DBV Grant Application

LA: Halton Borough Council

Date of Submission: 20/12/2023

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1. Grant Application Executive Summary

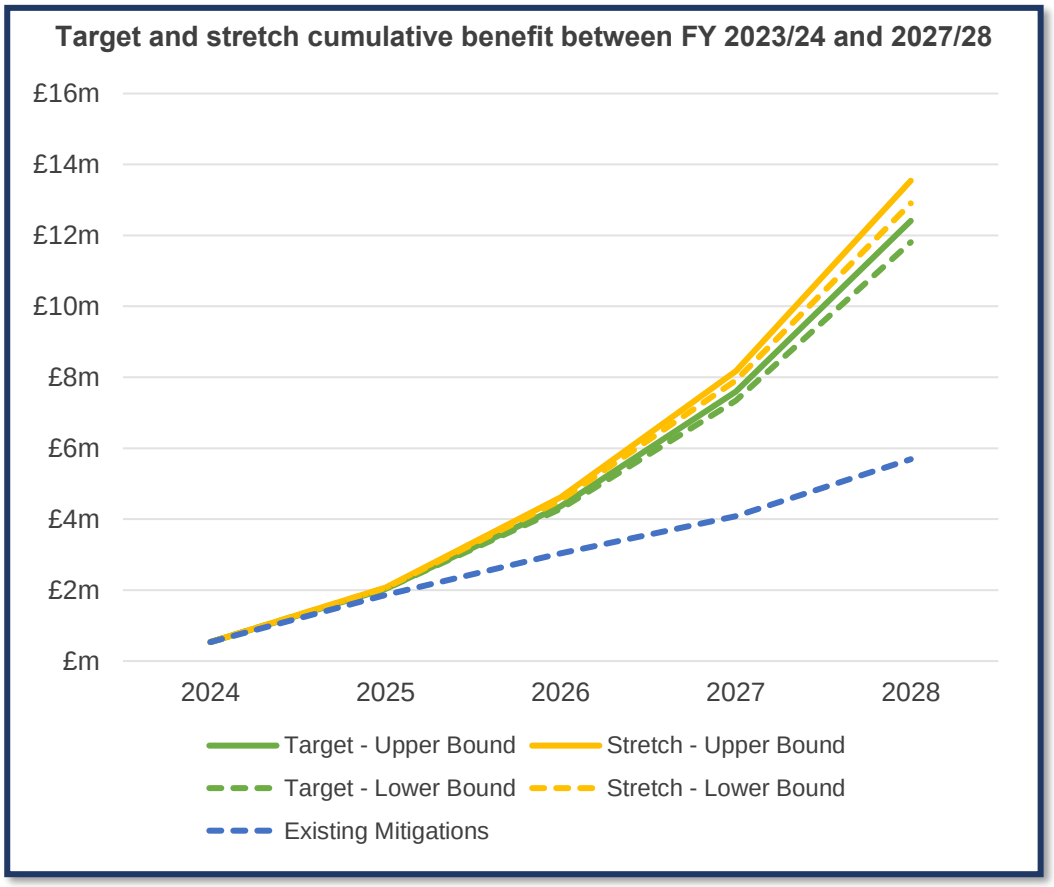
DSG ALLOCATION 22/23	UNMITIGATED CUMULATIVE DSG DEFICITY END OF FY 22/23	% DSG DEFICIT TO DSG ALLOCATION 22/23
£23.8m	£2.9m	12.2%

Unmitigated Scenario: Upper Bound

TARGET CUMULATIVE OPPORTUNITY 22/23 – 27/28	STRETCH CUMMULATIVE OPPORTUNITY 22/23 – 27/28	RANGE OF ANNUALISED BENEFIT (TARGET TO STRETCH)
£12.4m	£13.5m	£1.2m

Unmitigated Scenario: Lower Bound

TARGET CUMULATIVE OPPORTUNITY 22/23 – 27/28	STRETCH CUMMULATIVE OPPORTUNITY 22/23 – 27/28	RANGE OF ANNUALISED BENEFIT (TARGET TO STRETCH)
£11.8m	£12.9m	£1.1m



