is the pot of gold that will motivate me to change?

Children and young people are in schools/settings in their communities, enabling them to develop and share experiences with their peers.

Trust and transparency across the SEND System is embedded and I don't feel I have to battle daily



Doing Nothing

What do I love about the status quo – and how can I hold onto it?

What are the benefits of not changing? Why do I want things to stay as they are?

There are no benefits to the current system, parents/carers feel they have to fight to get the support that their child/young person needs. Parents of children and young people at SEN Support often do not feel confident that the right support at the right time will be available, leading to an EHCP application.



How will you make it easy for me?

What can my LA do to remove barriers to the change and help me to reach my pot of gold?

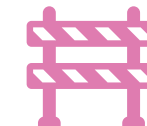
Improve communication and visibility and training of SEND services to alleviate frustrations and mistrust.

One place and / or person to contact to navigate the SEND system

More SENCo time and consistent quality

Improved inclusion culture across mainstream schools

Reduced waiting times for diagnosis



What bites me if we stay the same?

Children and young people will continue to not have their needs met, and they will not reach their potential. Impacting their later life opportunities.

Burnout for parents and stress and delays of complaints and tribunals

Children and young people become more and more isolated as they have to travel further to access provision and this causes a strain on the family dynamic as well.



Future System Engagement

Schools & Settings



How do we plan to we engage with schools and settings during design and implementation?

- Schools/Settings will be part of the reference group, and will take an active roll in task and finish groups
 - The recruitment and development of the SEND Inclusion Quality and Outreach Service
 - Joint Workforce Development Plan
 - Transition 6 to 7
 - Early Years Assessment Centre
- Obtain feedback from schools/settings at every stage so that change can be implemented quickly
- Communicating success through
 - SEND Inclusion and Partnership Board
 - Inclusion Committee
 - SENCO Network
 - Schools Forum
 - Primary Heads Meetings
 - Secondary Heads Meetings
 - Special School Heads Meetings

Parents & Carers & Young People



How do we plan to engage with parents and carers during design and implementation?

- *Parent Carer Forum will be members of the programme steering group and take an active role in specific task and finish groups for example:*
 - *The recruitment and development of the SEND Inclusion Quality and Outreach Service*
 - *Joint workforce Development Plan*
 - *Transition 6 to 7*
 - *Inclusion Summer Camps*
- *We want the gathering of feedback from parents/carers and CYP to be the norm and our communication to be clear what we have / are doing in response.*
- *We will also collect feedback on specific topics through:*
 - *Listening & Engagement events*
 - *Surveys*
 - *Schools/Settings*
- *Communicating success through:*
 - *SENDing the News, our termly newsletter*
 - *SEND Local Offer website and social media channels.*

Multi-disciplinary Partners



How do we plan to engage with multi-disciplinary partners (e.g. Health, Social Care) during design and implementation?

- Multi-disciplinary partners will be part of the steering group and reference group, and will take an active roll in task and finish groups
 - Joint workforce Development Plan
 - Early Years Assessment Centre
- Obtain feedback from multi-disciplinary partners at every stage so that change can be implemented quickly
- Communicating Success through
 - SEND Inclusion and Partnership Board
 - Joint Sending the News
 - System Partner meetings
 - Joint Commissioning meetings

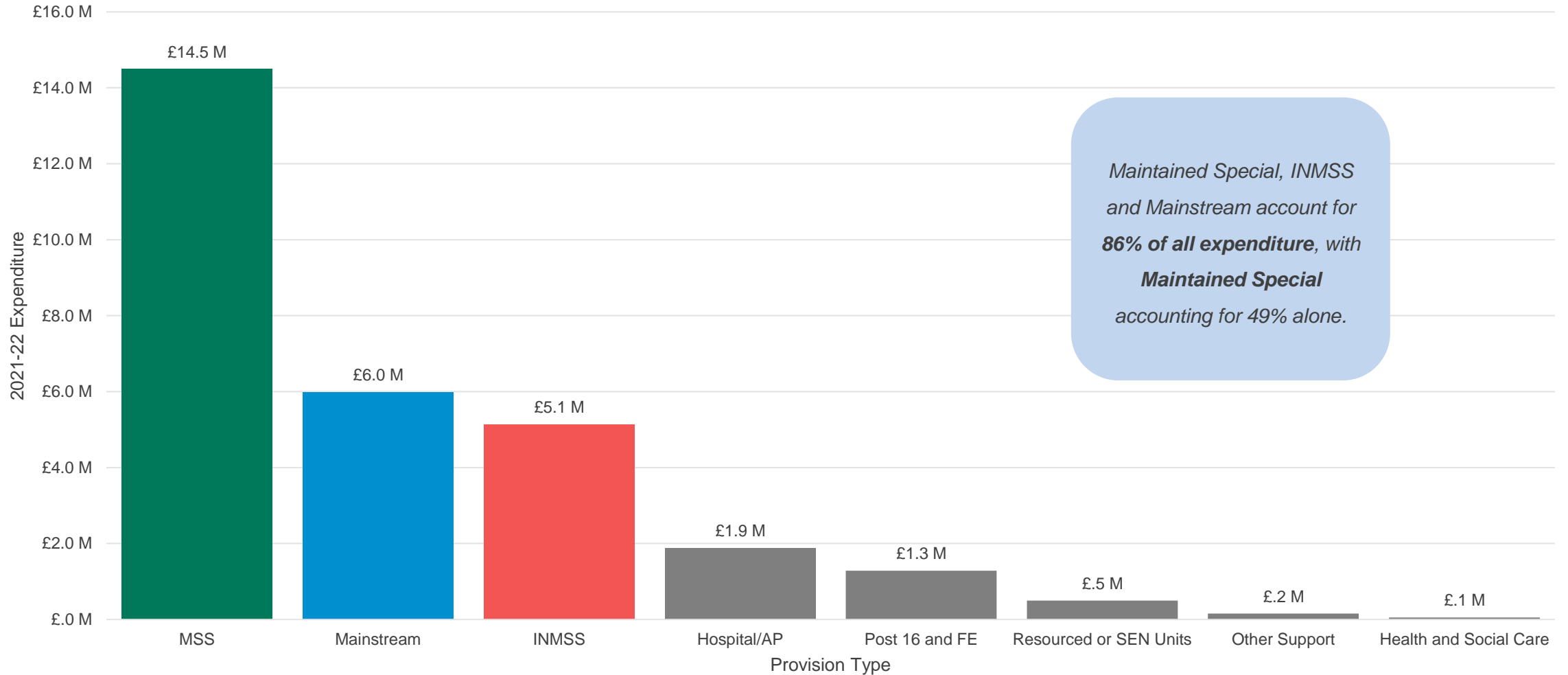
High Impact Analysis



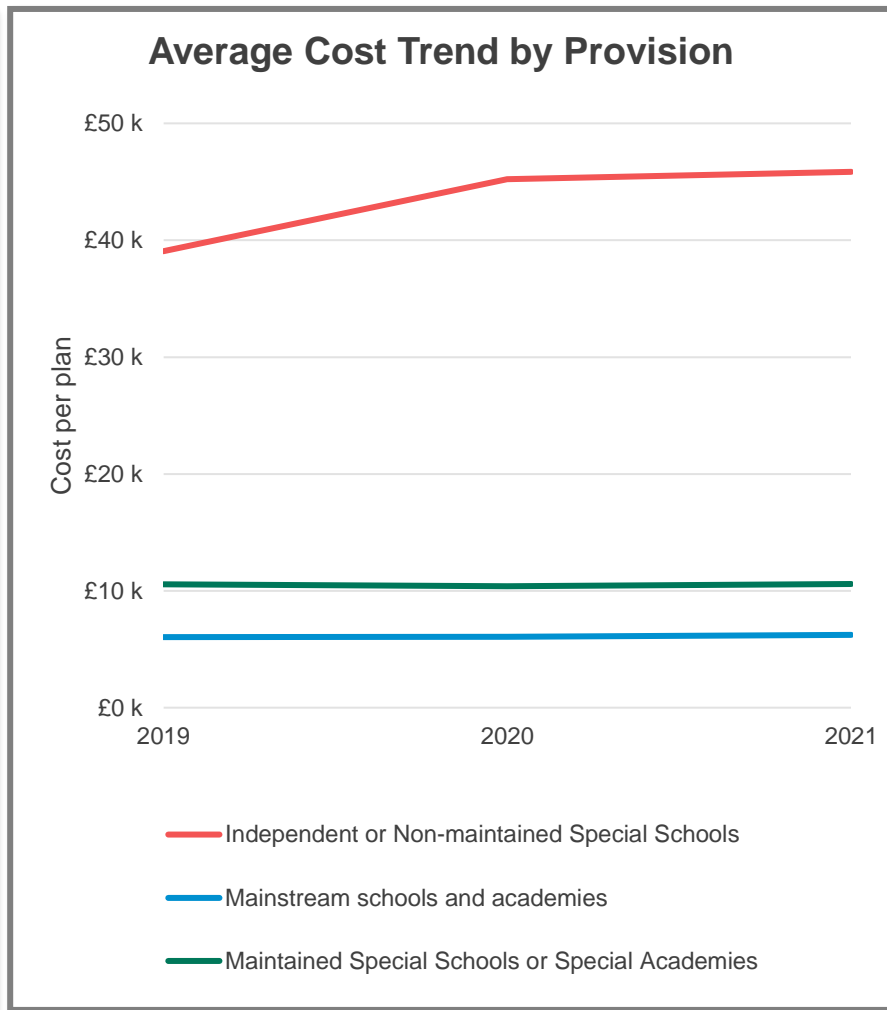
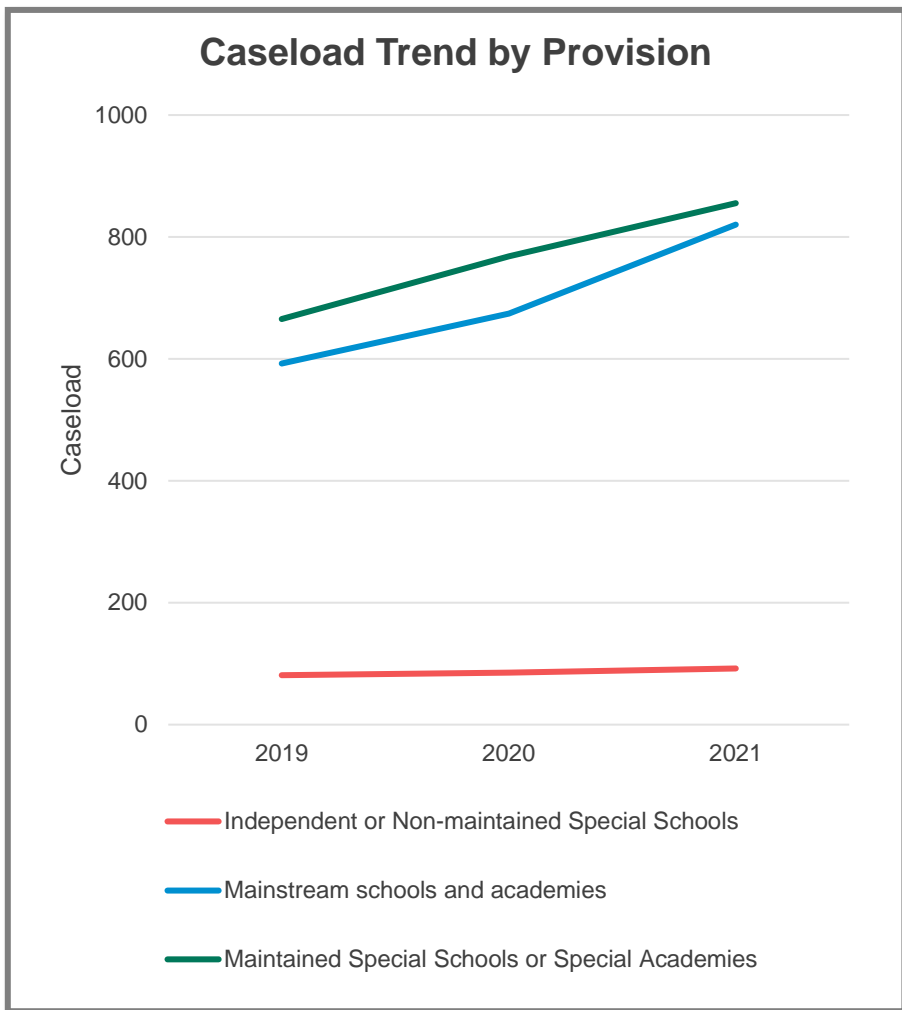
The three biggest areas of spend have been in Maintained Special (MSS), Mainstream and INMSS settings.



High Needs Block Expenditure Breakdown, 2021-22



The same provisions experienced considerable expenditure growth and make up the largest proportion of total spend.



Average annual caseload and unit cost changes, 2019-2021

Mainstream

- 19% growth in caseload
- 2% growth in unit cost

MSS

- 14% increase in caseload
- Unchanged unit cost

INMSS

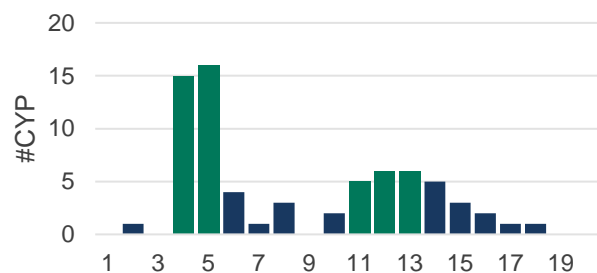
- 7% increase in caseload
- 9% growth in unit cost

Across our three focus areas, we see significant CYP starts around primary and secondary transition ages (4-5, 11-13), and prominently in SLCN and SEMH need types.

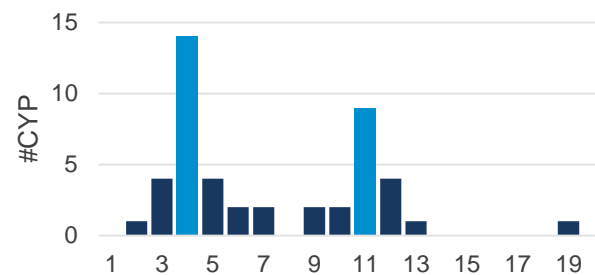


We used CYP level data to assess our current caseload in Tameside and this has provided clarity on when plans are starting and which primary needs are most prominent in the LA.

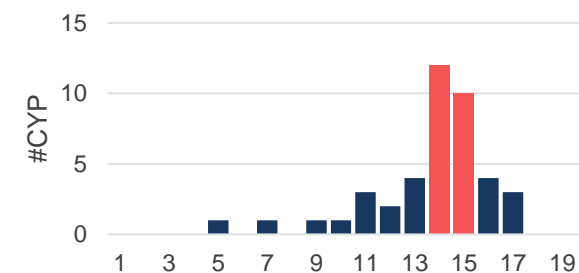
2021 #EHCP Starts by Age at EHCP Start in MSS



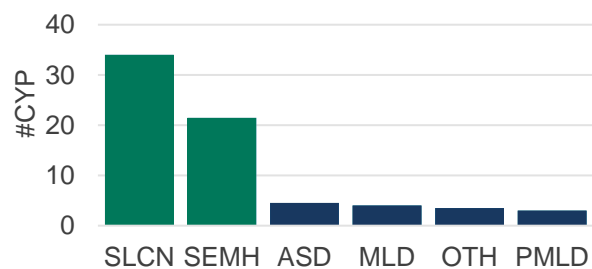
2021 #EHCP by Age at EHCP Start in Mainstream



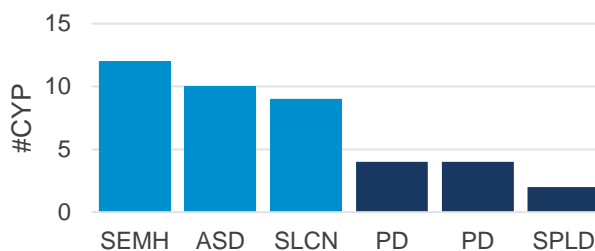
2020-21 #EHCP Starts by Age at EHCP Start in INMSS



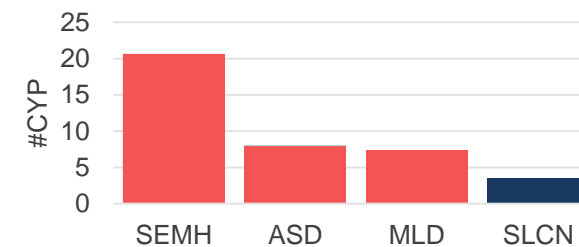
2021 #EHCP Starts by Primary Need in MSS



2021 #EHCP Starts by Primary Need in Mainstream



2020-21 #EHCPs Starts by Primary Need in INMSS



SEMH and ASD need types and transition-age CYP were taken forward as priority cohorts for Module 2 deep dives.



- Based on the analysis of trends in expenditure and caseload, the following cohorts were targeted as part of the case review selection for Module 2:



Speech, Language and Communication Needs (SLCN) and Social Emotional and Mental Health (SEMH)

Why?

Analysis shows that these are the most common primary need cohort in EHCP across all provisions in Tameside, and therefore identifying how we can improve outcomes for this cohort would affect a significant proportion of the overall population.



Transition Years

Why?

Analysis shows that this is the time where we see a significant number of starts across the priority settings of focus. We tend to see a heavier trend towards primary transition.



INMSS near graduation years

Why?

Unlike other provisions, the INMSS provision sees a trend of starts when CYPs are post-Year 9 and about to take major exams like GCSE and A Levels.

The key question in case reviews will be to understand whether we achieved an **ideal outcome** for each child and young person (i.e. did we provide the most ideal package of support, at the ideal time, in the ideal area), and if not, the reasons preventing this.

Case Reviews

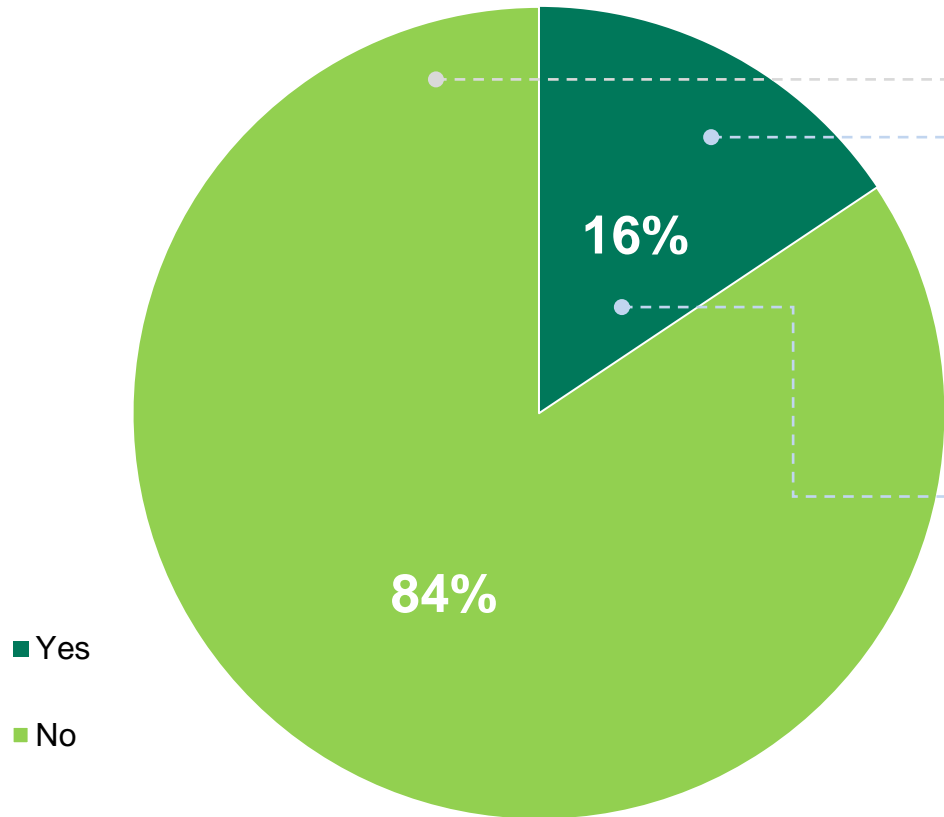


Across our three largest cost centers, 16% of CYP could have received an ideal outcome without needing an EHCP.



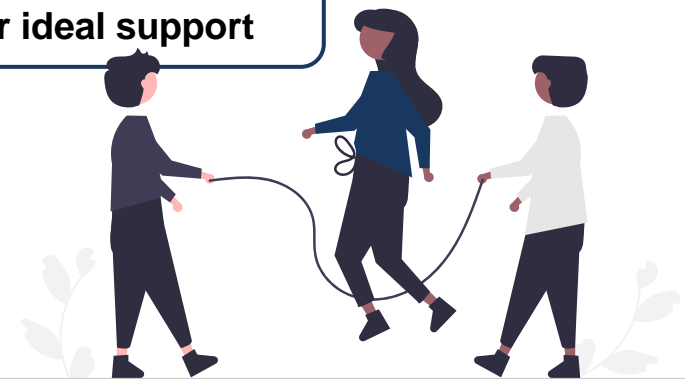
We completed 6 case review workshops in April 2023 with **participants from across a range of disciplines**, reviewing **32 unique cases** to understand whether we delivered an **ideal outcome** to a CYP with SEND. We reviewed cases of CYP with a range of primary support needs at **mainstream, maintained special schools and INMSS**.

Could the support required to meet the child's needs be accessed without an EHCP?