Summary of Diagnostic Findings

High Impact Analysis

- High Needs Block spend has grown 46% in Halton since Financial Year ending 2020, with 78% of all spend coming from Maintained Special Schools (MSS), Independent and Non-maintained special schools (INMSS) and Mainstream settings.
- Growth in HNB spend is being driven primarily by caseload growth and there has been increasing demand across all provisions, most notably in Mainstream, where growth in EHCPs per capita was second highest nationally.
- Unit cost growth has remained steady, and Halton's average cost of placement is either on or below national average across the largest three provisions.
- Halton are supporting a higher proportion of their caseload in specialist provision than their statistical neighbours, particularly in INMSS, where 9% of Halton's EHCPs are supported compared to the national average of 5%.
- Another factor contributing to growing demand is Halton's cease rate. Less than 1% of EHCPs were discontinued in 2022 – only one other authority ceased fewer plans nationally. This has been addressed via ongoing work auditing EHCPs and improving the quality of plans.
- The highest number of EHCP starts are found at transition ages, particularly Reception→Primary in Mainstream settings, Primary→Secondary in INMSS, and both transition ages in MSS. Primary needs across provisions vary, but the most common in Halton are SEMH, SLCN and ASD.

Case Reviews

- On average, 24% of Halton's EHCPs and a child/young person's journey through SEND resulted in them achieving their goals and aspirations: this is lower than average within the wave 7 authorities in the DBV programme.
- 71% of the time, it was considered that an EHCP was required to meet the needs of the child or young person.
- Key areas driving non-ideal outcomes were Provision Type and Timing of Intervention.
- Key themes driving non-ideal outcomes were a lack of accountability for adhering to the graduated approach, a lack of a multi-disciplinary team approach, and gaps in the services on offer in the authority.

Surveys

- We released 3 distinct surveys, engaging with 270 Parents & Carers, 67 Education Professionals and 92 Children & Young people. Questions were focussed on current practice, key levers to enable improvements, and cross service collaboration.
- Parents & Carers cited a lack of confidence in Mainstream Settings as the key reason for moving their child to a Special School.
- Educational practitioners felt that additional specialist staff and support was the most important factor to improve their setting's ability to be more inclusive.
- Parents & Carers of CYP in Mainstream settings reported that additional 1:1 support was the core component of the support their child or young person could access via an EHCP,

whereas Parents & Carers of CYP in Specialist settings believe this to be access to highly skilled staff.

- The timeliness and effectiveness of social care and health services were identified by Parents & Carers as an area of the LA SEND service that they have less confidence in. On the other hand, survey responses show that Parents & Carers' most agreeable responses were in relation to school curriculum and quality of staff/SEND training.

Deep Dive Insights

- A workshop with 12 attendees focussed on reviewing the new graduated approach framework design for Halton took place in November. A range of practitioners were involved to ensure we promoted a MDT response from Schools, EPs, Parent/Carer forums, amongst others.
- Professionals mapped out a 4-wave graduated approach, each with increasing levels of support and funding required. In each case, pain points were identified, evaluated based on their complexity and impact, then prioritised the most value-add changes.
- Key areas of improvement include:
    - Accountability
    - Quality of Data/Information
    - Multi-Disciplinary Co-ordination
    - Staff Knowledge and awareness
    - Parental Confidence and Communication

Workstream plan & use of grant money

Overall programme: £100,000 – programme team, communications, and resource.

1. Behaviour Support Change Programme: £590,000 – staffing, comms, resource, training and evaluation
2. Inclusion Framework: £310,000 – staffing, comms, resource and training.

2. Funding Breakdown: What will the grant money be used for?

Funding Summary

Halton Borough Council is applying for £1,000,000. The funding will be used to realise the identified opportunities and as per the description in the grant application. The funding will be required at the following points and is based on the proposed programme delivery plan.

A breakdown of the use of funding is listed below:

Workstream & Area	Total Financial Cost	Spend 2024/25 (Financial Year)			
		Q1	Q2	Q3	Q4
Behaviour Support Change Programme					
Project manager appointment	**£100,000**	£25,000	£25,000	£25,000	£25,000
Thrive Mode and Trama Informed Practice - cost of programme purchase, licence and roll out management	**£300,000**	£75,000	£75,000	£75,000	£75,000
Educational Psychology backfill Associate recruitment	**£100,000**	£25,000	£25,000	£25,000	£25,000
Team Teach Deescalation Roll out	**£30,000**	£7,500	£7,500	£7,500	£7,500
Mental Health Lead Practitioner Programme	**£48,000**	£12,000	£12,000	£12,000	£12,000
SEMH Lead Practitioner programme	**£48,000**	£12,000	£12,000	£12,000	£12,000
SEMH HN Dependency Unit pathway - start up costs including coping and resources	**£40,000**	£10,000	£10,000	£10,000	£10,000
Refreshed EBSN Pathway	**£24,000**	£6,000	£6,000	£6,000	£6,000
Inclusion Framework					
Temp Inclusion Manager	**£60,000**	£15,000	£15,000	£15,000	£15,000
Project Officer appointment	**£40,000**	£10,000	£10,000	£10,000	£10,000
Inclusion Quality Mark	**£50,000**	£12,500	£12,500	£12,500	£12,500
Inclusion Toolkit and Self-Assessment framework	**£50,000**	£12,500	£12,500	£12,500	£12,500
Data Officer	**£60,000**	£15,000	£15,000	£15,000	£15,000
Inclusion Lead Practitioner/ Mentor Progrmame	**£50,000**	£12,500	£12,500	£12,500	£12,500
Totals	**£1,000,000**	**£250,000**	**£250,000**	**£250,000**	**£250,000**

Workstream	Which Opportunities is it Targeting?	How does this link to the diagnostic?
1.1: Thrive Model and Trauma Informed Practice	• All Opps listed in key below. • Improved mental health and wellbeing of children and young people. • Settings benefit from profiling and action planning tool • Improved Measurable evidence base place across the authority. • Reduction in Exclusions which lead to EHCP and MSS/ INMSS placement. • Improved attendance • Early identification of SEMH need and therefore early intervention	Benchmarking analysis shows that, despite recent growth, Halton is supporting fewer children with EHCPs in mainstream settings than many of its statistical neighbours and benchmarks 10% lower than the national average. On the other hand, Halton is supporting a greater proportion of children with EHCPs in specialist settings than local authorities nationally, particularly in INMSS. The Thrive model is a whole authority approach to improve inclusivity across all settings and aims to reduce the number of exclusions from mainstream schools that lead to escalations into specialist settings. The trauma informed training addresses the results from surveys, where less than 30% of parents and carers of children in mainstream settings agreed that social care services had a positive impact on their child. SEMH is the main primary need in INMSS, especially at secondary age, accounting for 63% of all EHCP starts for children aged 11-14. Practitioners will be introduced to create a more inclusive environment for CYP with SEMH across all settings in order to prevent unnecessary escalations to INMSS. In case reviews, professionals identified "gap in service offering" as a key theme driving non-ideal outcomes. This is specifically around SEMH support at secondary age, which is leading to an increased number of INMSS placements from age 11 onwards. The workstream aims to reduce exclusions and better
1.2: Educational Psychology Backfill Associate Recruitment		
1.3: Team Teach de-escalation Rollout	• All Opps listed in key below. • Reduction in Exclusions which lead to EHCP and MSS/ INMSS placement.	
1.4: Mental Health Lead Practitioner Programme	• All Opps listed in key below.	
1.5: SEMH Lead Practitioner Programme	• All Opps listed in key below. • Reduction in Exclusions which lead to EHCP and MSS/ INMSS placement.	
1.6: SEMH HN Dependency Unit Pathway	• Opps 2, 3, 4, 5 and 6 • Reduction in Exclusions which lead to EHCP and MSS/ INMSS placement.	
1.7: Refreshed EBSN Pathway		

		support CYP with SEMH through the primary-secondary transition. Insight from parent and carer surveys also shows that the timeliness and effectiveness of health and social care support were two of their biggest concerns. This is further supported by results from the education practitioner survey, where only 40% of respondents agreed that existing CAMHS services were positively impacting children in their settings. Hence, a MH lead practitioner will be appointed and a focus on children with SEMH and behavioural issues will prevent unnecessary exclusions and therefore escalations in provision.
2.1: Inclusion Manager and Project Manager	• All Opps listed in key below.	A lack of commitment to the graduated approach was a key theme in case review discussions, which was followed up by a workshop looking at the graduated response framework in more detail. Practitioner confidence and knowledge and accountability from schools were identified as key barriers to adhering to the graduated approach, so the inclusion quality mark and self-assessment framework aim to support lead practitioners and share best practice to create a more inclusive environment for children with SEND. This will be specifically focused on improving support for children with ASC and SLCN at primary and secondary transitions, which are the most common primary needs for new EHCP starts in MSS. Lack of confidence in mainstream settings was also cited in surveys by parents and carers as the main reason for moving their child to a special school, so the introduction of the inclusion quality mark aims to improve transparency with parents and instil more confidence in their
2.2: Inclusion Quality Mark	• All Opps listed in key below. • Reduction in Exclusions which lead to EHCP and MSS/ INMSS placement. • Improved attendance • Early identification and therefore early intervention	
2.3: Inclusion Toolkit and Self-assessment Framework	• All Opps listed in key below. • Reduction in Exclusions which lead to EHCP and MSS/ INMSS placement. • Improved attendance • Early identification and therefore early intervention	
2.4: Inclusion Lead Practitioner Programme	• Opps 1, 2 and 3 • Reduction in Exclusions which lead to EHCP and MSS/ INMSS placement. • Improved attendance Early identification and therefore early intervention	