In 84% of cases, the group felt an EHCP was required to access the support to meet the CYP's needs

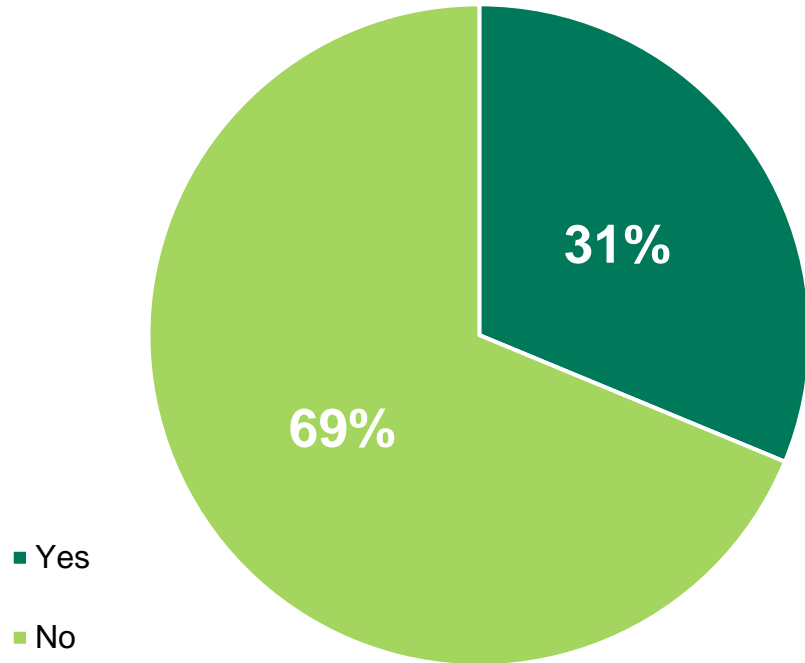
In Mainstream, the group felt that 60% (3 of 5 reviewed) of EHCPs were not needed to deliver ideal support



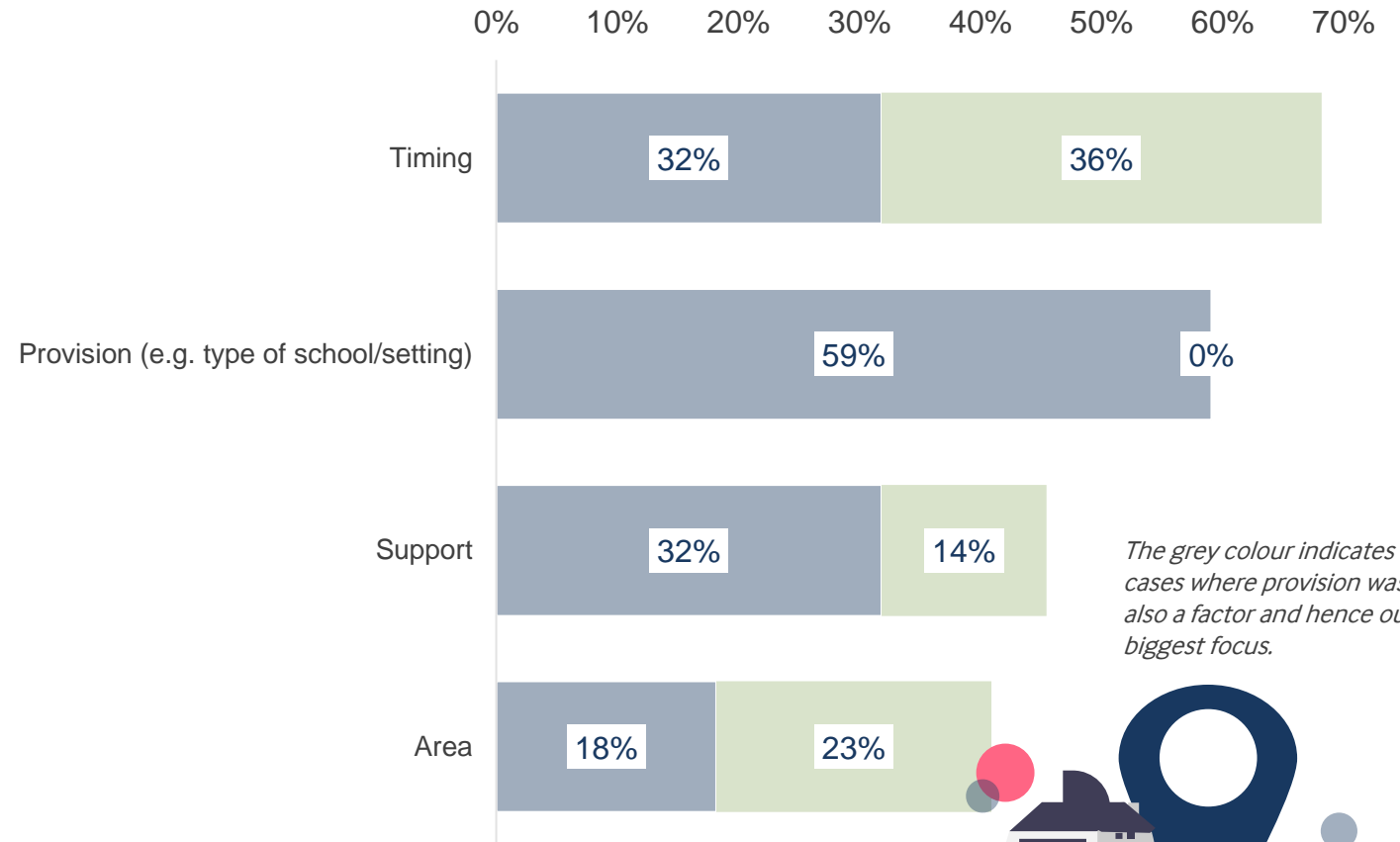
It was found that issues around timing and provision frequently contributed to non-ideal outcomes.



Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?



Where we did not achieve an ideal outcome, what were the areas that were non-ideal?



The grey colour indicates the cases where provision was also a factor and hence our biggest focus.

In cases of non-ideal provision, outcomes for CYP are non-ideal at a large financial impact to the LA.



Among the cases surveyed, 57% of Maintained Special School placements and 56% of INMSS placements were non-ideal.

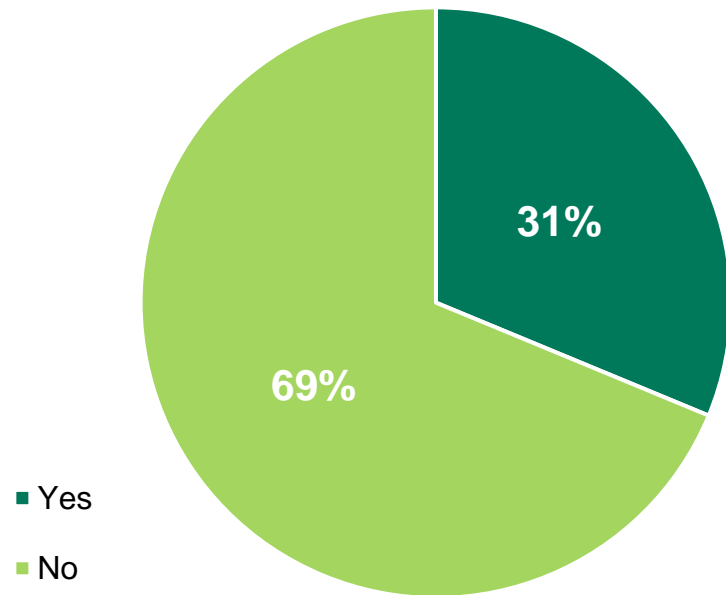


Department for Education



Which provisions would be better suited to deliver ideal outcomes?

Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?



Provision (e.g. type of school/setting)	Cases	EHCP Necessary (%)	Ideal Placement (%)	Resourced Provisions or SEN Units	Mainstream schools and academies	LA maintained special schools	Not enough information available
LA maintained special schools	14	86%	43%	29%	29%	0%	0%
Independent or non-maintained special schools	9	100%	44%	0%	0%	22%	33%
Mainstream schools and academies	5	40%	100%	0%	0%	0%	0%
Resourced Provisions or SEN Units	2	100%	50%	0%	0%	0%	50%
Early year settings	2	100%	100%	0%	0%	0%	0%

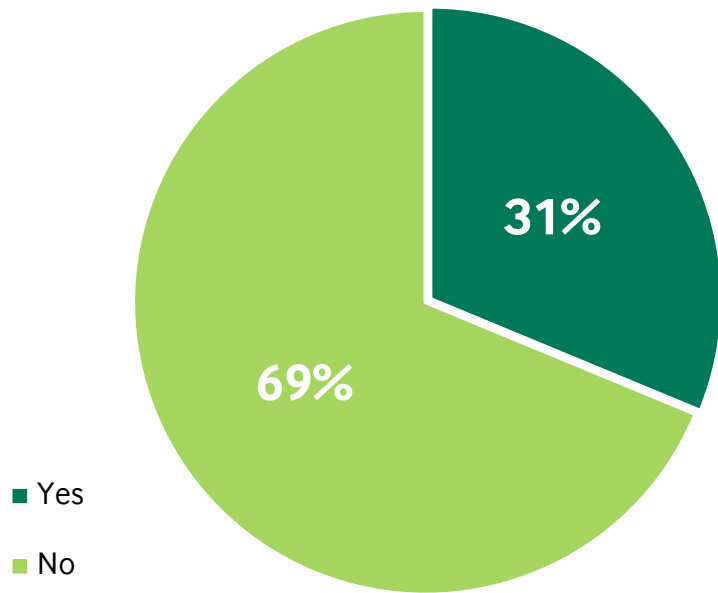
Our largest opportunities are around the cohorts of CYP starting in INMSS and MSS placements.

Lack of MDT response and gap in service offering were the biggest barriers to achieving ideal outcomes

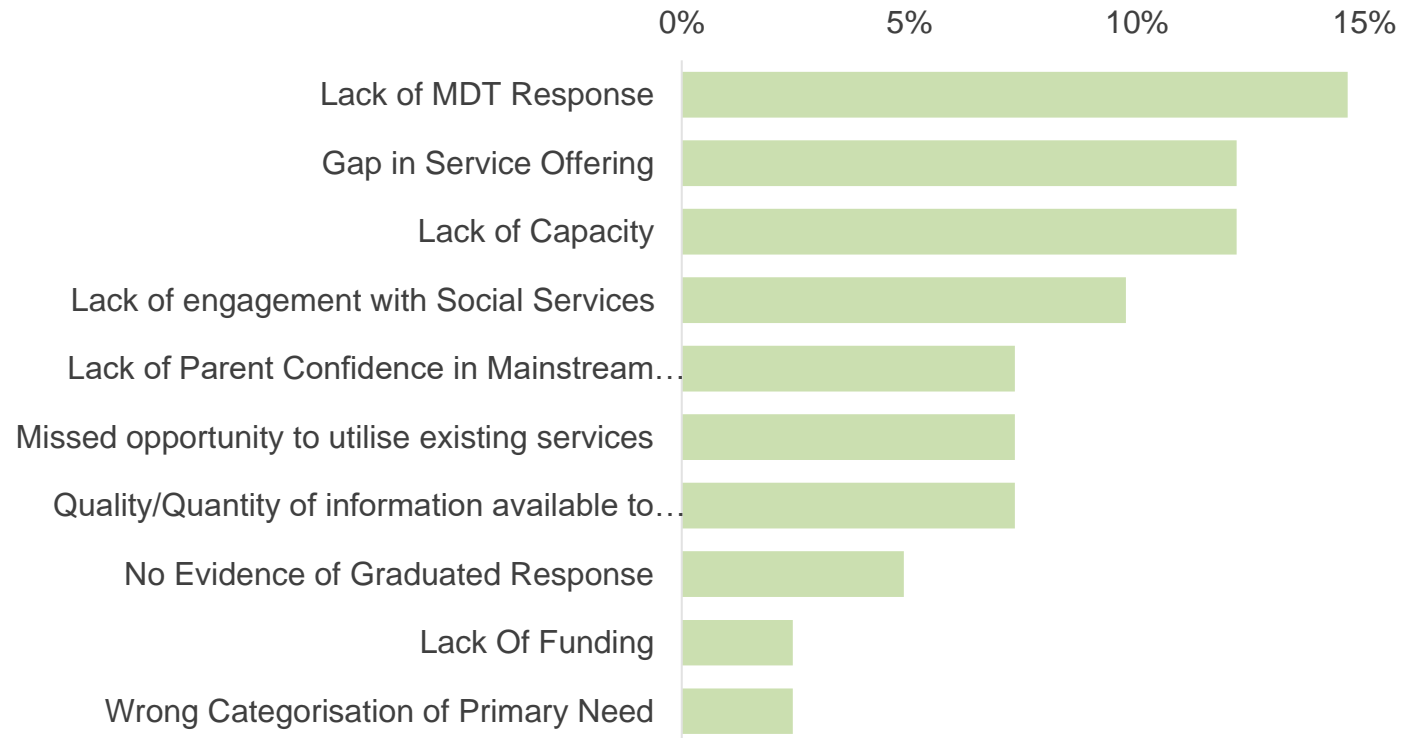


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Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?



What themes contributed to achieving a non-ideal outcome?



Our largest opportunities are around the cohorts of CYP starting in INMSS and MSS placements.

In Module 2's deep dive activities, we want to go further to understand what we can change to improve outcomes for our CYP



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

What services do we currently use, how effective are they, and where are the gaps?



Deep Dive 2: Lack of Parent/Carer Confidence

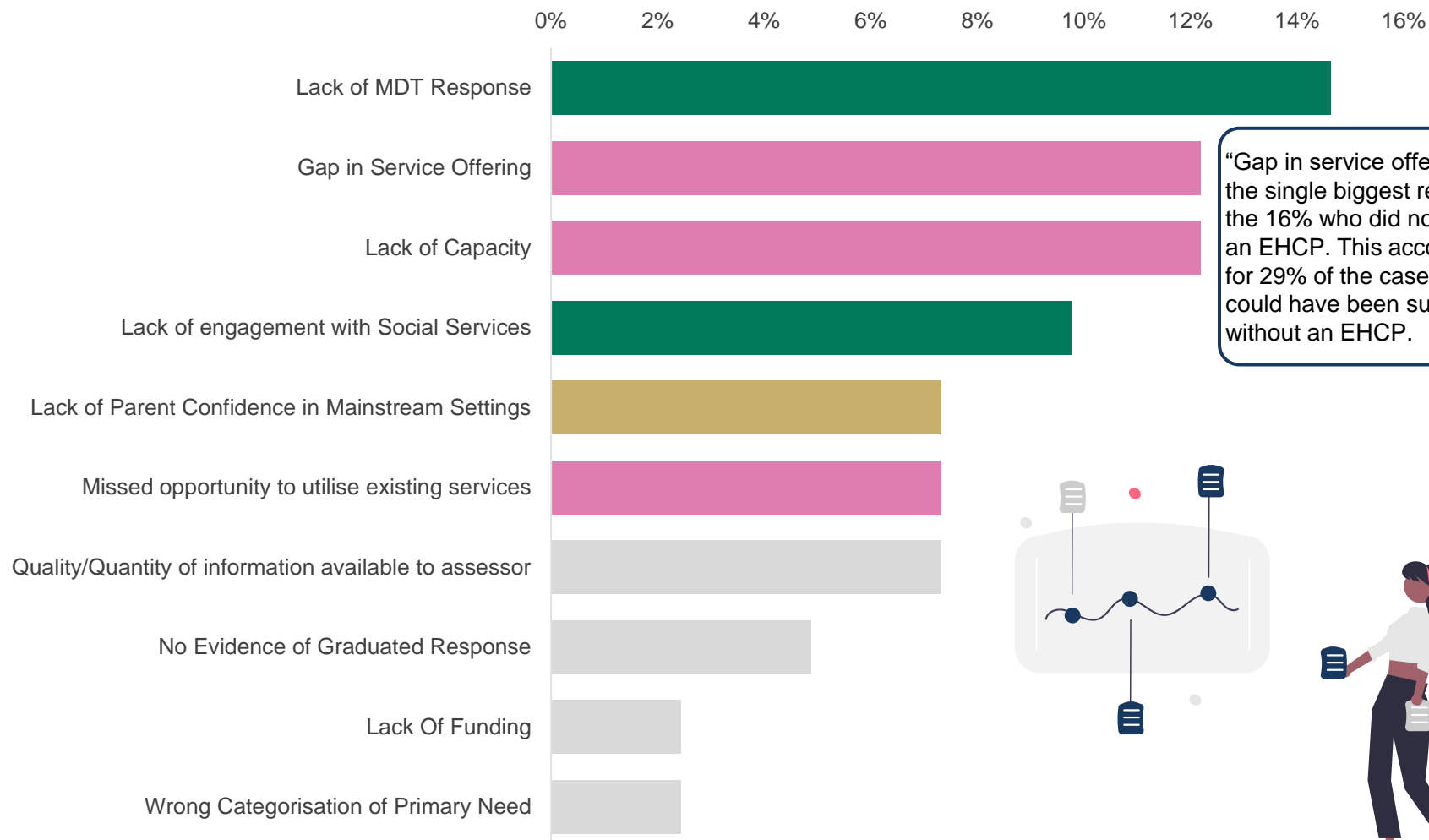
What do parents & carers currently understand about mainstream support? How can we begin to shift this?



Deep Dive 3: Partnership Working



What themes contributed to achieving a non-ideal outcome?



“Gap in service offering” was the single biggest reason for the 16% who did not require an EHCP. This accounted for 29% of the cases that could have been supported without an EHCP.



The results of surveys and analysis will guide what areas need to be addressed to deliver better outcomes and cost avoidance in our three largest cost centres.

Deep Dives



In Module 2's deep dive activities, we went further to understand what we can change to improve outcomes for our CYP



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

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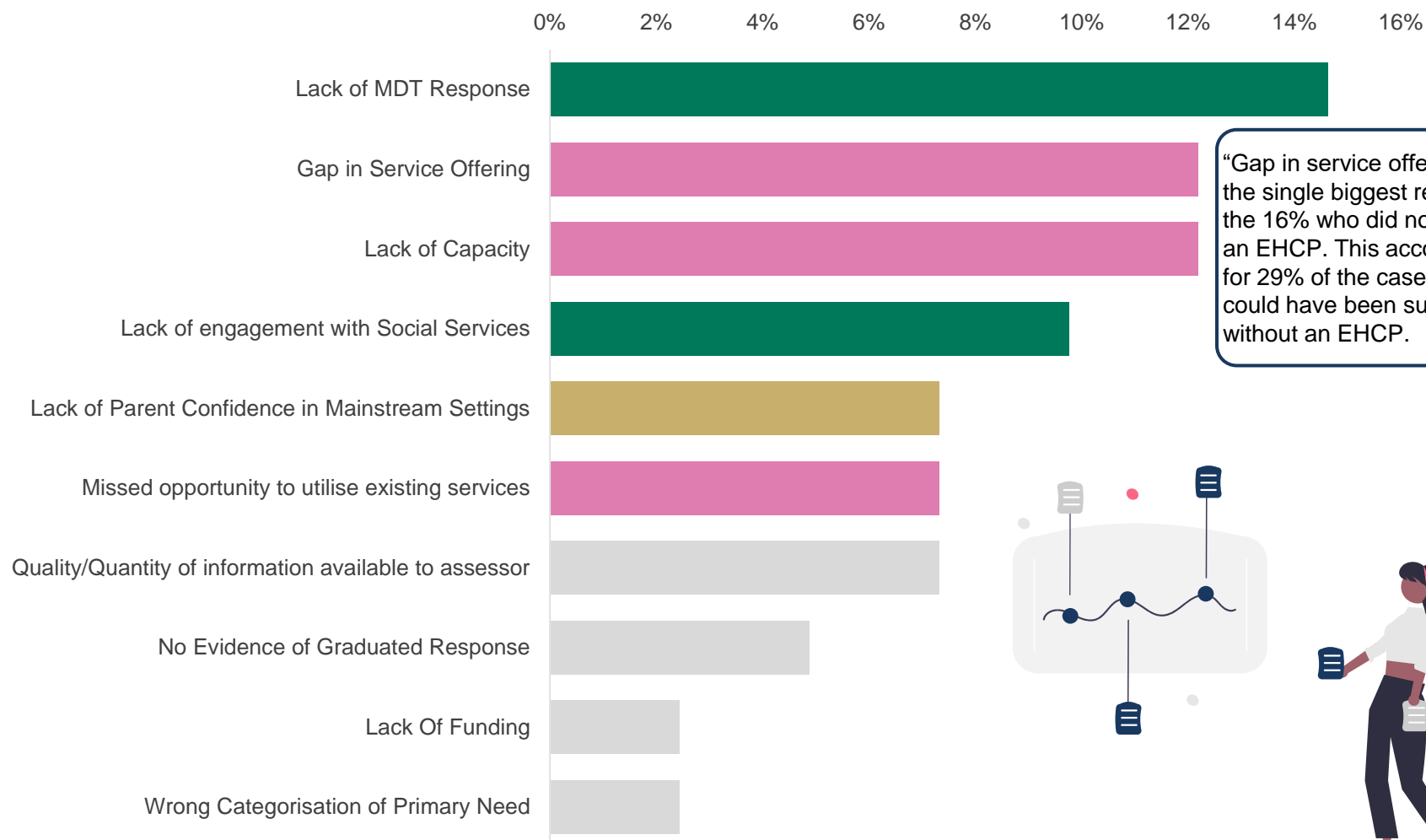


Deep Dive 3: Partnership Working

How can we best collaborate as a SEND network across Tameside?



What themes contributed to achieving a non-ideal outcome?



“Gap in service offering” was the single biggest reason for the 16% who did not require an EHCP. This accounted for 29% of the cases that could have been supported without an EHCP.



The results of surveys and analysis will guide what areas need to be addressed to deliver better outcomes and cost avoidance in our three largest cost centres.

We surveyed education practitioners to gain holistic insight into service effectiveness and awareness.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

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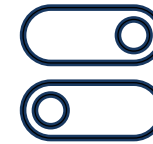
We received **49 responses** from practitioners on questions related to service awareness and perception in Tameside. Parents were also surveyed on similar questions.

Questions centred around the following topics:



Current Practice

Which services are well utilised and have positive impact on outcomes?



Key Levers

What are the top actions to focus on that will improve awareness and utilisation of our most effective services?



Best Approach

What is the most effective way to bring partners together to improve service awareness and utilisation?

Increasing awareness & utilisation of certain existing services can alleviate capacity constraints & boost confidence in other services



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

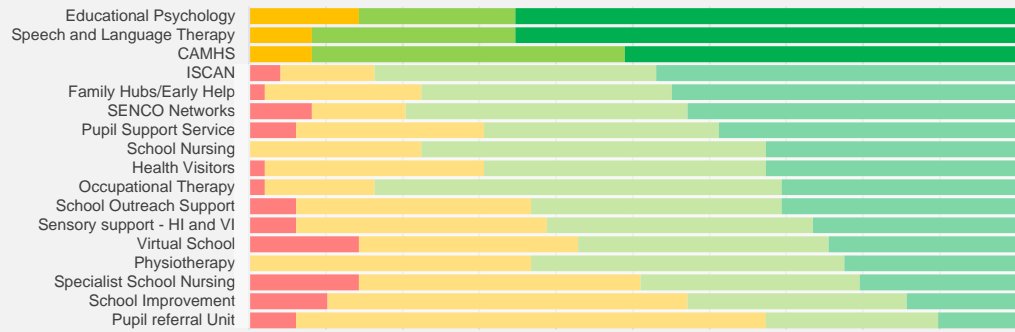


- I am not aware that this service exists
- I am aware that this service exists, but unsure what it does, or how to access it
- I know what this service is/does, and how to access it, but I do not believe it delivers effective outcomes
- I know what this service is/does, but I do not know how to access it
- I know what this service is/does, and how to access it, and I think it delivers effective outcomes

Based on the opinions of **49** practitioners

1

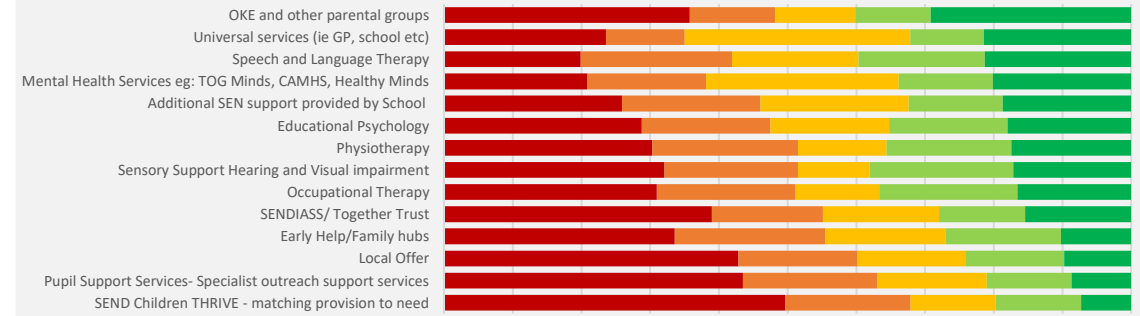
Educational Providers Awareness & Confidence in Services



Practitioners have very good awareness of key services and refer into them regularly

2

Parental Awareness and Confidence in Services



However, parents and carers have less awareness and lower satisfaction with the service offering withing Tameside

3

I've only just received appt from cahms.. the referral was done Yr8, she's leaving [school] now .
Comment from Parent

Transition from primary school to secondary school should be more linked because when in secondary school they get no support
Comment from Parent

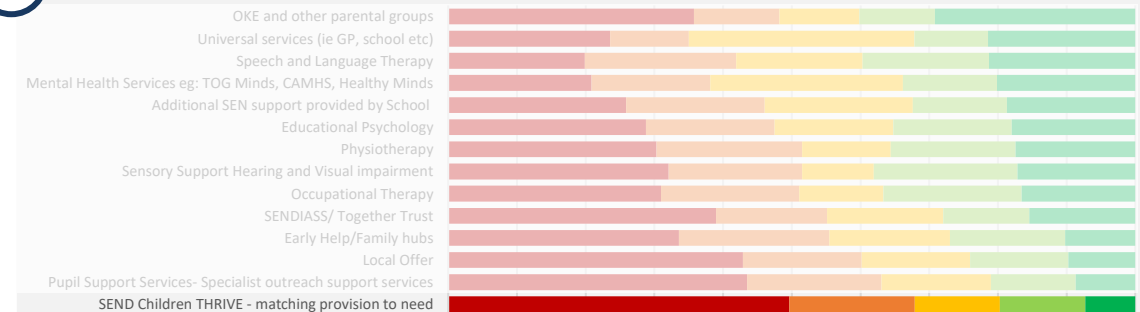
[It is] sometimes difficult to communicate information with parents due to difficulties communicating with SEN team.
Comment from a school headteacher

The waiting list by cahms needs to be severely reduced and the general SEN services need to be severely looked at waiting times of years for appointments is not acceptable
Comment from Parent

Both practitioners and parents recognise capacity limits core service effectiveness, but also worry about service support around transitions

4

Parental Awareness and Confidence in Services



There are some services we know that we should be using to alleviate capacity on existing services and boost parent confidence but they currently lack awareness e.g. THRIVE

Educational practitioners most commonly recommended Educational Psychology and SALT services.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

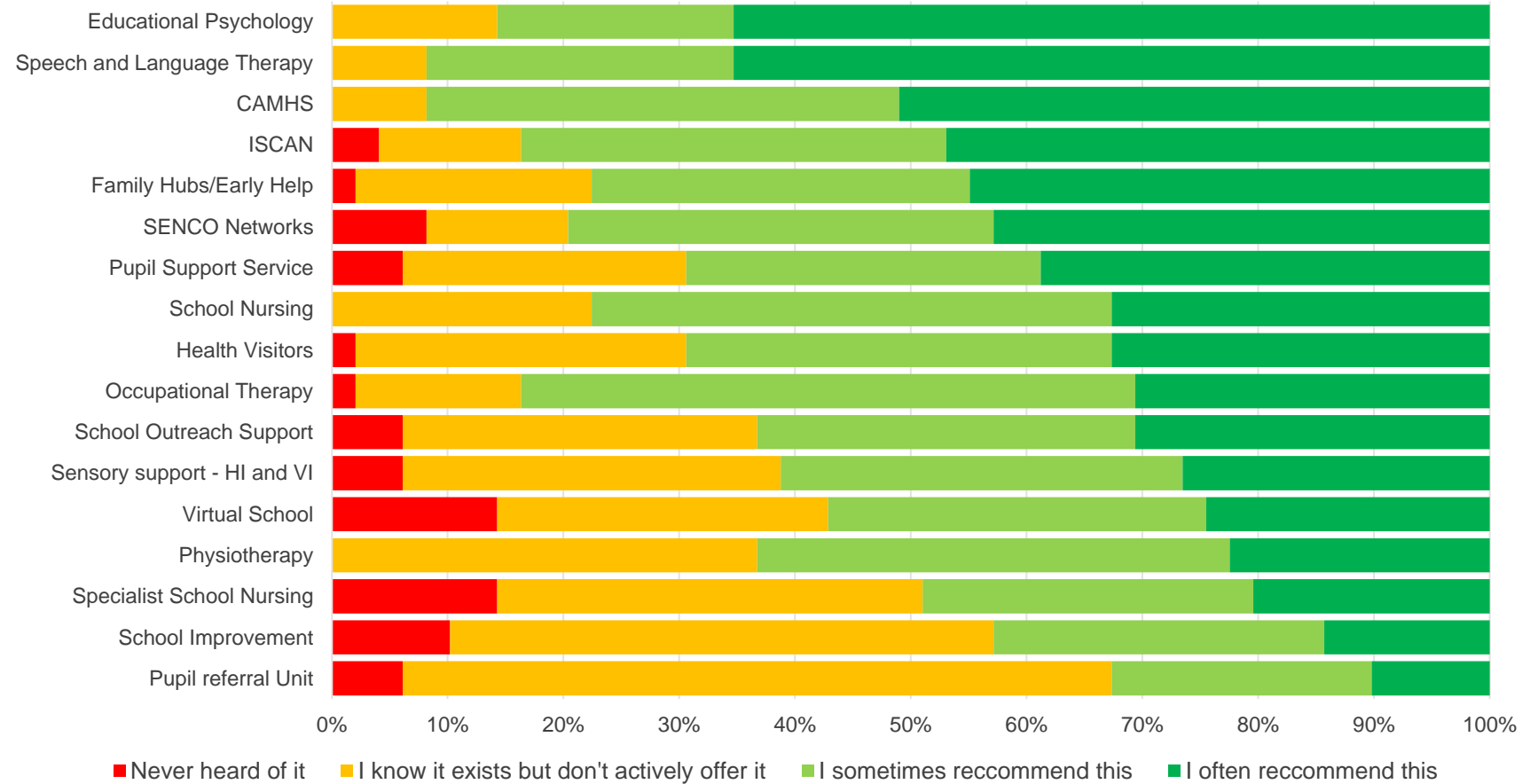
What services do we currently use, how effective are they, and where are the gaps?

Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working

Awareness & Confidence in Services



Understanding how to maximise the benefits from Educational Psychology and SALT will support best outcomes for children

However, core services face challenges around recruitment and retention, timing, and communication have historically limited the effectiveness of these services.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

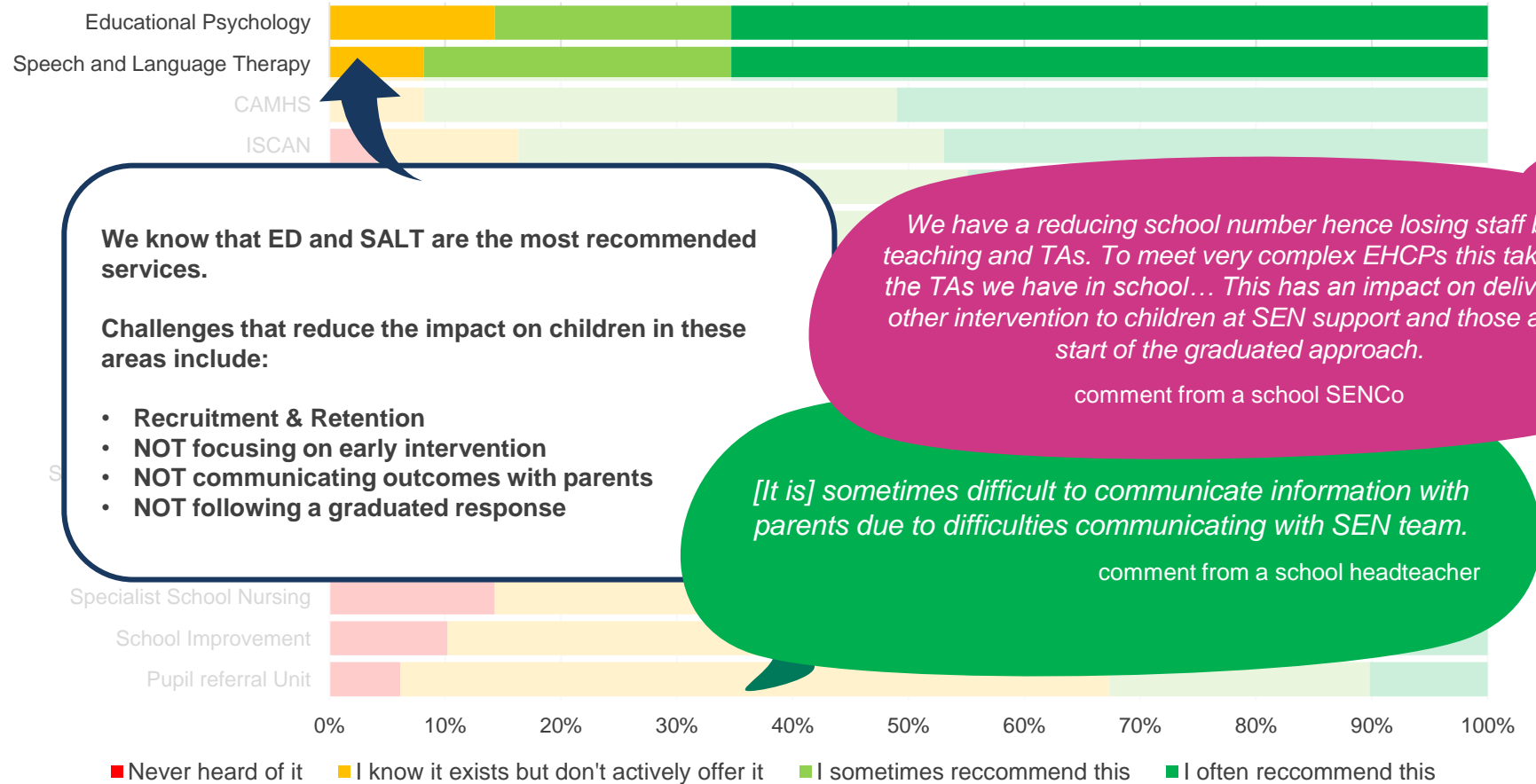
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Deep Dive 3: Partnership Working

Awareness & Confidence in Services



We know that ED and SALT are the most recommended services.

Challenges that reduce the impact on children in these areas include:

- Recruitment & Retention
- NOT focusing on early intervention
- NOT communicating outcomes with parents
- NOT following a graduated response

We have a reducing school number hence losing staff both teaching and TAs. To meet very complex EHCPs this takes all the TAs we have in school... This has an impact on delivering other intervention to children at SEN support and those at the start of the graduated approach.

comment from a school SENCo

[It is] sometimes difficult to communicate information with parents due to difficulties communicating with SEN team.

comment from a school headteacher

We need to ensure our most recommended services are enabled to be as effective as possible.

Another service which was felt to be effective but has historically been very constrained is the Sensory OT service.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

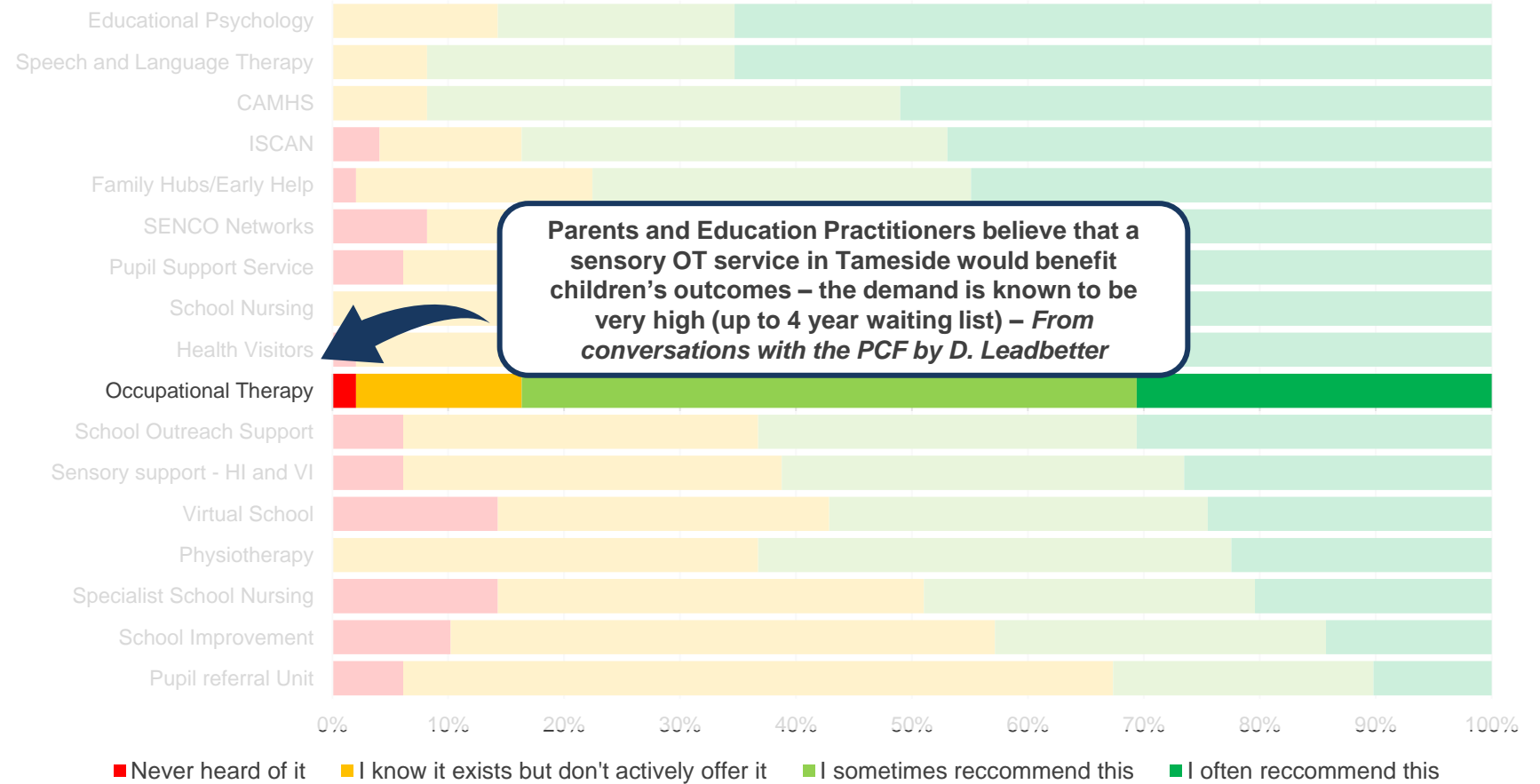
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Deep Dive 3: Partnership Working

Awareness & Confidence in Services



Services are on average known to less than 50% of parents, which suggests there may be a communication gap between practitioners and parents, and that opportunities to benefit from support may be missed.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

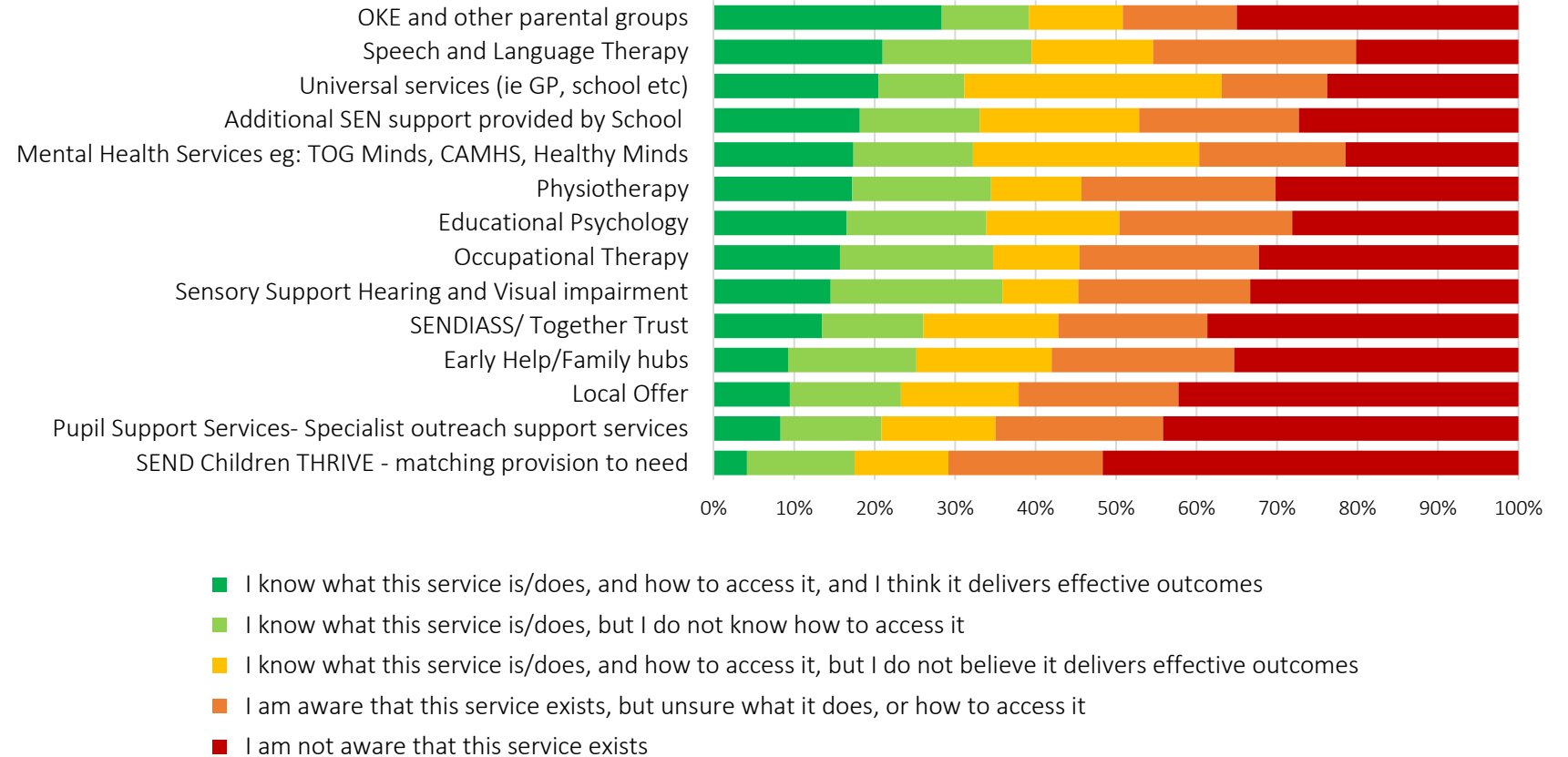
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Deep Dive 3: Partnership Working

Parental Awareness and Confidence in Services



The overall awareness of services is low – we need to prioritise promoting services which are lesser-known and have large potential impact on outcomes.