		ability to support their child to achieve their goals and aspirations.
2.5: Data Officer	All Opps listed in key below.	The quality of information in EHCPs and transfer of data between different services was discussed at length in case reviews. Professionals agreed that it could be improved, as it was affecting the level of support children were receiving and causing delays in the updates of plans after annual reviews. Ongoing work outside of DBV is underway to address this, but it was recognised that a data officer needs to be appointed.

5 year cumulative opportunity: £6.1m-£7.2m

Opportunities Key:

1. Supporting the goals and aspirations of the child can be achieved **without the need for an EHCP**
2. Supporting the goals and aspirations of the child in a **Mainstream setting rather than MSS**
3. Supporting the goals and aspirations of the child in **RP/SEN Units rather than MSS**
4. Supporting the goals and aspirations of the child in a **Mainstream setting rather than INMSS**
5. Supporting the goals and aspirations of the child in **RP/SEN Units rather than INMSS**
6. Supporting the goals and aspirations of the child in **MSS rather than INMSS**

3. LA Context and Sign Off

Local Authority Approval

This is the grant application for Halton.

We have completed the diagnostic activity and identified key areas to improve outcomes and financial sustainability. We are applying for £1million (maximum £1 million) from the Delivering Better Value grant to achieve this.

The application represents the authority's best estimate of the financial impact of the pressures and demands on High Needs Block expenditure and the associated initiatives we are pursuing to mitigate any increases in spending over and above the assumed 3 per cent annual increase in DSG funding.

Changes in circumstances, such as significant changes in national SEND policy or DSG funding formulae may impact on the forecasts for the High Needs Block in this authority. The estimates shown in the attached grant application as it stands, however, include all relevant issues explored through the DBV programme and the initiatives that this authority expects to pursue over the time period.

This application has been approved by Zoe Fearon Director of Children's Services and Ed Dawson, Section 151 Officer. These parties agree that the evidence and resulting plans represent the right balance of ambition and realism about what can be delivered locally.

The LA is already working to an ambitious improvement plan, but it is possible this will require refreshment, following publication of the very recent Local Area SEND inspection.

Key programmes already underway, which will not require investment from DBV are the SEND Sufficiency Programme, which is working in conjunction with the Capital programme set out in appendix 2. These programmes are working towards some shared objectives with our DBV programme.

SIGNED (Director of Childrens Services):