Even in the services where practitioners had most confidence and awareness, parental knowledge and confidence was low.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

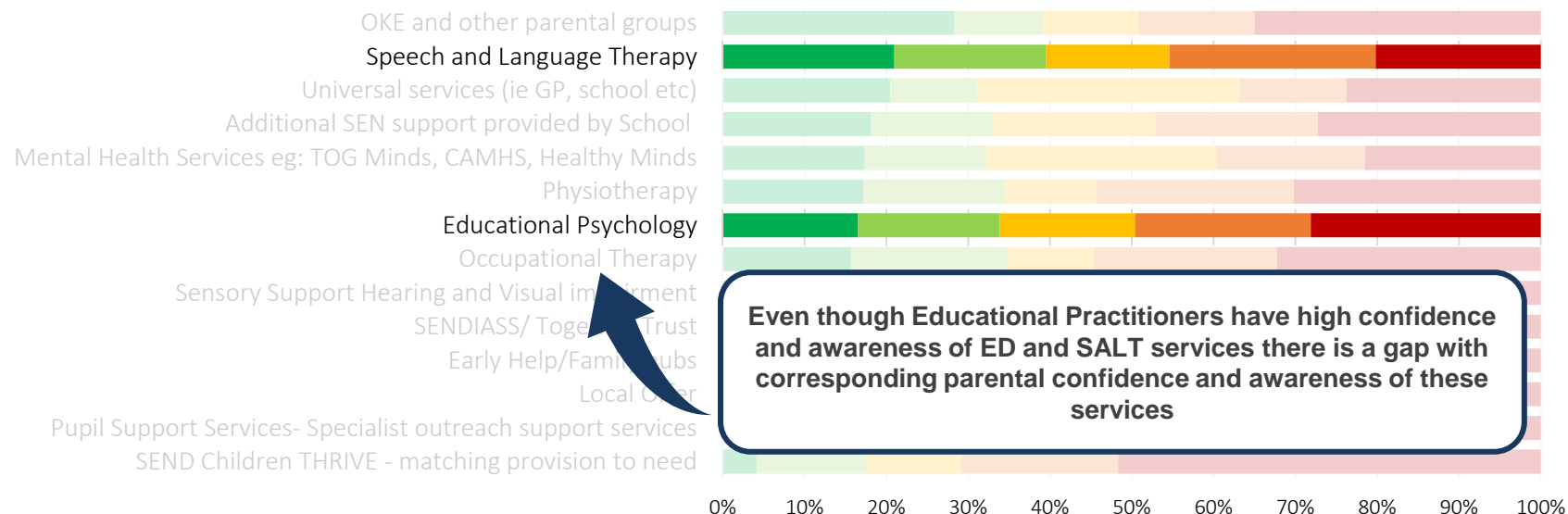
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Deep Dive 2: Lack of Parent/Carer Confidence

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Deep Dive 3: Partnership Working

Parental Awareness and Confidence in Services



Even though Educational Practitioners have high confidence and awareness of ED and SALT services there is a gap with corresponding parental confidence and awareness of these services

- I know what this service is/does, and how to access it, and I think it delivers effective outcomes
- I know what this service is/does, but I do not know how to access it
- I know what this service is/does, and how to access it, but I do not believe it delivers effective outcomes
- I am aware that this service exists, but unsure what it does, or how to access it
- I am not aware that this service exists

Improving confidence and awareness of ED and SALT services with parents can be achieved while improving the service offering.

The THRIVE program is one service where parental awareness and confidence could be considerably increased.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

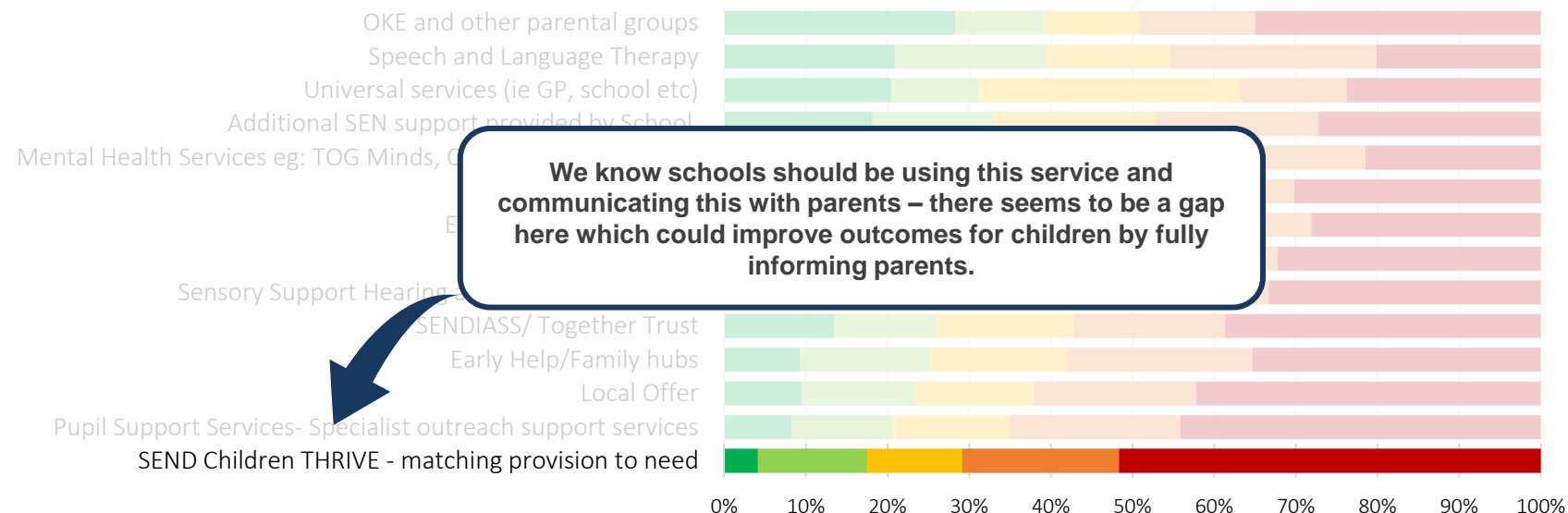
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Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working

Parental Awareness and Confidence in Services



We know schools should be using this service and communicating this with parents – there seems to be a gap here which could improve outcomes for children by fully informing parents.

- I know what this service is/does, and how to access it, and I think it delivers effective outcomes
- I know what this service is/does, but I do not know how to access it
- I know what this service is/does, and how to access it, but I do not believe it delivers effective outcomes
- I am aware that this service exists, but unsure what it does, or how to access it
- I am not aware that this service exists

Bridging the gap in communication between schools and parents about THRIVE is a key way to build parental awareness & confidence.

Pupil Support Services is another area where parents are not generally aware of the local offering.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

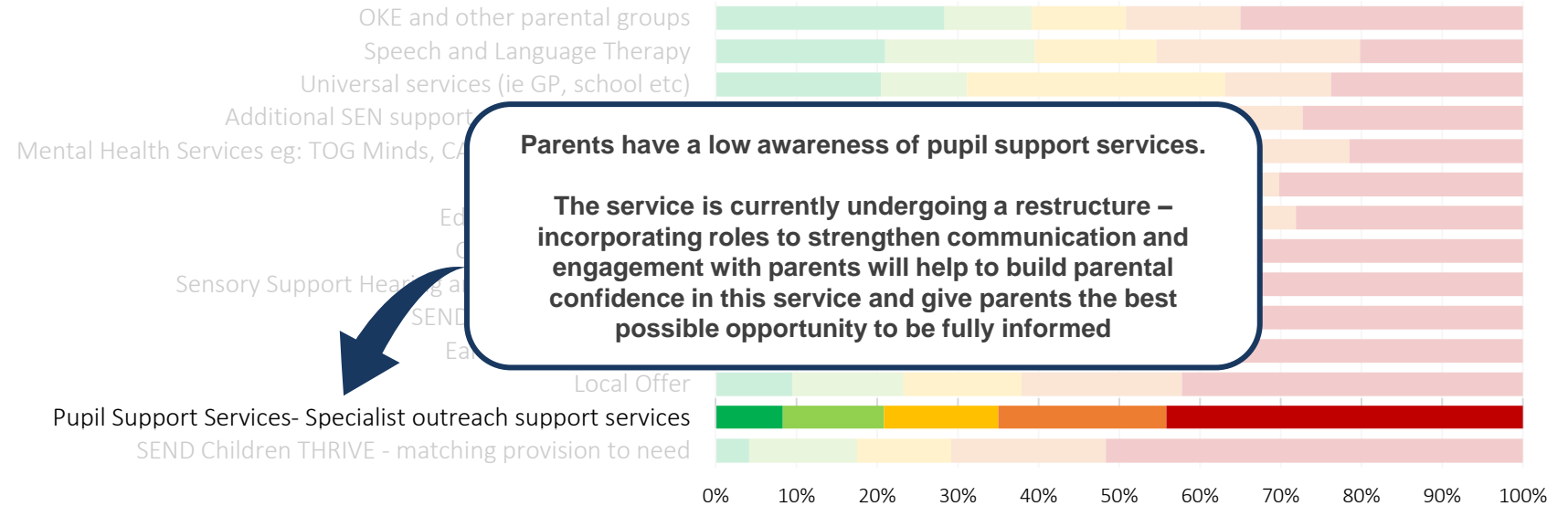
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Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working

Parental Awareness and Confidence in Services



Parents have a low awareness of pupil support services.

The service is currently undergoing a restructure – incorporating roles to strengthen communication and engagement with parents will help to build parental confidence in this service and give parents the best possible opportunity to be fully informed

- I know what this service is/does, and how to access it, and I think it delivers effective outcomes
- I know what this service is/does, but I do not know how to access it
- I know what this service is/does, and how to access it, but I do not believe it delivers effective outcomes
- I am aware that this service exists, but unsure what it does, or how to access it
- I am not aware that this service exists

Improving parental awareness and confidence in the new specialist support service is important to consider when restructuring the service

The next steps arising from this deep dive will be to improve parent awareness and confidence; and to understand capacity in some key services.



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

What services do we currently use, how effective are they, and where are the gaps?

Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working



1

Improve parental awareness and confidence in key services

Purpose: Provide confidence to parents and carers in the ability of services to deliver the best outcome for their child – focus initially on methods of communication with THRIVE and Pupil Support Services.



2

Understand the capacity of EP and SALT services

Purpose: Education practitioners often recommend these services – setting up these services to support more children and addressing the gap in parental awareness of these services would improve outcomes for children.

Enabler:

Building **parental awareness of the parental forums/groups first** and **reaching specific parent groups via schools** will provide a **more targeted and sustainable approach** to improving service awareness and utilisation.

Workstreams in these areas will tackle the largest contributors to non-ideal outcomes in provision from case reviews.

We surveyed Parents & Carers to gain specific insight on what influenced their confidence in mainstream settings the most



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

What services do we currently use, how effective are they, and where are the gaps?

Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working

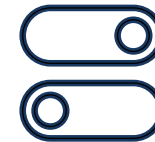
Case reviews highlighted that supporting parental confidence in mainstream settings was a driving factor behind non-ideal outcomes for children in MSS. 29% of MSS CYPs sampled in Case Review would have been in a more ideal placement in Mainstream settings. We have therefore surveyed **over 270** parents and carers to better understand what the key drivers are behind their perceptions.

Questions centred around the following topics:



Current Practice

What were the reasons influencing decisions not to go to mainstream?



Key Levers

What are the top actions that parents want us to focus on?



Best Approach

What is the most effective way to bring partners together to improve parental confidence?

The direct responses of parents will be used to prioritise which support we can put in place to promote parental confidence in mainstream settings.

More support and staff capability would increase parent and carers confidence to keep their children in Mainstream Settings



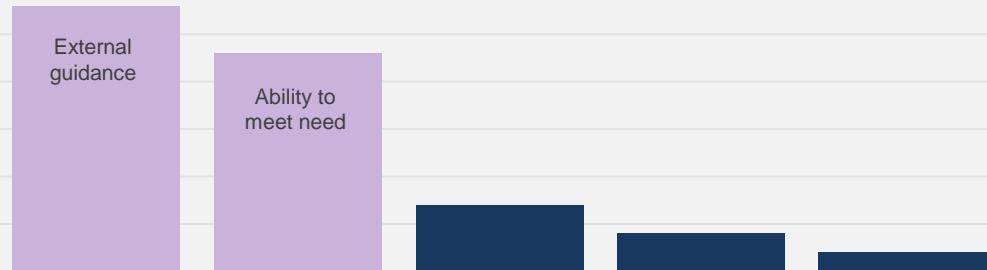
Deep Dive 2: Lack of Parent/Carer Confidence in Mainstream setting



Based on the opinions of over 270 parents and carers

1

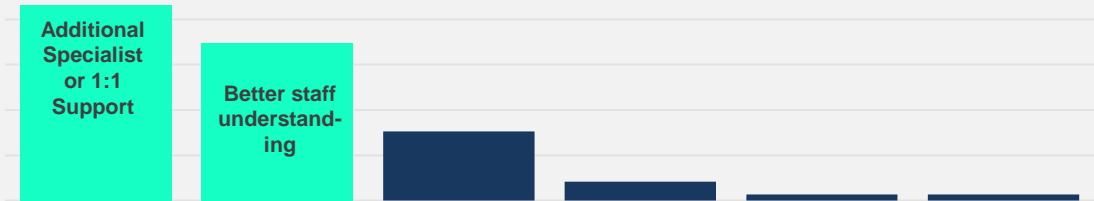
Why did your child / young person move from mainstream school to a special school?



The main reasons given by parents for their CYPs moving to special school are around **external guidance and mainstream ability to meet need**

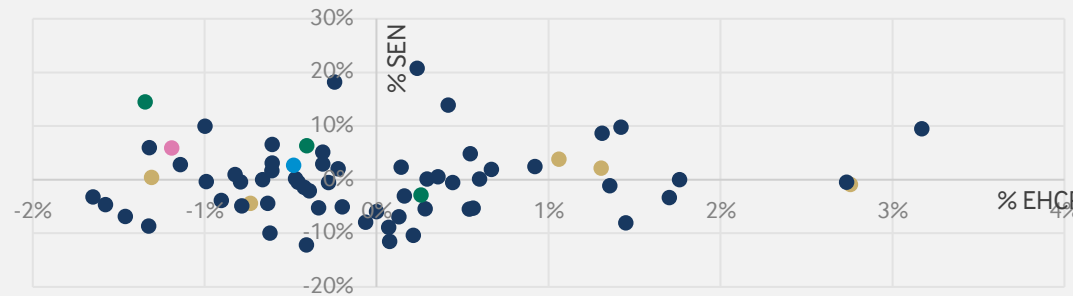
2

What would need to change in mainstream settings to support my child's needs?



More **Specialist or 1:1 support and better staff understanding** were cited as key changes needed to give parents confidence in mainstream settings

3



There is no clear metric which demonstrate which schools might have best inclusive practice and therefore where parents might be most confident

Measuring Parental Confidence by school enables us to highlight best practices in more inclusive schools to share with the rest of the LA

Guidance & needs not being met were the leading reasons why CYPs were moved from Mainstream Schools to MSS



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

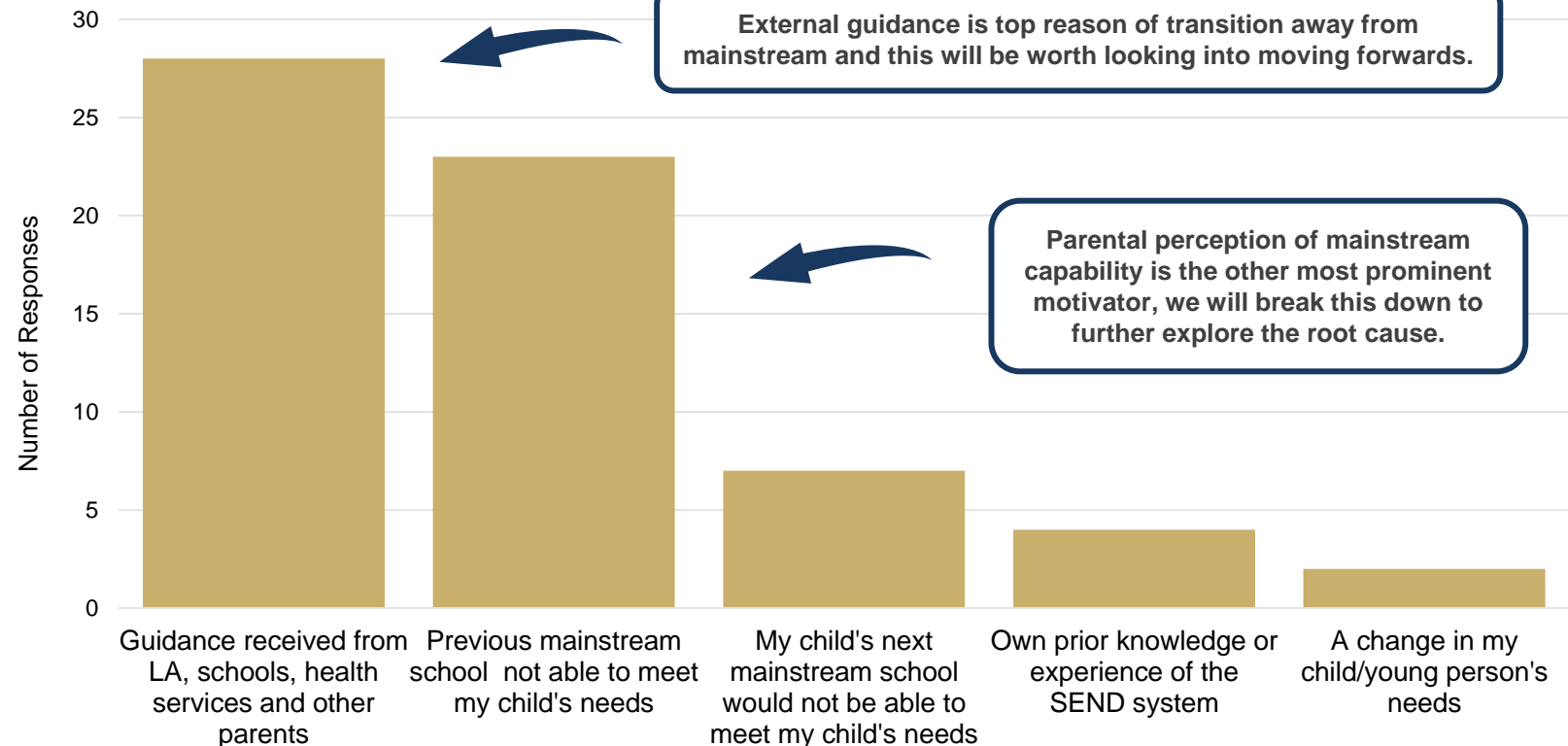
What services do we currently use, how effective are they, and where are the gaps?

Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working

Why did your child / young person move from mainstream school to a special school?



We need to understand more about what guidance parents are receiving and why mainstreams school might struggle to meet need

Having additional 1:1 and specialist support would have the greatest impact on parental confidence in mainstream schools



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

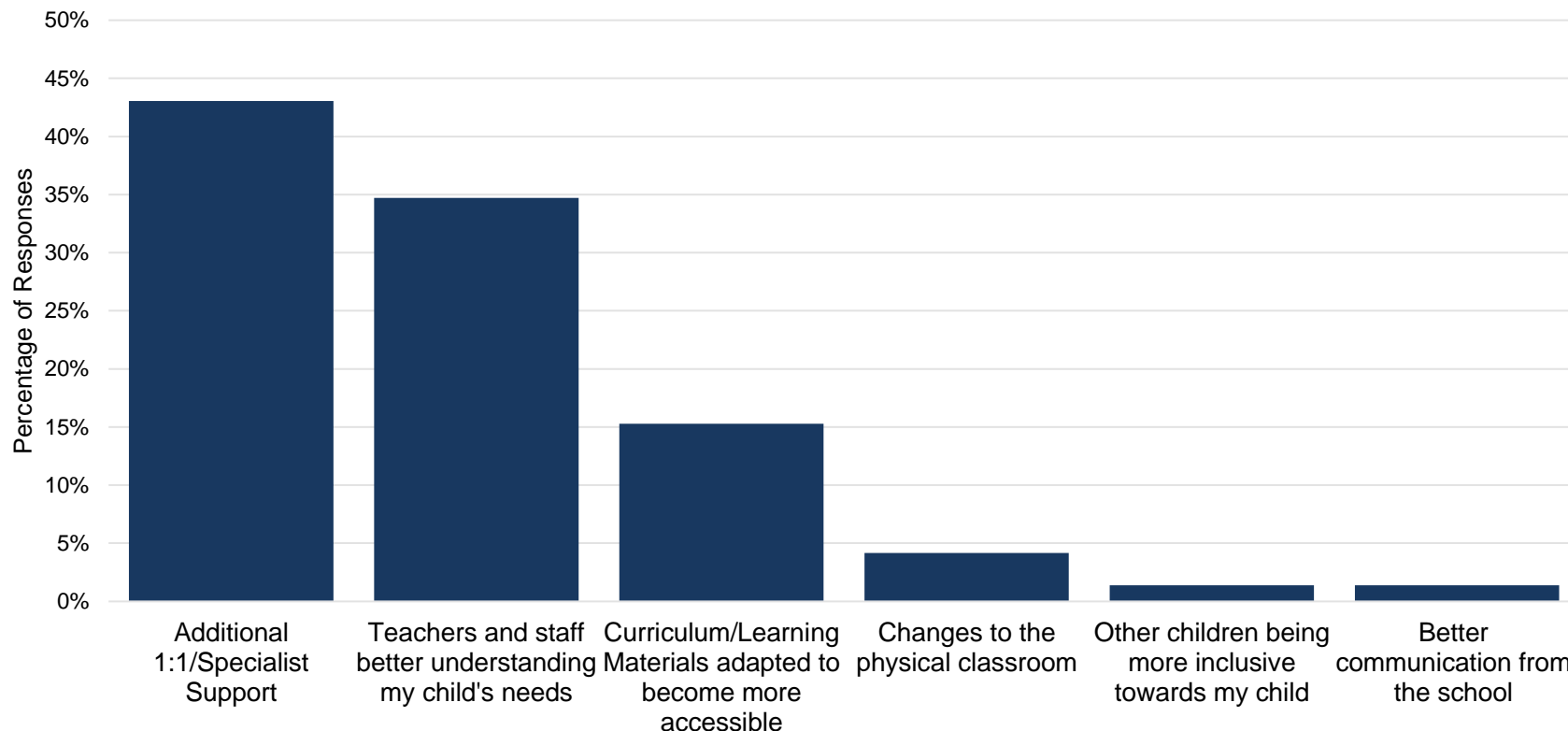
What services do we currently use, how effective are they, and where are the gaps?

Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working

What would need to change in mainstream settings to support my child's needs?



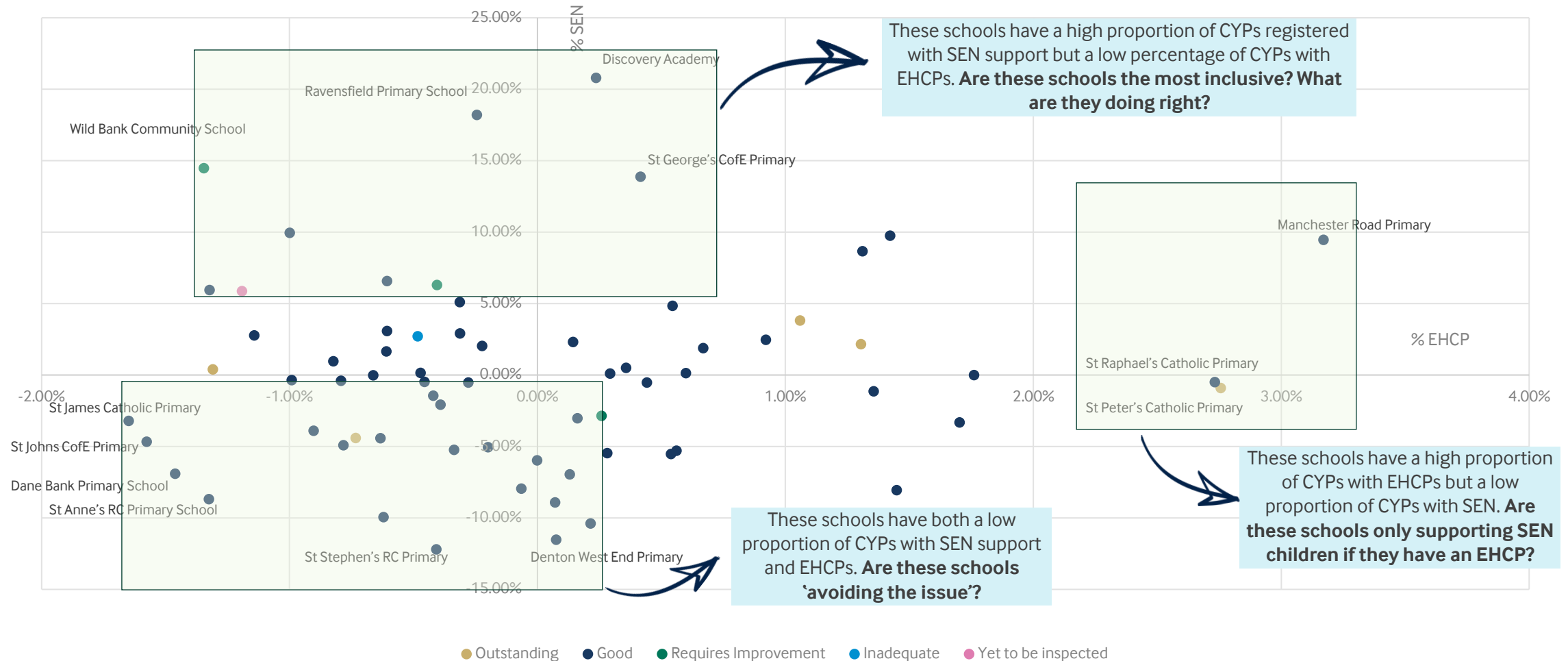
We can increase parental confidence in mainstream settings by focussing on availability of specialist support and teacher understanding of supporting SEND learners

There is evidence of some primary schools that are supporting more children with SEND needs – does this variability impact confidence?



Comparing the proportion of pupils with SEN support plans, and EHCPs in primary schools shows significant variation. The schools are sorted by OFSTED rating. Schools with resource bases have been excluded. **The centre of the graph (0%, 0%) shows the average EHCP and SEN support rates in this cohort.**

Primary Schools

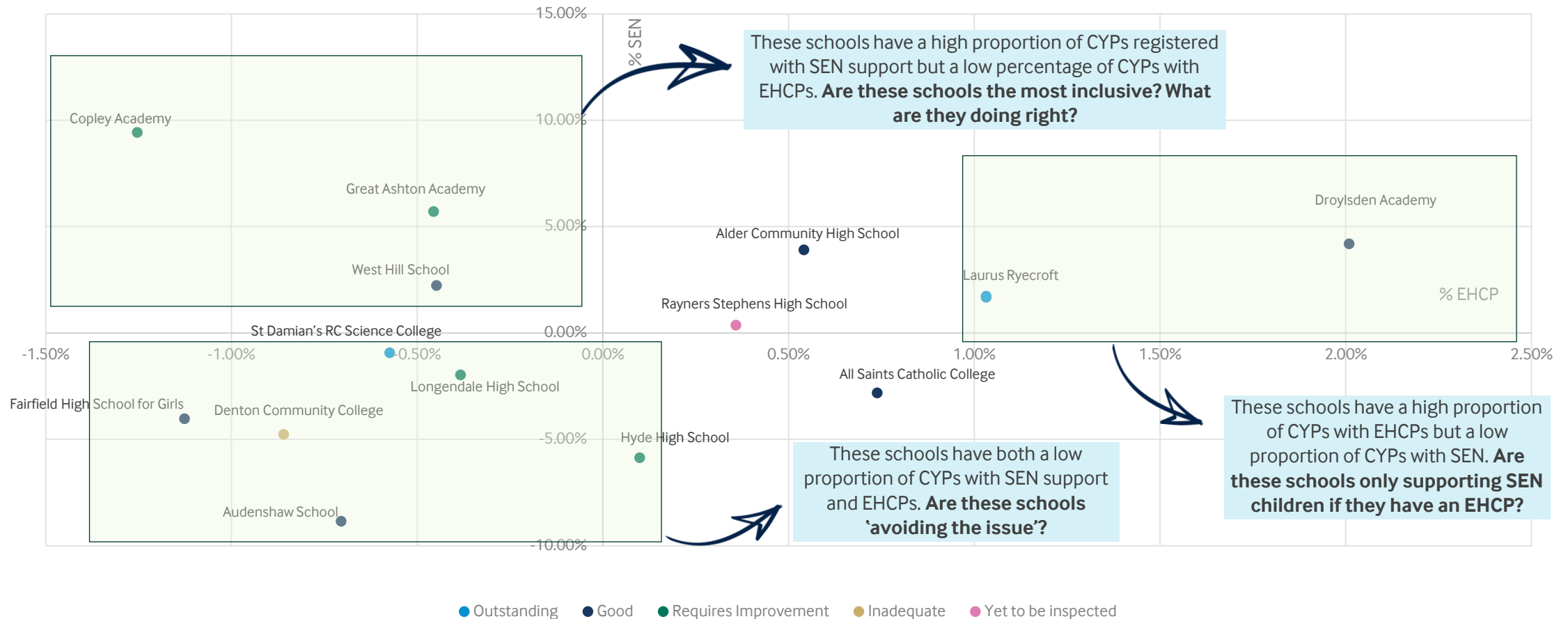


This variation is similarly evident in secondary schools



Comparing the proportion of pupils with SEN support plans, and EHCPs in secondary schools shows significant variation. The schools are sorted by OFSTED rating.

Secondary Schools



We can use this analysis to discuss which schools might have the best practices, as well as which school may be advising parents to look towards specialist provisions

Focusing on external guidance and understanding children's needs will improve parental confidence in mainstream schools



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

What services do we currently use, how effective are they, and where are the gaps?

Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working



1

Understand perspective of schools, health and other services

Purpose: We see external guidance as the biggest contributor to parental preference in transitioning away from mainstream. It is important to understand what / who is causing this.

Enabler:

Understand whether issues around mainstream ability to meet need are based around communication between professionals and parents or a belief that professionals cannot meet need for these CYPs



2

Share best practice of understanding SEND needs

Purpose: The most effective way within our current system is to increase education providers' understand of children and young people's SEND needs. This would allow them to adjust time, resources, and curriculum accordingly, improving parental confidence.

Enabler:

Connect good performing schools and learn from their experience in understanding SEND needs. Share the best practices across the system.

Deep Dive 3 – Partnership Working



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

What services do we currently use, how effective are they, and where are the gaps?

Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Deep Dive 3: Partnership Working

Partnership working impacts decisions on how best to meet the needs of children. These critical points include the decision to issue an EHCP and the annual review process that follows. Looking at how partnership working is being applied within the **Annual Review process** was selected to highlight how services could work together to deliver the best possible outcomes for children.



An MDT range of specialists will be consulted, including; LA Services, Schools and Parent & Carer representatives.



Visualize the Process

Outline the process and the steps involved



Identify Pain Points

Highlight the issues that stop the process delivering the best outcome for a CYP



Prioritise Changes

Evaluate changes based on their impact and complexity of tackling them

Obtaining a targeted understanding of the blockers to partnership working will allow us to highlight the best future actions for delivering ideal outcomes for children

Partners focussed on current Annual Review process to identify areas where better collaboration was possible



Deep Dive 3: Partnership Working



Based on Half-Day workshop with 17 attendees from **15 different specialities** across SEND

More easily addressable issues

EHCP format and accessibility



Issue: PDF format makes EHCPs hard to update and edit for ARs. This waste practitioner times and reduce likelihood of proper completion

Action: EHCPs to be shared in word format

EHCP consistency of completion



Issue: Varying levels of compliance and completion of key questions between different services and schools makes the process more time consuming

Action: School and service framework designed to get consistent level of 'what good looks like' EHCPs

EHCP validity and relevance



Issue: Some EHCPs become out of dates due to lack of updates which causes parental frustration

Action: Schools to have One Page profile for CYPs which can be updates to show voice and progress.

Digital portal for SEND Access

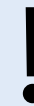


Issue: Egress system currently no fit for purpose. "Egress gives me so much stress and anxiety"

Action: New digital system currently being trialled

Longer term areas to investigate

- Staff training around Annual Review process and understanding
- Staff capacity and attrition
- SENCO capacity to focus on ARs
- Information transfer after transition point
- Parental mindset and culture towards ARs and EHCPs



We have the opportunity to explore inclusive practice and training within schools and transition points in current proposed DBV workstreams

Deep Dives Summary – Next Steps



Deep Dive 1: Gap in Service Offering & Utilisation of Existing Services

What services do we currently use, how effective are they, and where are the gaps?

Investigation

Surveys of parents & carer's awareness and education provider recommendations

Prioritised Next Steps

1. Focus first on parental awareness of parent forums & services
2. Reduce the gap in parental awareness and use of EP and SALT services
3. Focus on other services identified with lowest parental awareness

Deep Dive 2: Lack of Parent/Carer Confidence

What do parents & carers currently understand about mainstream support? How can we begin to shift this?

Investigation

Surveys of parents & carers awareness and variation analysis of schools

Prioritised next steps

1. Understand where concerns regarding mainstream ability to meet need stem from to better understand driver of 'external guidance' to specialist provision.
2. Share best practice between school on inclusive approaches

Deep Dive 3: Partnership Working

Process review workshop on the Annual Review process

Investigation

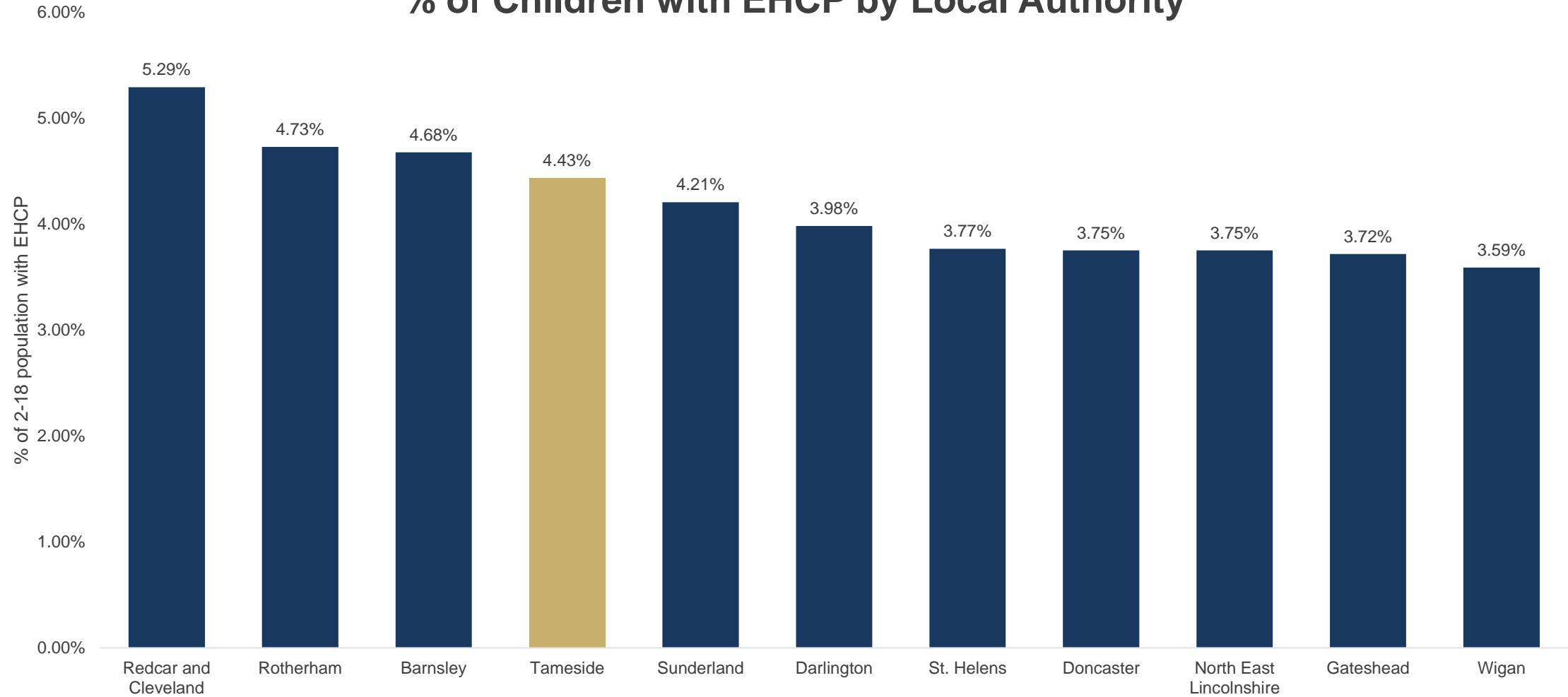
Detailed Approach

1. Progress changes to accessibility, validity and consistency of EHCPs
2. Further understand some of the drivers around the capacity and capability blockers to effective annual reviews

Tameside has the fourth highest percentage of EHCPs relative to its 2-28 population out of all stat neighbours.



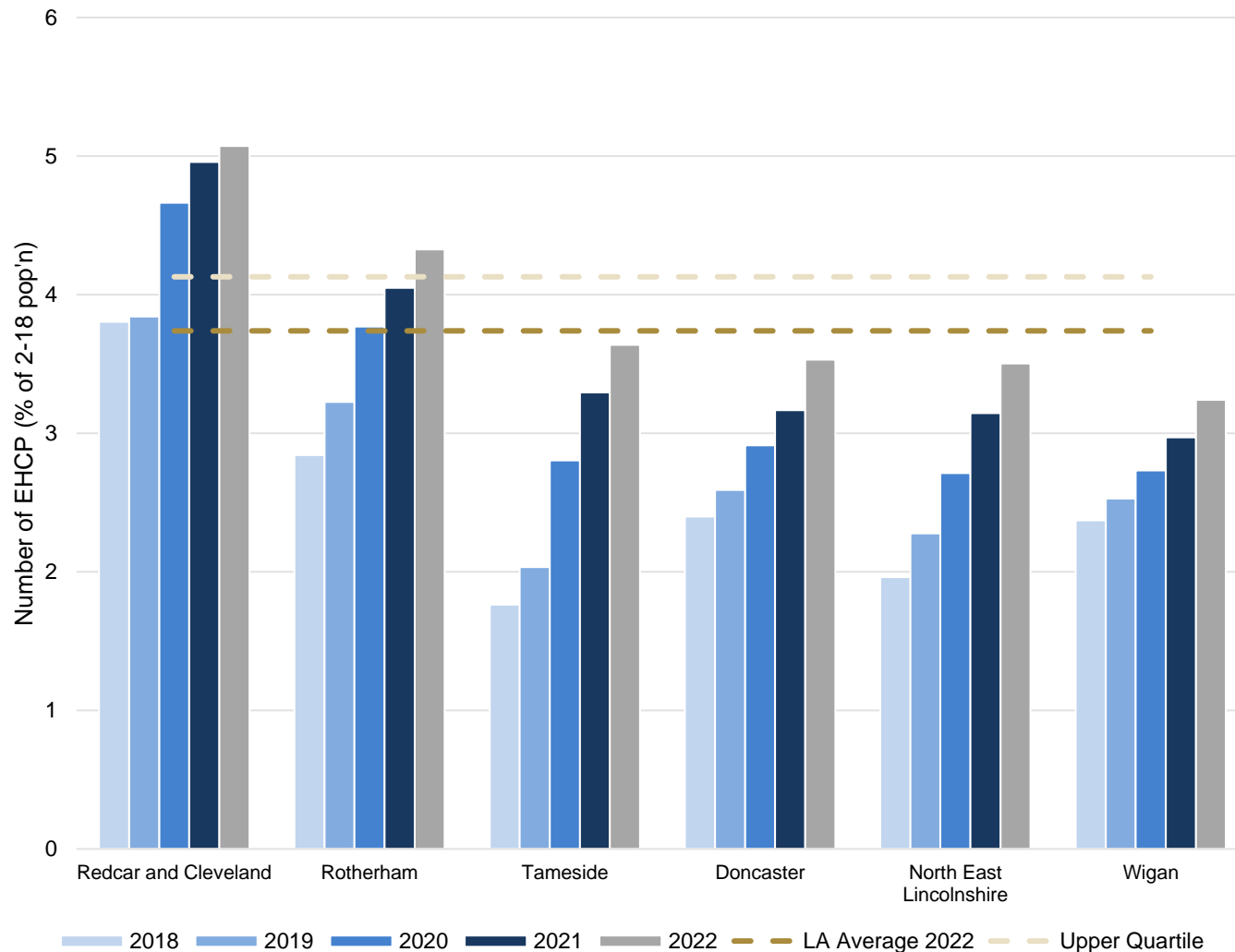
% of Children with EHCP by Local Authority



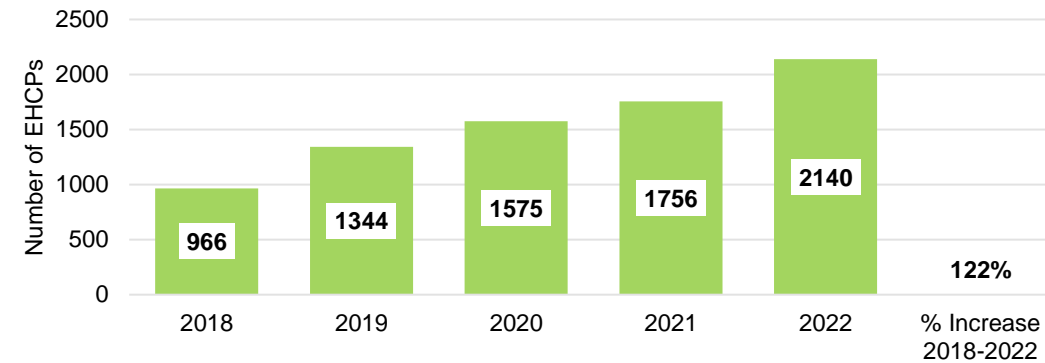
Among close statistical neighbours, Tameside has had the largest year-year percentage increase in the number of EHCPs supported between 2018 and 2022.



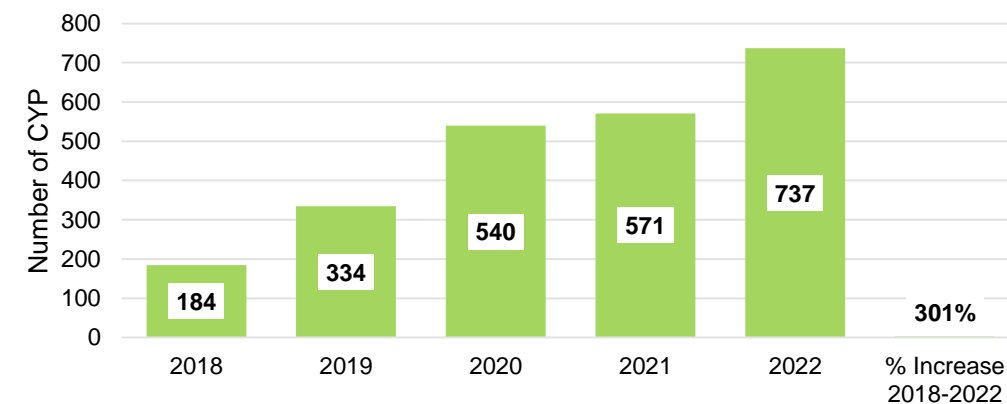
Number of EHCPs per 100 2-18 pop'n



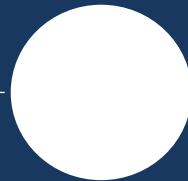
Number of EHCPs over time



Number of Mainstream Placements over time



Financial Forecasts



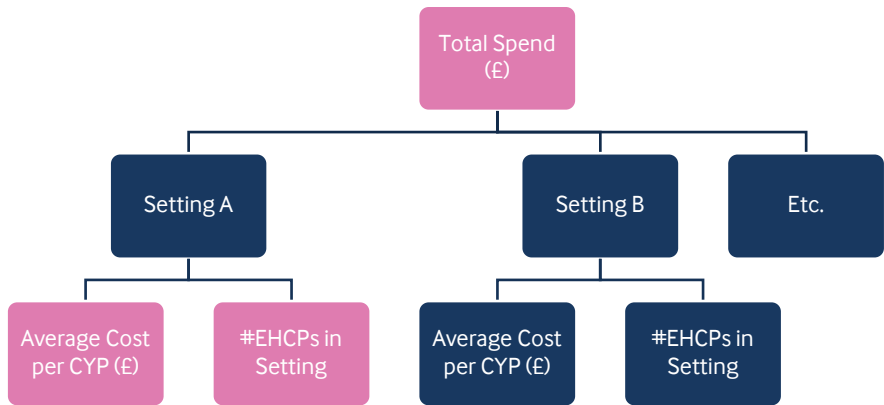
Unmitigated Forecast Methodology



What? Understand likely future movement of key operational measures in an unmitigated scenario and how this translates into financial forecasts (e.g. DSG deficit).



How? Worked alongside relevant Finance and Service staff, understanding and building on existing forecasts by reviewing granular assumptions and projection methods, suggesting revisions where appropriate to meet best practice.



To understand how overall spend will likely change we need to understand how the two drivers of 'average cost' and '#EHCPs' are trending and build a forecast that predicts what will happen in future.