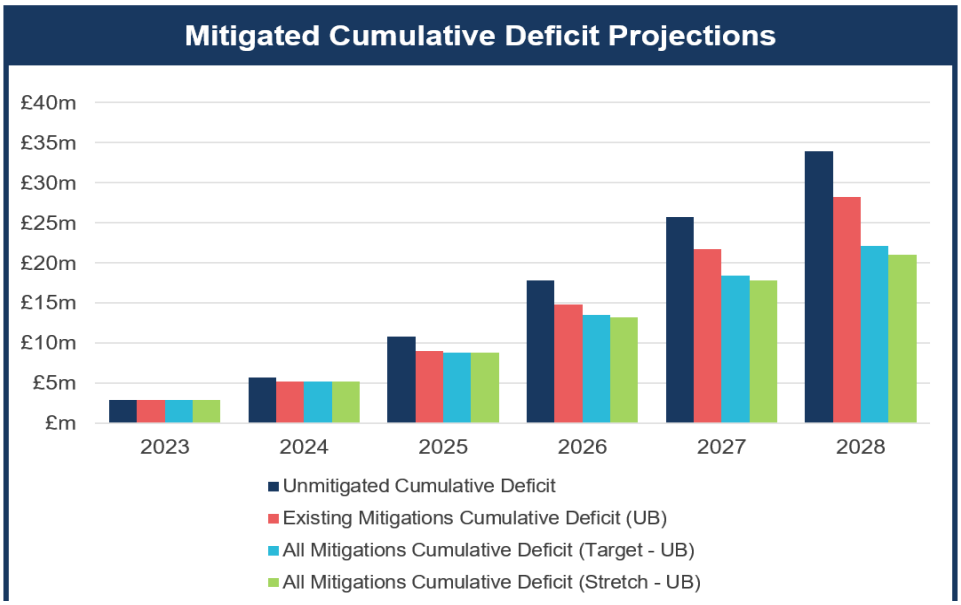
DATE: 20/12/23

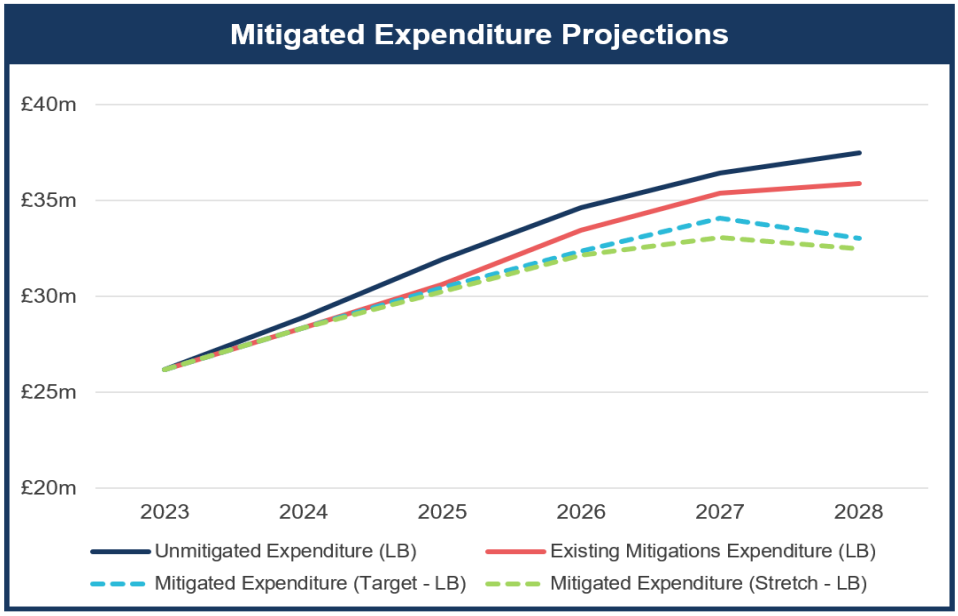
SIGNED (S151 Officer):

DATE: 20/12/2023

Scenario Selection & Rationale

Unmitigated scenario selection: We have chosen the Lower Bound (Target) scenario as our operating model for our budgeting process.





Year	2023	2024	2025	2026	2027	2028
Unmitigated Expenditure	£ 26.1m	£ 28.9m	£ 31.9m	£ 34.6m	£ 36.4m	£ 37.5m
Unmitigated Cumulative Deficit	£ 2.9m	£ 5.7m	£ 10.8m	£ 17.8m	£ 25.8m	£ 33.9m
Target Expenditure	£ 26.1m	£ 28.4m	£ 30.4m	£ 32.3m	£ 34.1m	£ 33.0m
Stretch Expenditure	£ 26.1m	£ 28.4m	£ 30.2m	£ 32.1m	£ 33.0m	£ 32.5m
Target Cumulative Deficit	£ 2.9m	£ 5.2m	£ 8.8m	£ 13.5m	£ 18.4m	£ 22.1m
Stretch Cumulative Deficit	£ 2.9m	£ 5.2m	£ 8.8m	£ 13.3m	£ 17.8m	£ 21.0m

4. LA SEND Improvement Summary

Halton's SEND Improvement Programme:

See Appendix A

SEND Sufficiency Strategy – Phase Two

This is under development and is the second phase of our already existing strategy and is due to be launched in March 2024. This work involves accurate forecasting of future growth trends, and plans for the development of further in-borough provision for SEND learners, to avoid the requirement for Halton children with SEND to be educated in INMSS settings. Following the forecasting work, the phase 2 of the strtagy will be coproduced with a range of key stakeholder. The strtaegy will outline the sufficiency needs across Halton in all age phases for teh next 5 years and will plan provision around this demand.