Projected Future Cost in Setting A



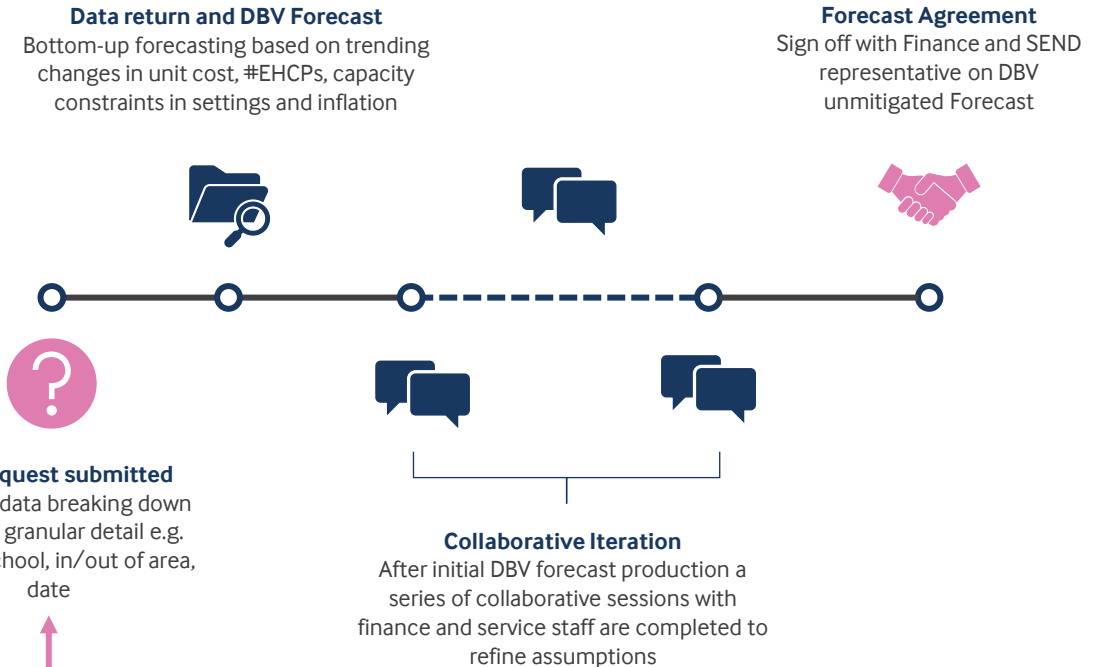
Projected Average Cost per CYP

Including inflation and agreed increased funding to schools



Projected #children in Setting A

Including current capacity and future capacity of provisions, schools and underlying population growth



Data return and DBV Forecast
Bottom-up forecasting based on trending changes in unit cost, #EHCPs, capacity constraints in settings and inflation

Forecast Agreement
Sign off with Finance and SEND representative on DBV unmitigated Forecast

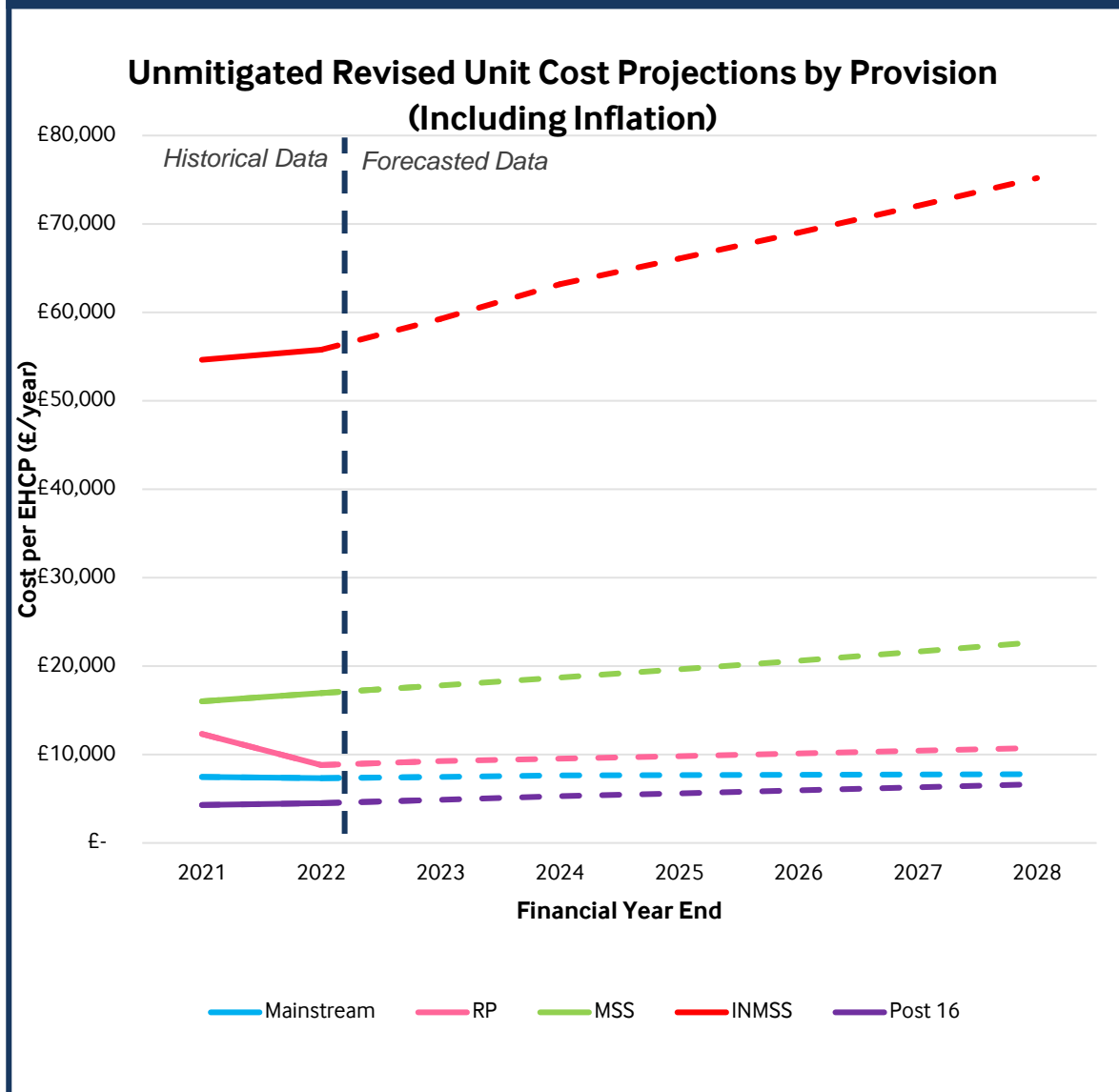
Data request submitted
CYP level data breaking down spend to granular detail e.g. setting, school, in/out of area, date

Collaborative Iteration
After initial DBV forecast production a series of collaborative sessions with finance and service staff are completed to refine assumptions

Unit cost Forecast per provision: Forecasts suggest INMSS unit cost will increase by 35% by 2028 (LB and UB scenarios)



Unmitigated Revised Unit Cost by Provision



Assumptions

- Pre-inflation linear increase from 2021 to 2022 used to forecast going forwards for all provision except RP and MSS, where an assumed 3% inflation rate is used. This is because the rates are set by Tameside, and this has been agreed as the most realistic scenario.
- “Natural” inflation rates (based on historic published inflation rates and predicted future rates) are then factored in.

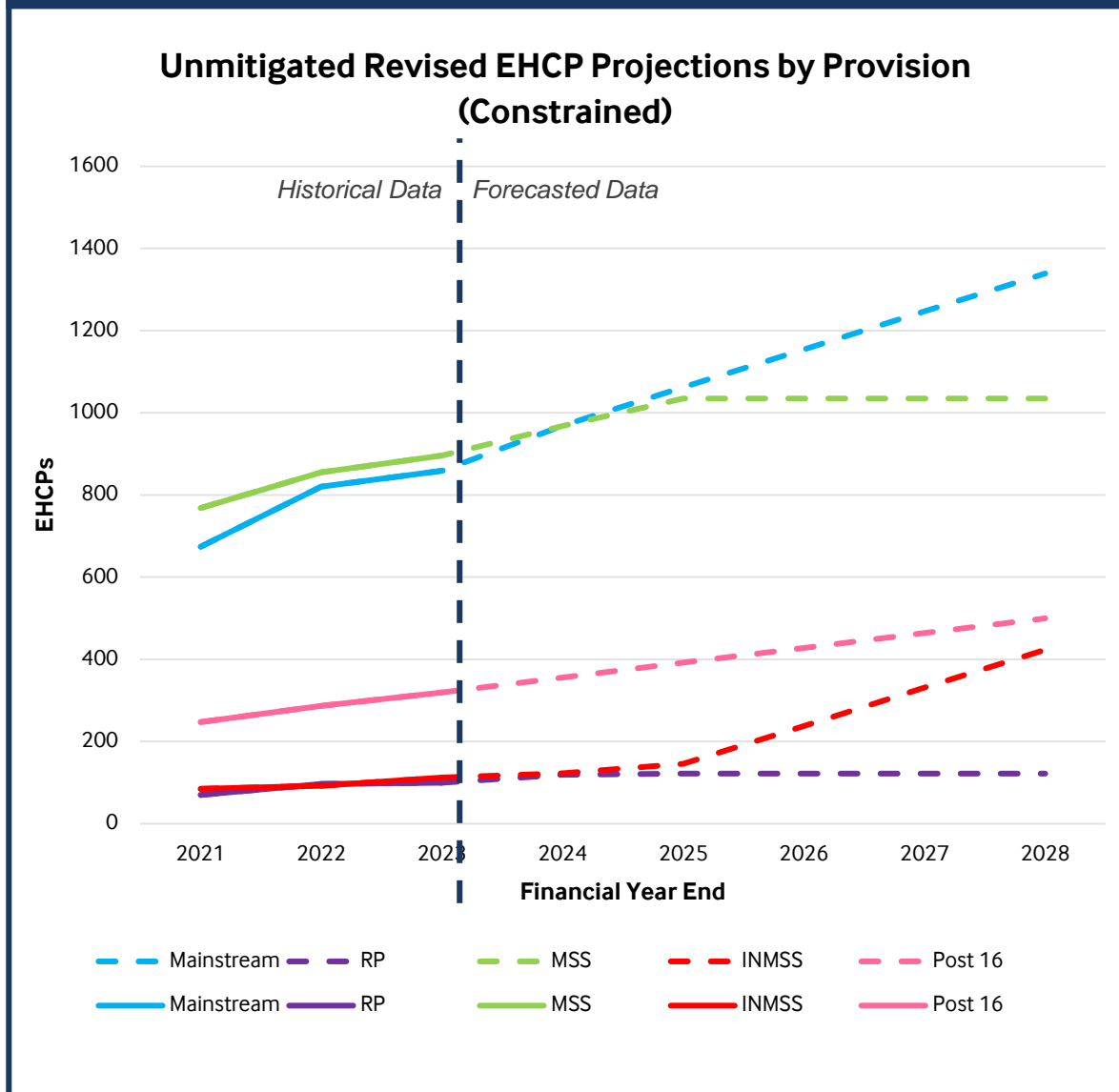
Revised & Inflated Unmitigated Unit Costs (£ per CYP)

Provision	2021	2022	2023	2024	2025	2026	2027	2028
Mainstream	£7,471	£7,305	£7,441	£7,620	£7,659	£7,699	£7,740	£7,783
RP	£12,321	£8,806	£9,246	£9,523	£9,809	£10,103	£10,406	£10,718
MSS	£16,008	£16,950	£17,797	£18,687	£19,621	£20,602	£21,632	£22,714
INMSS	£54,623	£55,761	£59,254	£63,206	£66,072	£69,024	£72,064	£75,196
Post 16 Provision	£4,297	£4,480	£4,854	£5,270	£5,599	£5,937	£6,285	£6,644

EHCP Forecast per provision: Caseload growth in INMSS is predicted to rise sharply when MSS hits capacity in 2025



Unmitigated EHCP Projections by Provision



Assumptions

- Linear increase from 2021 to 2023 used to forecast going forwards
- Capacity constraints for RP have been assumed to be 122 places on an ongoing basis – new EHCPs are assumed to flow into MSS when at capacity. When MSS at capacity, flow is expected into INMSS.
- MSS capacity set at 1035 (in-borough 874 and out of borough 161) – assume that new EHCPs flow into INMSS when at capacity

Forecast Number of EHCPs by Provision

Provision	2021	2022	2023	2024	2025	2026	2027	2028
Mainstream	674	820	859	969	1062	1154	1247	1339
RP	70 (58)	97 (105)	100 (122)	119 (122)	122 (122)	122 (122)	122 (122)	122 (122)
MSS	768 (870)	855 (913)	896 (1035)	968 (1035)	1035 (1035)	1035 (1035)	1035 (1035)	1035 (1035)
INMSS	85	92	112	123	146	238	331	423
Post 16 Provision	247	287	319	356	392	428	464	500
Total	1844	2151	2286	2536	2757	2978	3199	3420

How do linear capacity constraints change our forecasted EHCPs across provisions?



Scenario 1: UB Fixed Capacity Constraints

- Capacity Constraints for EHCPs in RP and MSS are fixed at 2023 Capacity from 2023 onwards. (122 and 1035 respectively)
- EHCP projections are purely linear and not fixed against school population

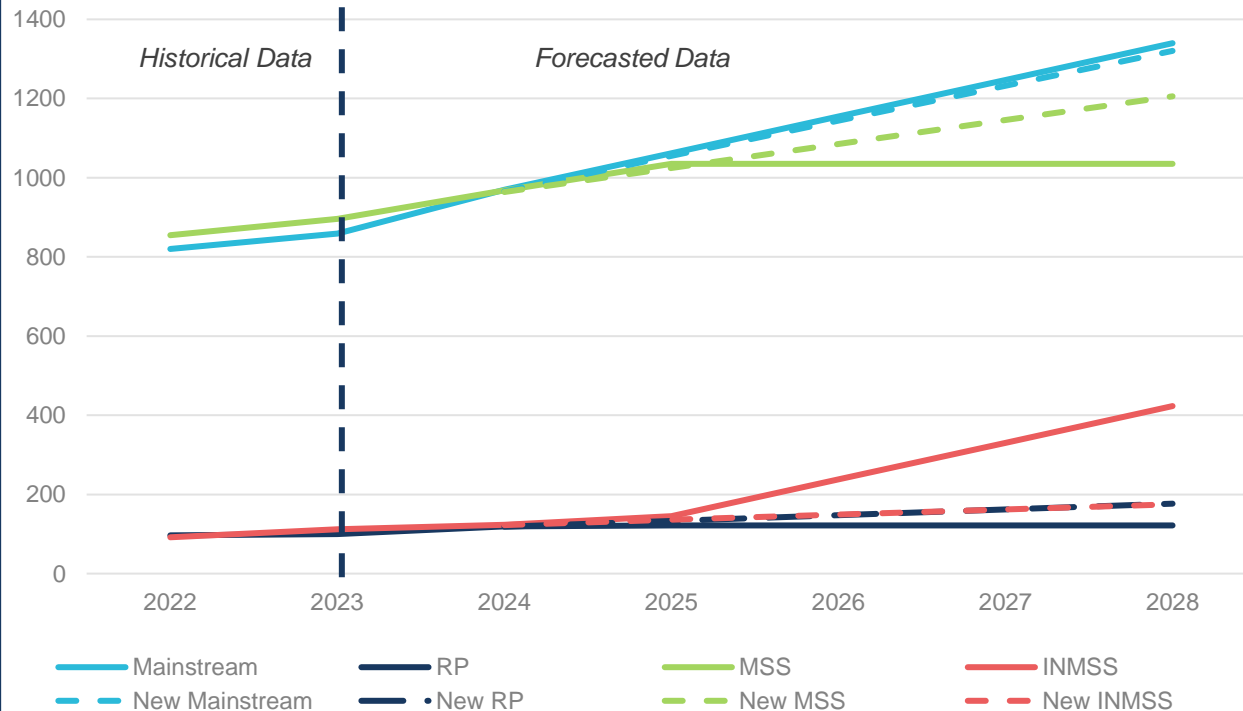
NEW: Scenario 2: LB Linear Capacity Constraints

- Capacity Constraints for EHCPs in RP and MSS are assumed to grow linearly in line with Historic Capacity constraint growth from FYE 20 to FYE 23.
- EHCP projections are fixed against school populations, and the % of total school population in each provision is expected to continue to grow linearly at historic growth rates (FYE 20 – FYE 23)

Unmitigated Expenditure Forecast

Dotted line represents New, scenario 2 forecasted value. Solid line represents previous, scenario 1 values

Comparison of Unmitigated EHCPs across provisions depending on capacity constraints



Fixed Constraint Unmitigated EHCPs (Capacity constraints in brackets)

Provision	2021	2022	2023	2024	2025	2026	2027	2028
Mainstream	674	820	859	969	1062	1154	1247	1339
RP	70 (58)	97 (105)	100 (122)	119 (122)	122 (122)	122 (122)	122 (122)	122 (122)
MSS	768 (870)	855 (913)	896 (1035)	968 (1035)	1035 (1035)	1035 (1035)	1035 (1035)	1035 (1035)
INMSS	85	92	112	123	146	238	331	423
Post 16	247	287	319	356	392	428	464	500
Total	1844	2151	2286	2536	2757	2978	3199	3420

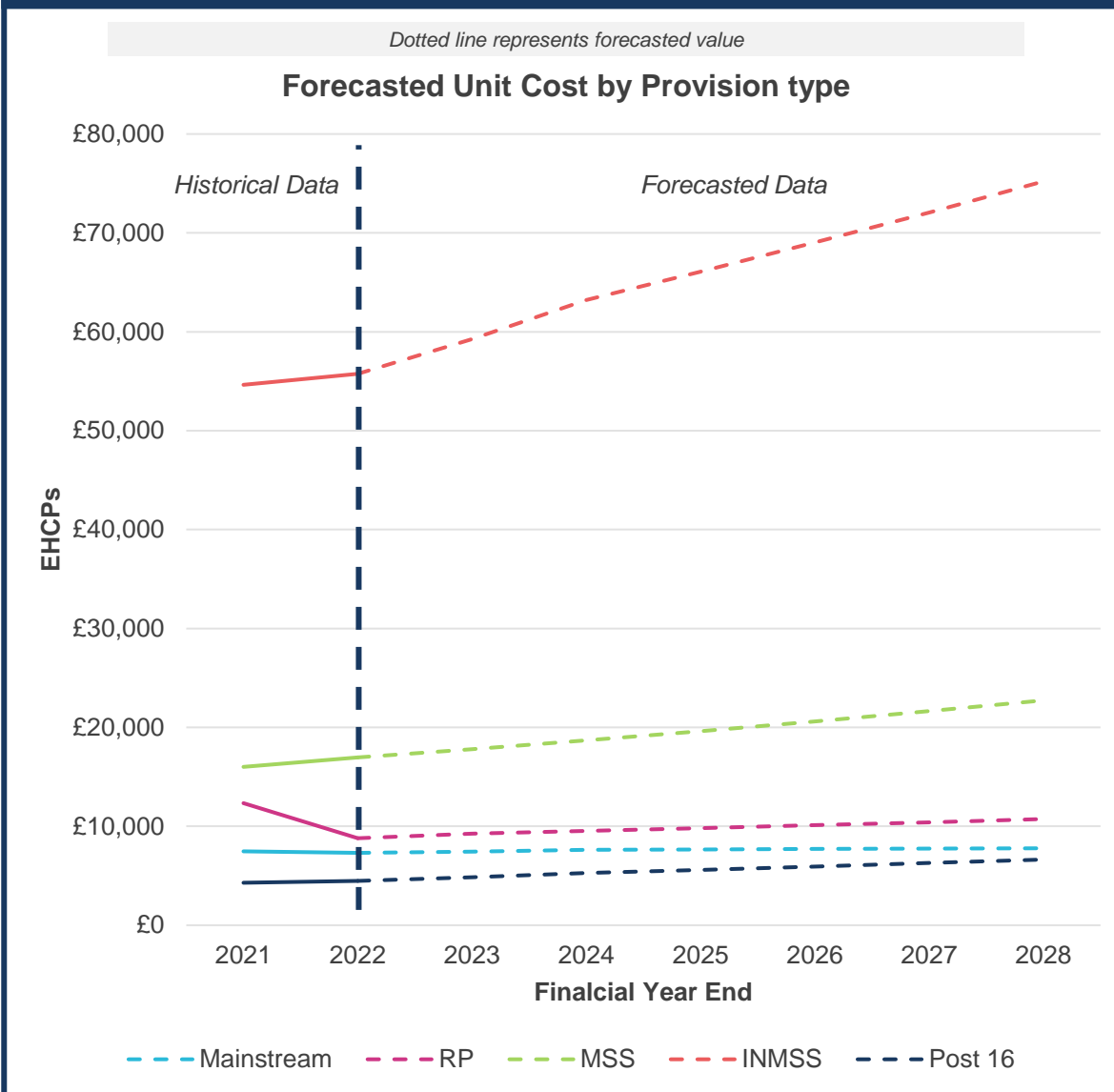
NEW: Linear Constraint Unmitigated EHCPs (Capacity constraints in brackets)

Provision	2021	2022	2023	2024	2025	2026	2027	2028
Mainstream	674	820	859	966	1055	1144	1232	1320
RP	70 (58)	97 (105)	100 (122)	119 (174)	133 (191)	148 (216)	162 (242)	177 (267)
MSS	768 (870)	855 (913)	896 (1035)	964 (1108)	1025 (1214)	1085 (1311)	1145 (1409)	1205 (1506)
INMSS	85	92	112	123	136	149	162	175
Post 16	247	287	319	355	390	424	459	493
Total	1844	2151	2286	2526	2738	2950	3160	3370

The new scenario does not change forecasted unit costs



Unmitigated Revised Unit Cost by Provision



Assumptions

- Pre-inflation linear increase from 2021 to 2022 used to forecast going forwards for all provision except RP and MSS, where an assumed 3% inflation rate is used. This is because the rates are set by Tameside, and this has been agreed as the most realistic scenario.
- “Natural” inflation rates (based on historic published inflation rates and predicted future rates) are then factored in.

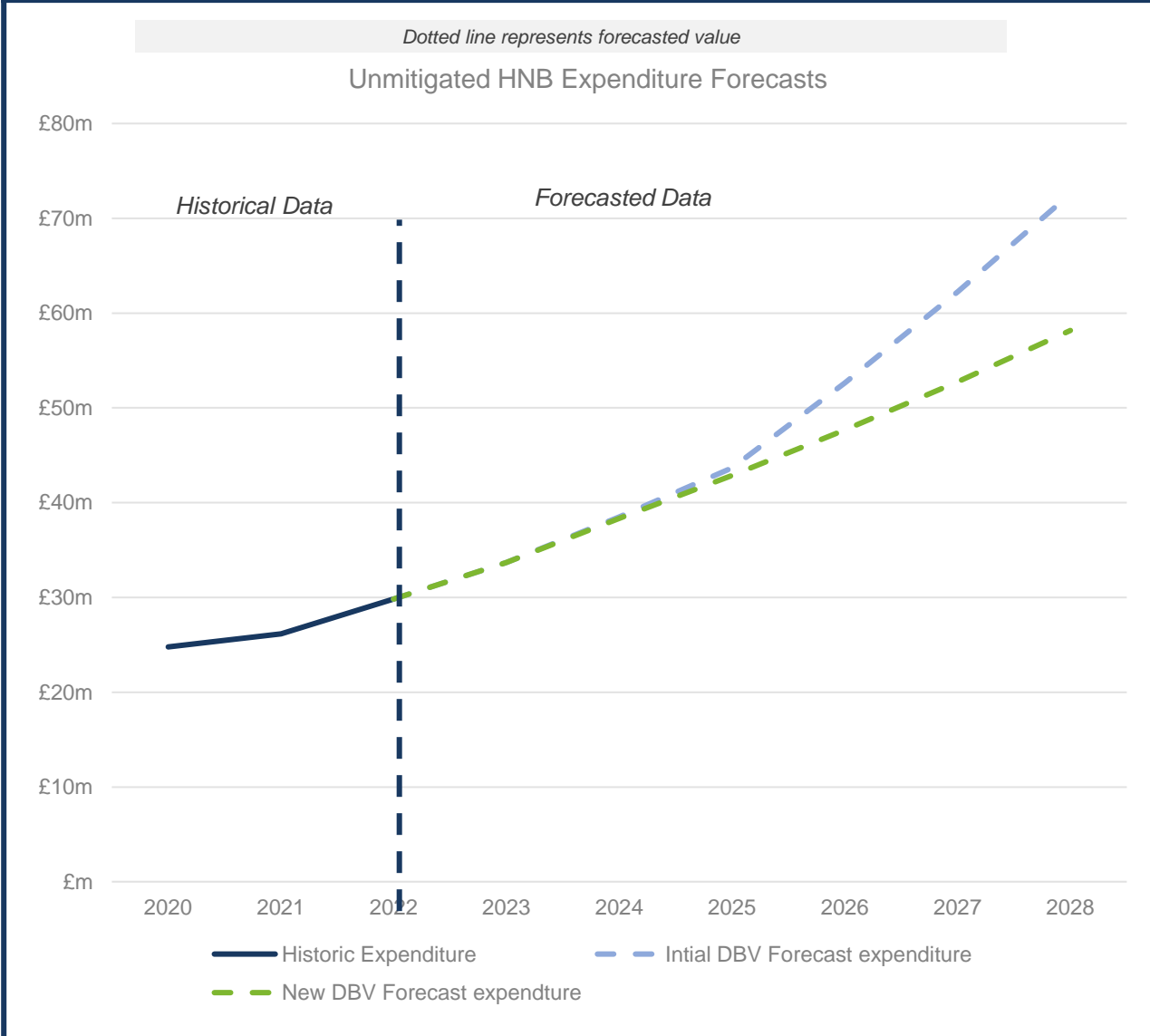
Revised & Inflated Unmitigated Unit Costs (£ per CYP)

Provision	2021	2022	2023	2024	2025	2026	2027	2028
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Post 16 Provision	£4,297	£4,480	£4,854	£5,270	£5,599	£5,937	£6,285	£6,644

Total Unmitigated Expenditure Forecast: by 2027/28, in-year expenditure is expected to grow to £73m, up from around £30m in 2021/22



Unmitigated Expenditure Forecast



Scenario 1: Actual and Forecast Expenditure by Provision

Provision	2021	2022	2023	2024	2025	2026	2027	2028
Mainstream	£5.0m	£6.0m	£6.4m	£7.4m	£8.1m	£8.9m	£9.7m	£10.4m
RP	£0.9m	£0.9m	£0.9m	£1.1m	£1.2m	£1.2m	£1.3m	£1.3m
MSS	£12.3m	£14.5m	£15.9m	£18.1m	£20.3m	£21.3m	£22.4m	£23.5m
INMSS	£4.6m	£5.1m	£6.6m	£7.8m	£9.6m	£16.4m	£23.8m	£31.8m
Post 16	£1.1m	£1.3m	£1.5m	£1.9m	£2.2m	£2.5m	£2.9m	£3.3m
Hospital / AP	£2.1m	£1.9m	£2.0m	£2.0m	£2.0m	£2.0m	£2.0m	£2.0m
Other	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m
Health, Social Care, Therapies	£0.0m	£0.1m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
Total	£26.2m	£29.8m	£33.7m	£38.5m	£43.7m	£52.6m	£62.2m	£72.6m

*Cells highlighted in blue show actual values

NEW: Scenario 2: Actual and Forecast Expenditure by Provision

Provision	2021	2022	2023	2024	2025	2026	2027	2028
Mainstream	£5.0m	£6.0m	£6.4m	£7.4m	£8.1m	£8.8m	£9.5m	£10.3m
RP	£0.9m	£0.9m	£0.9m	£1.1m	£1.3m	£1.5m	£1.7m	£1.9m
MSS	£12.3m	£14.5m	£15.9m	£18.0m	£20.1m	£22.4m	£24.8m	£27.4m
INMSS	£4.6m	£5.1m	£6.6m	£7.8m	£9.0m	£10.3m	£11.7m	£13.1m
Post 16	£1.1m	£1.3m	£1.5m	£1.9m	£2.2m	£2.5m	£2.9m	£3.3m
Hospital / AP	£2.1m	£1.9m	£2.0m	£2.0m	£2.0m	£2.0m	£2.0m	£2.0m
Other	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m	£0.2m
Health, Social Care, Therapies	£0.0m	£0.1m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
Total	£26.2m	£29.8m	£33.7m	£38.3m	£42.9m	£47.7m	£52.8m	£58.2m

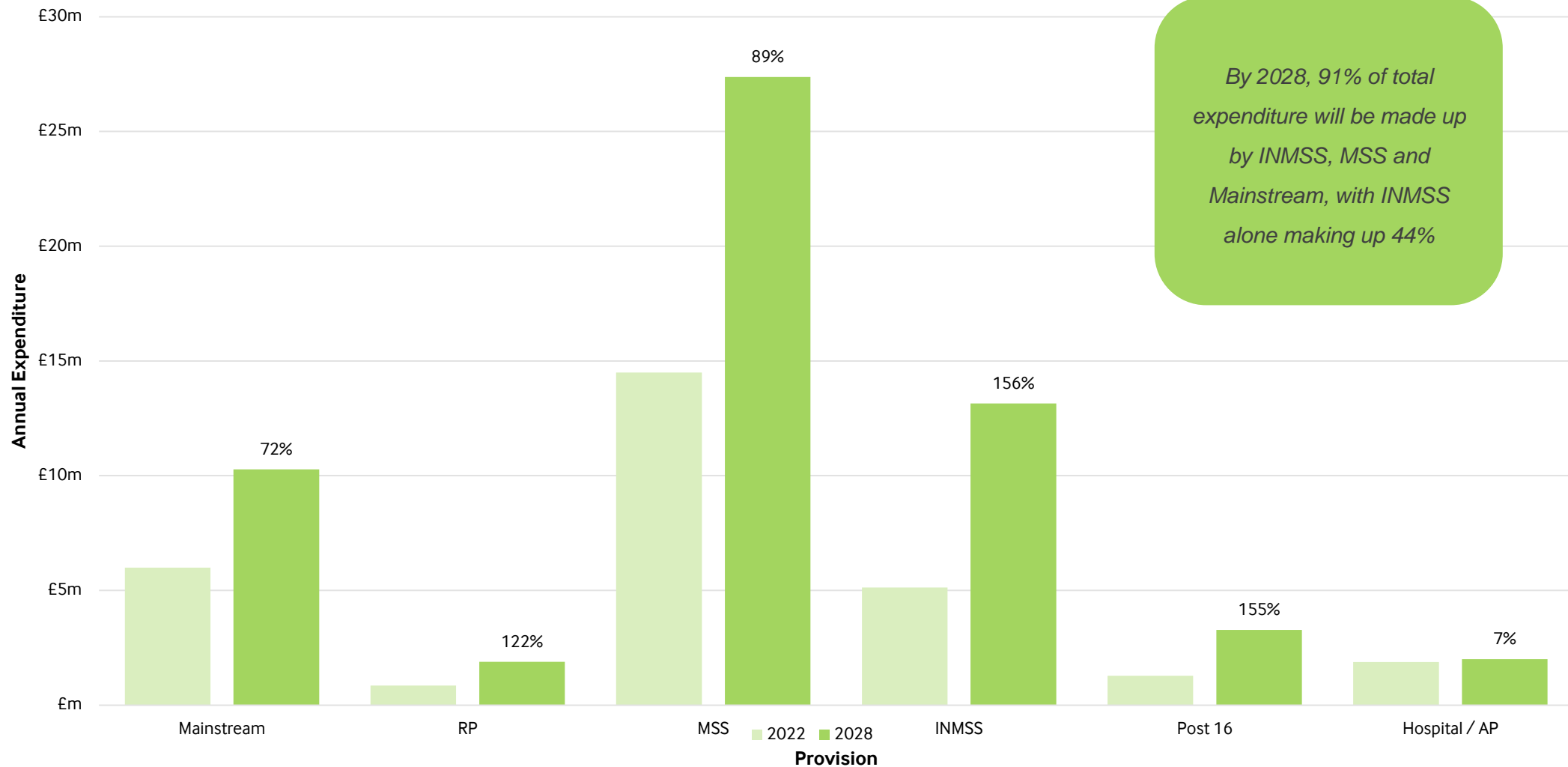
*Cells highlighted in blue show actual values

Tameside have chosen Scenario 2 to take forward into their DSG Management Plan

EHCP Forecast per provision: Expenditure across all the provisions will increase 145% by 2028



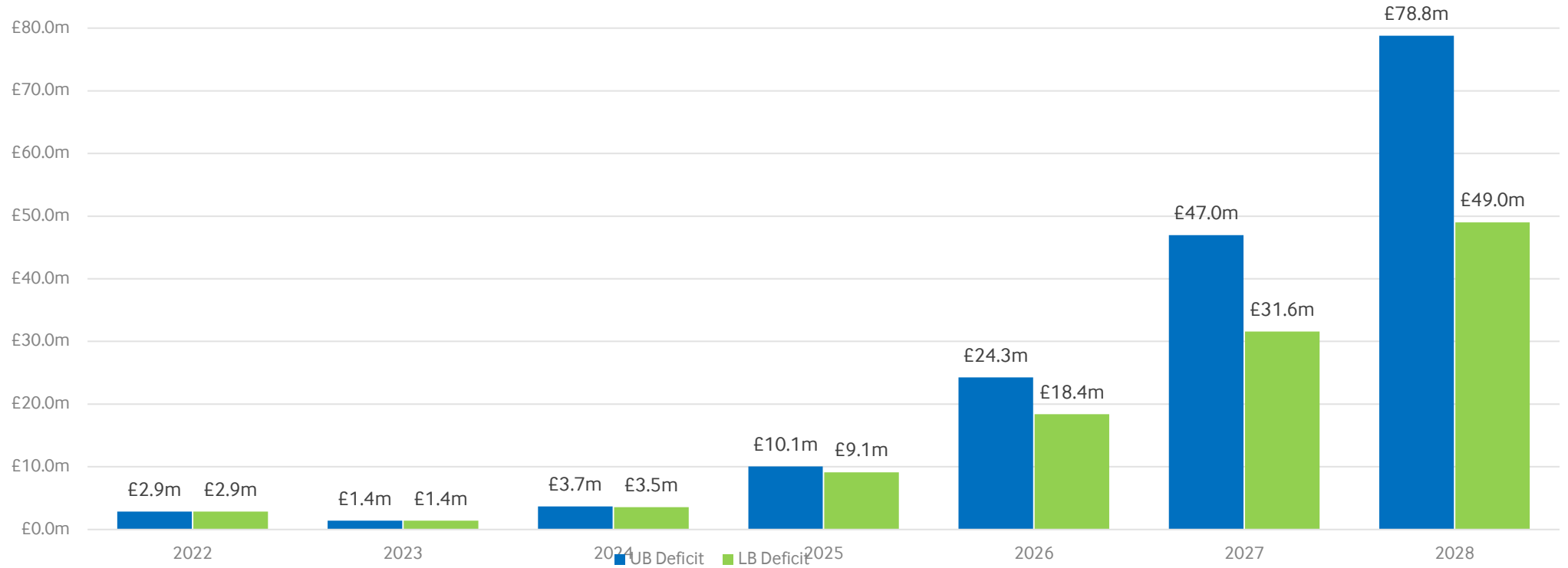
Change in Unmitigated Revised Expenditure by Provision



Total Unmitigated Cumulative Deficit: Revised cumulative deficit is projected to be £79m by 2028



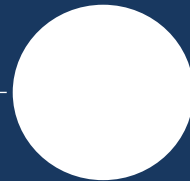
Tameside Cumulative Deficit Overview



Assumptions

- DBV Unmitigated Cumulative UB deficit projected to grow to £79m by 2028, LB is £49.0
- Actual budget used for FY ending 2022 (£28.4m) and 2023 (£35.1m)
- Assumed 3% inflation in budget per year for FYs 2024 to 2028

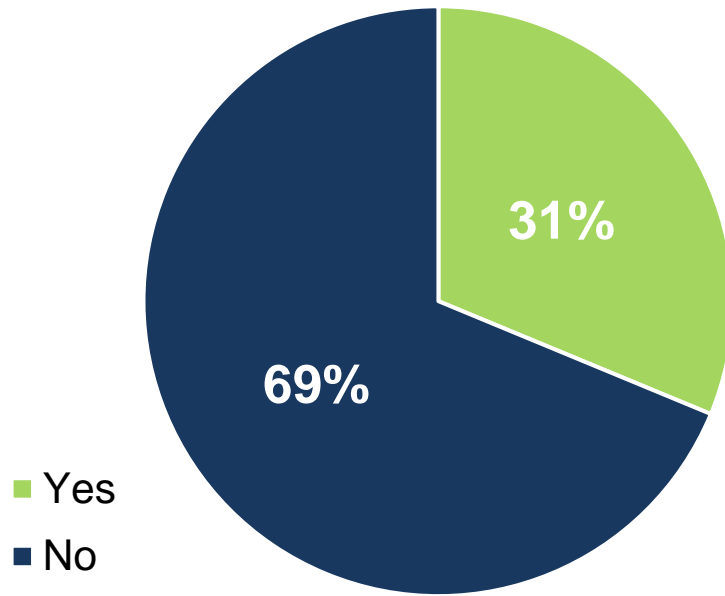
Opportunity



DBV has identified 4 main opportunities within Tameside that would encourage movement of CYPs to more ideal provisions



Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?



Which provisions would be better suited to deliver ideal outcomes?

Provision (e.g. type of school/setting)	Cases	EHCP Necessary (%)	Ideal Placement (%)	Resourced Provisions or SEN Units	Mainstream schools and academies	LA maintained special schools	Not enough information available
LA maintained special schools	14	86%	43%	29%	29%	0%	0%
Independent or non-maintained special schools	9	100%	44%	0%	0%	22%	33%
Mainstream schools and academies	5	40%	100%	0%	0%	0%	0%
Resourced Provisions or SEN Units	2	100%	50%	0%	0%	0%	50%
Early year settings	2	100%	100%	0%	0%	0%	0%

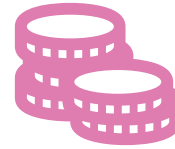
- Supporting the goals and aspirations of the child in **Mainstream without the need of an EHCP**
- Supporting the goals and aspirations of the child in **RP rather than in MSS**
- Supporting the goals and aspirations of the child in **Mainstream rather than in MSS**
- Supporting the goals and aspirations of the child in **MSS rather than in INMSS**

Our biggest opportunity is around the cohort of CYP starting INMSS placements

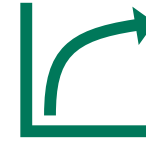
Quantifying the opportunities



In Module 1 we worked to calculate the **unmitigated forecast** i.e. the worst case, do nothing position

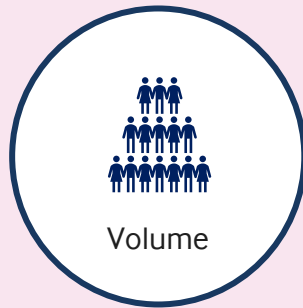


Now we can **quantify the opportunities** we have found to best understand the impact we can have on CYP



By understanding how these will profile over time we can create the **mitigated forecast**

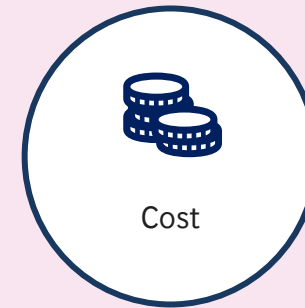
Opportunity Types



Volume



Duration



Cost

Turning Opportunities into Projected Impact: Confidence Weightings

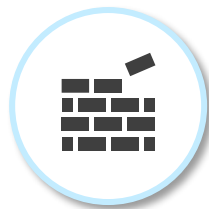


Diagnostic investigations will tell you the potential impact of various different changes. Successful implementation of change depends on a variety of factors. When we forecast impact, we want to make sure that we are realistic with what can be achieved. We do this by applying **confidence weightings** to each opportunity.

What is a “confidence weighting”?

A confidence weighting is expressed as a percentage, with 100% representing total confidence that the change will deliver the full impact identified through the diagnostic. 50% means “we can be confident that we will deliver at least 50% of the impact”. It doesn’t mean “we have a 50% chance of delivering any impact”.

How do you choose a confidence weighting?



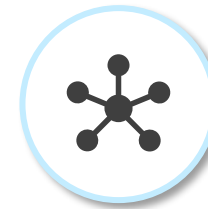
Foundations for Change

Considering how well the Local Area is setup to support complex change. This is where the foundations for change framework can support.



Complexity of the Change

The simplest change would involve changing one word on a form. The most complex would involve changing deeply-held beliefs across thousands of diverse individuals.



Diagnostic Evidence

The more data points which exist to support a given target, and the more they agree with one another, the more confident we can be in the target.

We will support you in applying these principles to choose two confidence weightings for each opportunity. A “target” confidence, which is what we think is a realistic scenario, and a “stretch” confidence, which represents a cautiously optimistic scenario. We will bring our experiences of supporting the implementation of similar changes to ensure we end up with a realistic and achievable set of opportunities.

Benefits Profile / Steady State Difference



In-Year Benefit

Is the financial value realised in a specific year and is dependent on the number of people being impacted in that year by the change

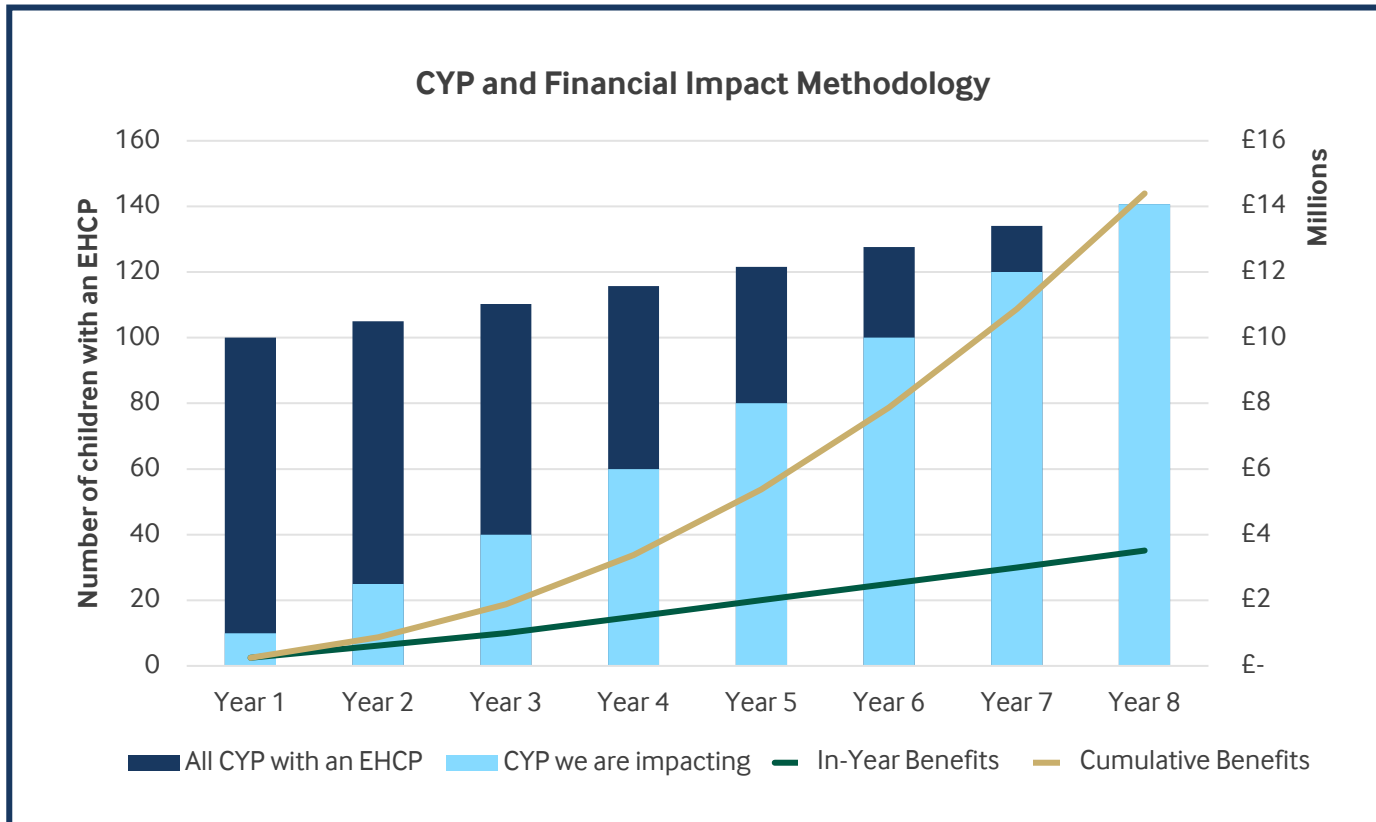
Steady State Value

Steady state value is the eventual, **annual** financial value that will be realised once we are impacting the entire caseload

Cumulative Benefit

Is the sum of all in-year benefits. The combined value of all previous years since the changes were implemented.