Capital Projects Work and Pilot Projects:

March 2022 DfE wrote to LAs advising them of their High Needs Capital Grant Allocation to support the provision of additional places for SEND or AP. Halton was allocated £3.3M. In Autumn 2022 the LA wrote to all schools (primary, secondary and special) asking for Expressions of interest to provide additional SEND capacity and wrote again in early Spring 2023, providing schools with a copy of the SEND Sufficiency Strategy so they could identify whether they wished to meet a specific area of need at their school as identified within the Strategy. Following assessment of responses against Halton's SEND Sufficiency Strategy, approval was sought from the Council's Executive Board on 20th April 2023 to consult on expansion of provision at those schools who had expressed an interest, and did not already have SEND provision at their schools. A statutory consultation process was then undertaken from 10th May 2023 to 7th June 2023 at those schools where new SEND provision was proposed, following which the Council's Executive Board on 13th July 2023 approved the recommendations to expand SEND provision in Halton, and work has been ongoing since then to provide those places (see table below). Links to the Executive Board reports are here: Exec Board 20th April 2023 and Exec Board 13th July 2023 (the decision was taken under Chief Executive's Urgent Decision power, due to the restricted timetable to have new SEND provision in place). Work has been progressing since that point as per table below:

School	Provision	Number of places	Completed	anticipated completion date
Ashley School	Extend KS3&4 ASD Provision	24	Feasibility stage	Late 2024 / 2025 subject to budget availability/planning permissions etc

Astmoor Primary	KS1 & 2 SEMH Resource Bases	16	On site	December 2023
Kingsway Academy	Extend KS1 ASC Provision	10	Completed	Completed August 2023
Oakfield Primary	KS1 & 2 SLCN Resource Bases	20	Completed	Completed August 2023
St Basil's Catholic Primary	Early Years Foundation Stage Assessment area and Early Years Foundation Stage /Key Stage 1 Complex needs SEN Resource Base	16	With Diocese	Unknown
Sts Peter and Paul Catholic High	KS3&4 ASC Unit	16	With Diocese	Unknown
Victoria Road Primary	KS1 & KS2 SEMH Resource Bases	16	KS1 Completed / KS2 Out for pricing	KS1 Completed August 23 / KS2 will be completed in time for Sept 24
Westfield Primary	KS1 & 2 SLCN Resource Bases	16	Completed	Completed August 2023
Woodside Primary	KS1 SEMH Resource Bases	7	On site	December 2023
Brookfields	Extend provision		Site to be agreed	Unknown

Alternative Provision Strategy:

DBV Workstreams:

Plan Element	Funding Detail	Expected Benefits
DBV Workstream 1	**Behaviour Support Change Programme**, including the following elements: - Thrive model Implementation/Trauma Informed Practice Implementation - Team teach De-escalation roll out - Lead Practitioner roll out - Refreshed EBSNA Pathway - High Dependency Unit Pilot Set up Total Cost: £590,000 Funded from DBV grant funding	£6.1m-£7.2m
DBV Workstream 2	**Inclusion Programme**, including the following elements: - Inclusion Quality Mark - Inclusion Self Assessment toolkit and framework - Headteacher Peer coach and influence programme - Peer support programmes for stakeholders and children/parents/ carers - Halton inclusion award for SENDCO/ Lead Practitioner Total Cost: £310,000 Funded from DBV grant funding	

5. Engagement with Local Partners

Approach to Engagement

Stakeholder engagement has been recognised as fundamental to the success of the DBV programme and has underpinned all our work. We have ensured all system partners have been given the opportunity to share their views and opinions on the findings of the diagnostics and implementation plans going forward and kept updated throughout.

To obtain the views and opinions of our SEND partners, we have undertaken:

- Case reviews
- Surveys
- Deep Dives/ Process Mapping Exercise
- Headteachers conference
    - Halton convened a conference for all Head teachers on 7th November, where details of the DBV programme were shared in a session led by Newton Europe. This included sharing the evidence packs and diagnostic insights summarising the local context in Halton. Following this, local plans for DBV programmes were shared with Heads both at Halton Inclusion Partnership and Secondary Heads Association.
    - Whilst no written feedback was gathered at this event, ideas as set out in this application were well received and verbal support secured.
    - Proposed workstreams were shared with Halton Association of Secondary Heads and these were positively received. In particular, workstreams designed to target and include SEMH learners were welcomed and encouraged. Input was gained from Headteachers as to how these workstreams could be amended to best suit their needs and these influenced the design. Schools have requested further inclusion and involvement in these particular workstreams, both in design and delivery.