Example Benefit Profile



NOT REAL DATA

- 1 In-year Benefit: Green line in any year
- 2 Steady State Value: Green line in year 8 (£3.5m)
- 3 Cumulative Benefit: The sum of all In-Year Benefits (£14m)

Effecting the outcomes for 'new starts' in Tameside would result in a cumulative opportunity value of £5.2m – £7.2m by FYE 2028 in the Lower Bound Scenario



The DBV opportunity is built around affecting the number of new starts into SEND provision. This opportunity is calculated from the number of CYPs that would be effected, the difference in unit cost between provisions, and the average duration CYPs spend in each provision.

'New Starts' Opportunity Matrix

Provision (e.g. type of school/setting)	Cases	EHCP Necessary (%)	Ideal Placement (%)	Resourced Provisions or SEN Units	Mainstream schools and academies	LA maintained special schools	Not enough information available
LA maintained special schools	14	86%	43%	29%	29%	0%	0%
Independent or non-maintained special schools	9	100%	44%	0%	0%	22%	33%
Mainstream schools and academies	5	40%	100%	0%	0%	0%	0%
Resourced Provisions or SEN Units	2	100%	50%	0%	0%	0%	50%
Early year settings	2	100%	100%	0%	0%	0%	0%

Calculations Assumptions box

- All recommended movement from case reviews could be applied to predicted new EHCP starts from school year starting 2024 onwards.
- Forecast of new starts per year have been made from High Impact Analysis and CYP data return 20-22.
- Confidence weightings have been reviewed and incorporate all existing deep dive and benchmarking insights
- 2022 new starts have been used as a baseline and predicted caseload growth % has been applied to estimated future new starts rate.
- No overlap between LA Mitigations and DBV opportunities occurs in analysis
- Linear capacity constraint growth modelled into opportunities
- EHCP growth is fixed against population growth
- 1 – Full Sept '24 Opportunity calculated from total number of new starts affected for that academic year (including ongoing from savings from following years of expected education)
- 2 – FY 24/25 to FY 27/28 Opportunity: Calculated off expected monthly benefit being April '24 to April '28. No benefit expected April '24-Aug '24 due to first impact occurring at the start of academic year Sept '24.

Opportunity		Full Sept '24 Year Opportunity ¹		FY 24/25-27/28 Full Opportunity ²	
ID	Summary	Target	Stretch	Target	Stretch
1	Support without EHCP	£838,936	£1,160,231	£2,515,488	£3,478,867
2	MSS > Mainstream	£165,298	£218,194	£1,099,393	£1,451,199
3	MSS > RP/SEN	£715,169	£1,021,671	£781,398	£1,116,282
4	INMSS > MSS	£795,217	£1,099,768	£846,695	£1,170,962
TOTALS		£2,514,621	£3,499,863	£5,242,975	£7,217,310

Effecting the outcomes for 'new starts' in Tameside would result in a Annualised opportunity value of £5.2m - £7.2m by 2028.



The DBV opportunity is built around affecting the number of new starts into SEND provision. This opportunity is calculated from the number of CYPs that would be effected, the difference in unit cost between provisions, and the average duration CYPs spend in each provision.

'New Starts' Opportunity Matrix

Supporting children's goals and aspirations through the right provision type



Opportunity	Annualised Benefit		5 year cumulative benefit 22/23 – 27/28	
	LB Confidence Weight	UB Confidence weight	LB Confidence Weight	UB Confidence weight
Supporting the goals and aspirations of the child can be achieved without the need for an EHCP	£0.8 M	£1.2 M	£2.5 M	£3.5 M
Supporting the goals and aspirations of the child in a MSS setting rather than INMSS	£0.2 M	£0.2 M	£1.1 M	£1.5 M
Supporting the goals and aspirations of the child in a Mainstream setting rather than MSS	£0.7 M	£1.0 M	£0.8 M	£1.1 M
Supporting the goals and aspirations of the child through Resources/SEN Unit setting rather than MSS	£0.8 M	£1.1 M	£0.8 M	£1.2 M
Total	£2.5 M	£3.5 M	£5.2 M	£7.2 M

Calculations Assumptions box

- All recommended movement from case reviews could be applied to predicted new EHCP starts from school year starting 2024 onwards.
- Forecast of new starts per year have been made from High Impact Analysis and CYP data return 20-22.
- Confidence weightings do not currently incorporate Module 2 Deep Dive outputs
- 2022 new starts have been used as a baseline and predicted caseload growth % has been applied to estimated future new starts rate.
- Linear capacity constraint growth modelled into opportunities

Opportunity	Annualised Benefit		5 year cumulative benefit 22/23 – 27/28	
	LB	UB	LB	UB

DBV Opportunities will affect Mainstream, RP, MSS and INMSS caseload



HN Pupil Unmitigated Projections per provision								
Provision	2021	2022	2023	2024	2025	2026	2027	2028
Mainstream	674	820	859	966	1055	1144	1232	1320
RP	70	97	100	119	133	148	162	177
MSS	768	855	896	964	1025	1085	1145	1205
INMSS	85	92	112	123	136	149	162	175
Post 16	247	287	319	355	390	424	459	493
Total EHCPs	1844	2151	2286	2526	2738	2950	3160	3370

Table shows the unmitigated EHCP projections in each provision

Our main savings will be through reduction in CYPs in the INMSS, which has been facilitated by LA mitigations

Opportunity Area	Target Mitigated Number of EHCPs							
	2021	2022	2023	2024	2025	2026	2027	2028
Target Mainstream	674	820	859	966	1030	1071	1106	1134
Target RP	70	97	100	168	189	215	240	266
Target MSS	768	855	896	915	966	1010	1054	1099
Target INMSS	85	92	112	123	134	144	153	162
TOTAL EHCPs	1844	2151	2286	2526	2709	2864	3012	3154

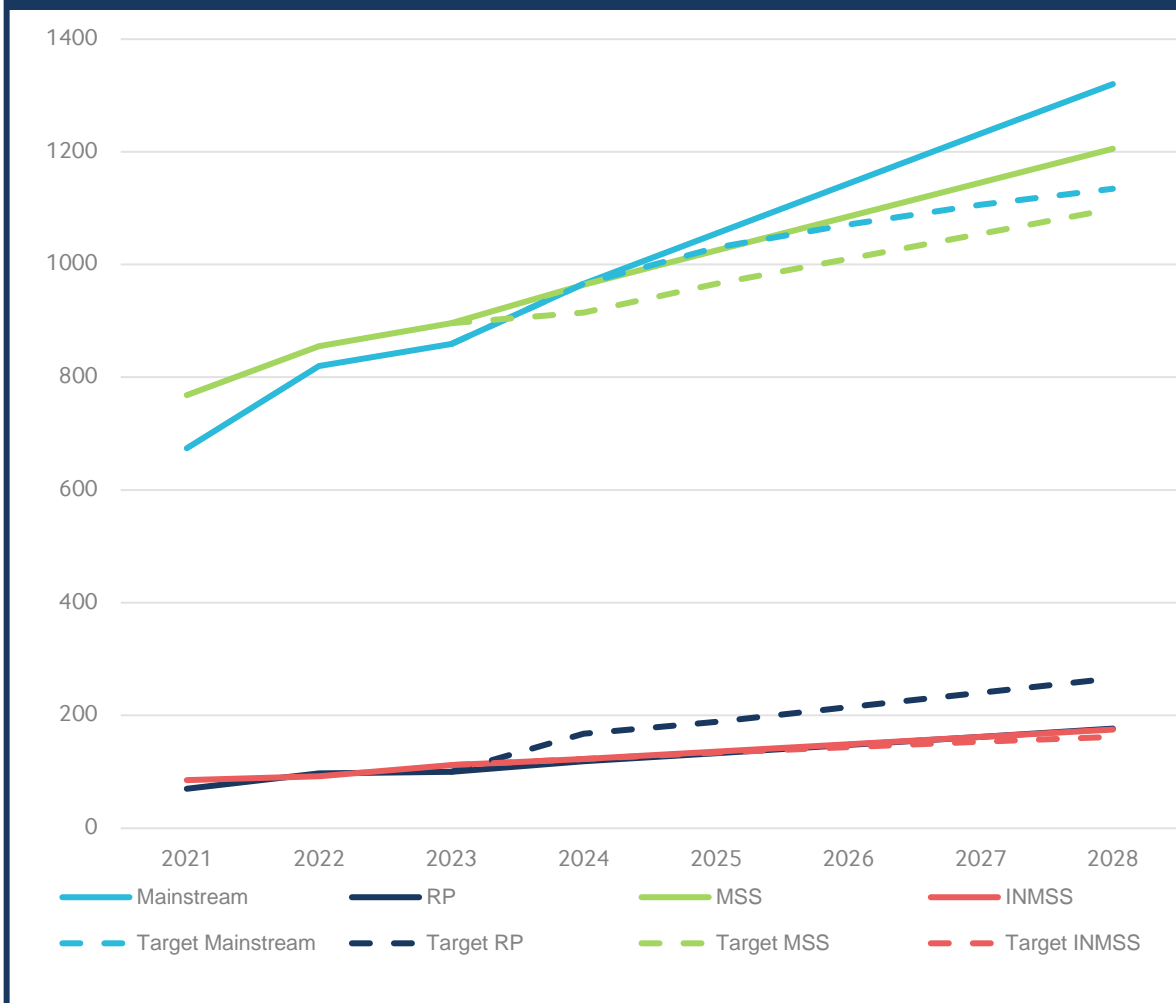
Opportunity Area	Stretch Mitigated Number of EHCPs							
	2021	2022	2023	2024	2025	2026	2027	2028
Stretch Mainstream	674	820	859	966	1021	1044	1058	1065
Stretch RP	70	97	100	168	191	221	251	281
Stretch MSS	768	855	896	915	962	999	1037	1074
Stretch INMSS	85	92	112	123	134	142	150	158
TOTAL EHCPs	1844	2151	2286	2526	2698	2831	2956	3072

Above tables show the target and stretch mitigated projections for number of EHCPs in provisions affected by the opportunities

DBV Opportunities will affect Mainstream, RP, MSS and INMSS caseload



HN Pupil Unmitigated Projections per provision



Graph shows the unmitigated EHCP projections in each provision

Opportunity Area	Target Mitigated Number of EHCPs							
	2021	2022	2023	2024	2025	2026	2027	2028
Target Mainstream	674	820	859	966	1030	1071	1106	1134
Target RP	70	97	100	168	189	215	240	266
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TOTAL EHCPs	1844	2151	2286	2526	2709	2864	3012	3154

Opportunity Area	Stretch Mitigated Number of EHCPs							
	2021	2022	2023	2024	2025	2026	2027	2028
Stretch Mainstream	674	820	859	966	1021	1044	1058	1065
Stretch RP	70	97	100	168	191	221	251	281
Stretch MSS	768	855	896	915	962	999	1037	1074
Stretch INMSS	85	92	112	123	134	142	150	158
TOTAL EHCPs	1844	2151	2286	2526	2698	2831	2956	3072

Above tables show the target and stretch mitigated projections for number of EHCPs in provisions affected by the opportunities

Confidence Weighted Opportunities



New DBV Opportunity		Lower Bound				Upper Bound			
		Total Annualised Benefit (Steady state benefit)		DBV FYE 24 – FYE 28 Cumulative Opportunity		Total Annualised Benefit (Steady state benefit)		DBV FYE 24 – FYE 28 Cumulative Opportunity	
		Target	Stretch	Target	Stretch	Target	Stretch	Target	Stretch
Supporting the goals and aspirations of the child can be achieved without the need for an EHCP	Support without EHCP	£0.8 M	£1.2 M	£2.5m	£3.5m	£0.8M	£1.2M	£2.5m	£3.5m
Supporting the goals and aspirations of the child in a Mainstream setting rather than MSS	MSS > Mainstream	£0.2 M	£0.2 M	£0.8m	£1.1m	£0.2M	£0.2M	£3.6m	£5.1m
Supporting the goals and aspirations of the child through Resources/SEN Unit setting rather than MSS	MSS > RP/SEN	£0.7 M	£1.0 M	£0.8m	£1.0m	£.7M	£1.0M	£0.8m	£1.2m
Supporting the goals and aspirations of the child in a MSS setting rather than INMSS	INMSS > MSS	£0.8 M	£1.1 M	£1.10m	£1.45m	£0.8M	£1.1M	£1.1m	£1.5m
LA Mitigations		£2.6M							
Total Savings		£2.5 M	£3.5 M	£7.8m	£9.6m	£2.5M	£3.5M	£10.6m	£13.8m

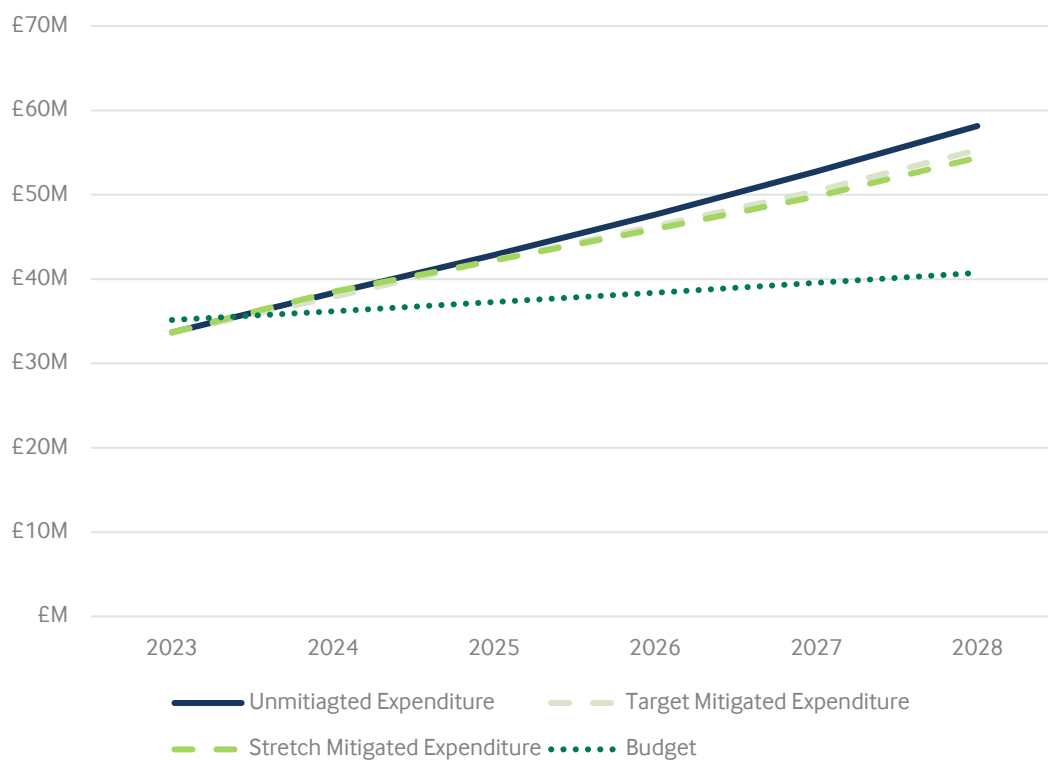
The total value of cumulative benefit will be £7.8m - £9.8m in Lower Bound Scenario



Method and assumptions

- The benefits profile is built with an increasing baseline of forecasted starts and costs year on year using the agreed module 1 output
- Any deficit calculations for future scenarios were built off 3% budget increases year-on-year
- Opportunity modelled on projected number of new pupils and projected unit cost
- Unmitigated INMSS flow goes back into MSS in LA mitigations to add to RP capacity opportunity*
- We have assumed that benefit will only be coming in from Sep 2024 as that is when all opportunities begin to take effect
- Trends built from row level data from 2021-2023 calendar years
- Aggregated view of individual provision projections

Comparison of Stretch and Target Expenditure



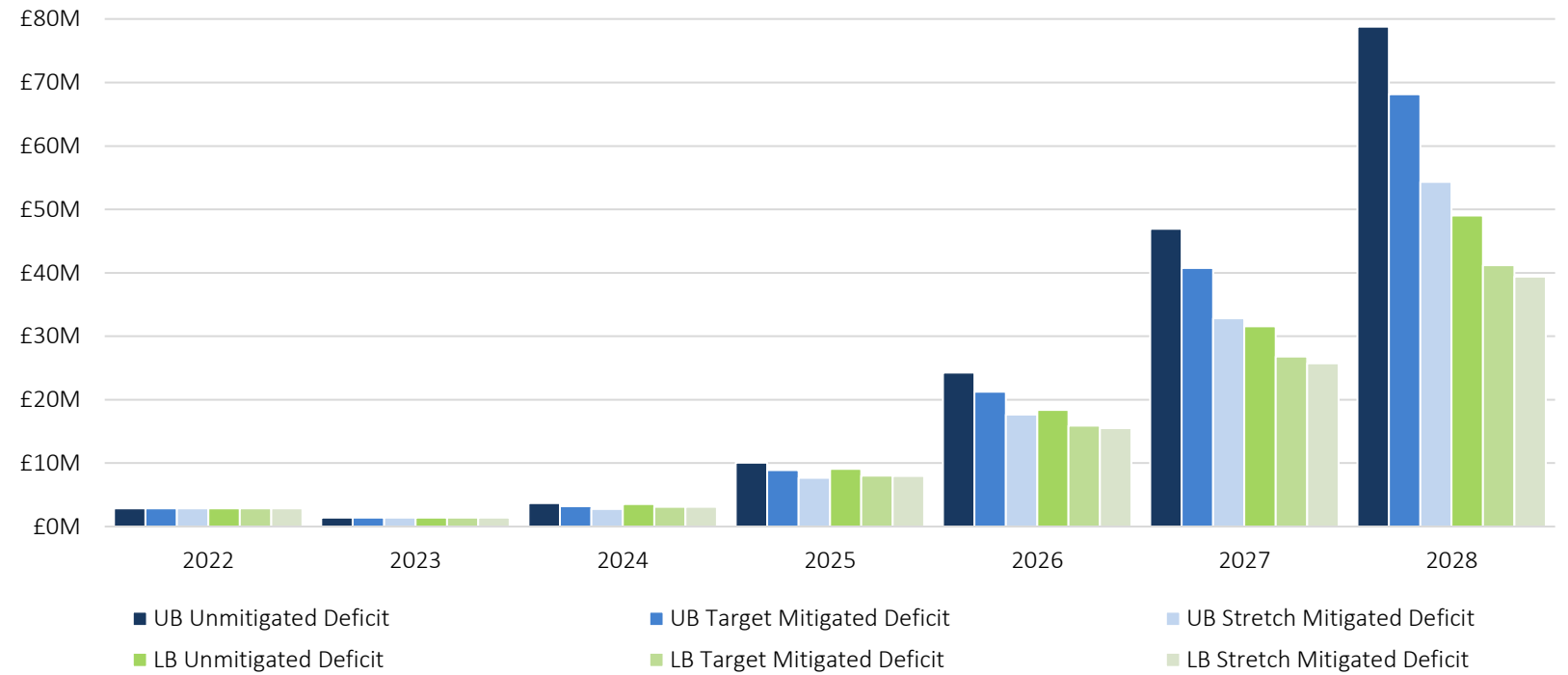
Opportunity		Cumulative Benefit	
		LB Confidence Weight	UB Confidence weight
1	Support without EHCP	£2.5 M	£3.5 M
2	MSS > Mainstream	£0.8M	£1.1 M
3	MSS > RP/SEN	£0.8 M	£1.0 M
4	INMSS > MSS	£1.1 M	£1.5M
Existing mitigations	Increased RP provision	£2.6m	
Total		£7.8 M	£9.6M

Final Mitigated Deficit (including DBV and Existing Mitigations)



Tameside Cumulative Deficit Comparison

LB Cumulative Benefit 23-28 Lower Bound		
New DBV Opportunity	Target	Stretch
Support without EHCP	£2.5 M	£3.5 M
MSS > Mainstream	£0.8M	£1.1 M
MSS > RP/SEN	£0.8 M	£1.0 M
INMSS > MSS	£1.1 M	£1.5M
DBV Total	£5.2m	£7.0m
LA Mitigations	£2.6m	£2.6m
Total Savings	£7.8 M	£9.6M



Year	2021	2022	2023	2024	2025	2026	2027	2028
UB Fixed Constraint Unmitigated Cumulative Deficit	£1.8m	£2.9m	£1.4m	£3.7m	£10.1m	£24.3m	£47.0m	£78.8m
UB Fixed Constraint Target Deficit	£1.8m	£2.9m	£1.4m	£3.2m	£8.9m	£21.3m	£40.7m	£68.1m
UB Fixed Constraint Stretch Deficit	£1.8m	£2.9m	£1.4m	£2.8m	£7.7m	£17.6m	£32.9m	£54.3m
LB Linear Constraint Unmitigated Cumulative Deficit	£1.8m	£2.9m	£1.4m	£3.5m	£9.1m	£18.4m	£31.6m	£49.0m
LB Linear Constraint Target Deficit	£1.8m	£2.9m	£1.4m	£3.1m	£8.1m	£15.9m	£26.8m	£41.2m
LB Linear Constraint Stretch Deficit	£1.8m	£2.9m	£1.4m	£3.1m	£8.0m	£15.5m	£25.7m	£39.4m

Scenario selected for DSG