Stakeholder Group	Contributed to problem definition	Contributed to shaping implementation	How are they feeling about SEND improvement?
Parents & Carers	• Views gathered via Survey and views represented by PCF and SENDIASS during Case reviews and Deep Dives	• Survey results and case reviews significantly influenced implementation plans.	• Parent and carer feedback tells us that there is a need to bolster the offer in mainstream settings to establish trust and negate the move towards MSS and INMSS
Children & Young People	• Views gathered via Survey and views represented by PCF and SENDIASS during Case reviews and Deep Dives	• Survey results and case reviews significantly influenced design and implementation plans- this allowed co-production of the proposed workstreams	• N/A
Education Professionals	• All stakeholder activities were represented by multiple agencies: - Survey - Case Reviews - Deep Dives - Implementation planning	• Implementation planning day confirmed that proposed plans are the correct ones to respond to the presenting challenges and have the potential to make a real difference in Halton. • Direct consultation with Heads received favourable and positive verbal feedback regarding all workstreams. Schools have already requested involvement in any pilot projects.	• Data and feedback confirmed views that there is a need for investment into mainstream settings, focussing on inclusion and behaviour support. • Schools in particular report ongoing challenge of managing complex needs particularly in the area of SEMH. • Headteachers responded positively to all proposed workstreams. In particular, SEMH workstreams have been warmly welcomed and a number of secondary settings have already requested early involvement.

Multi-Disciplinary Partners	• Parents/carers • CYP • Schools/ settings from all age phases • Health • Social Care • Specialist Outreach • Educational Psychology • SENDIASS • PCF • Commissioning professionals	• Surveys, case revies, deep dives, conferences, and implementation planning including reps from multiple agencies.	• Surveys, case studies, deep dives and Implementation planning day confirmed that proposed plans are the correct ones to respond to the presenting challenges and have the potential to make a real difference in Halton. Highly favourable response from all agencies. • Plans were felt to be appropriate and achievable.

Engagement Summary

How will we engage and involve key system partners as part of the implementation phase of DBV?

Halton is committed to coproducing the DBV implementation plan with all stakeholder groups.

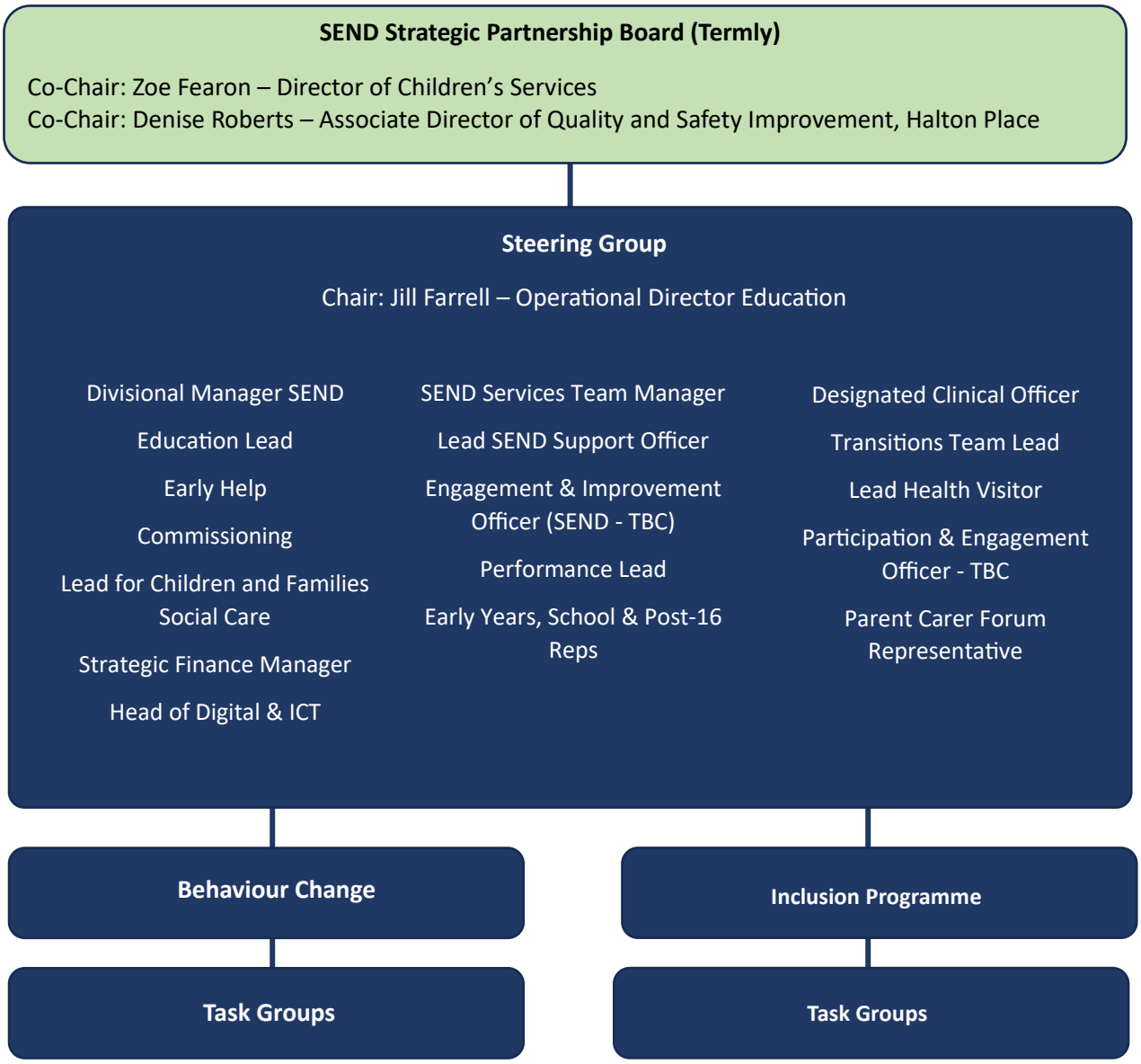
The engagement opportunities, methods of engagement, target groups, objectives and frequency we are set out in the table below:

Engagement event	Target groups	Objective	Method	Frequency
Operational Director Newsletter	Schools, settings, LA internal stakeholders, Health Directorate Parents Children and Young People School councils	Information/ update sharing	Email Local offer Social media	Recurring ½ termly
SEND Newsflash	Schools, settings, LA internal stakeholders, Health Directorate Parents Children and Young People Parents School councils	Information sharing/ update stakeholders	Email Local offer Social media	Recurring ½ termly

DBV Roadshows	Schools, settings, LA internal stakeholders, Health Directorate Parents Children and Young People Parents School councils	Information sharing/ update stakeholders Gather input from stakeholders to guide Implementation planning	In person	4 roadshows within the first month of launch
Headteacher briefings	Headteachers/ SEND Leaders	Information sharing/ update stakeholders Gather input from stakeholders to guide Implementation planning	IN person/ (TEAMS if appropriate)	Recurring ½ termly
SENDco Briefings	SENDcos and SEND Leaders	Information sharing/ update stakeholders Gather input from stakeholders to guide implementation planning	IN person, (TEAMS if appropriate) Halton Improvement Partnership sessions	½ termly
DBV Launch event- professional	Schools, settings, LA internal stakeholders, Health Directorate	Information sharing/ update stakeholders	IN person	One-off event
DBV Launch event- Key stakeholders	Parents/carers, CYP	Information sharing/ update stakeholders Gather input from stakeholders to guide implementation planning	In person	One-off event
Workstream workshops	School/ setting/ AP staff, Health colleagues, LA SEND staff (including EP. Specialist outreach rep, Early Help rep, EWO rep,	Implementation planning Roll out design and agreement Monitoring Reviewing metrics Information sharing Gathering feedback from stakeholders	IN person, (TEAMS if appropriate)	Recurring monthly initially (reviewed as appropriate)
School council sessions	CYP	Implementation planning	In person	6-monthly

		Roll out design and agreement Monitoring Reviewing metrics Information sharing Gathering feedback from stakeholders		
CYP Engagement Event	CYP	Implementation planning Roll out design and agreement Monitoring Reviewing metrics Information sharing Gathering feedback from stakeholders	**In person/ Conference**	Annually
Stakeholder Surveys	Schools/ settings, CYP, Parents	Measure impact Elicit views to steer strategy and implementation planning		6 monthly

6. Programme Governance



7. Enablers and Foundations for Change

Enablers & Foundations for Change

We have completed a self-assessment of key foundations and enablers required for a successful change programme (1 = Low 3 = High). The below details our scoring. For those scored at Level 1, key mitigations are explained below.

Governance	Digital Capability	Leadership	Capacity	Capability
G2	D2	L2	CC1	CB3

Key Mitigations

Capacity:

Recruitment of Project Management team (4x project managers)

Backfill for EP team- utilising Associate EPs to cover some elements of statutory workload

Recruitment of Data Officer to support project management team with KPI and impact assessment

Recruitment of Deputy Divisional Manager SEND to create capacity and release Divisional Manager for DBV Implementation

8. Summary of Opportunities and Workstreams

Workstream 1 – Behaviour Support Change Programme

Objective: reduction in escalating Social and Emotional Health needs across settings, fewer requests for statutory assessment, fewer EHCPs, improved attendance, fewer exclusions, fewer MSS placements, fewer INMSS placements.

Approach: Multi-faceted approach including full-rollout of DfE-accredited training, online profiling and action planning tool, pilots of high need dependency units within mainstream settings, Lead Practitioners in place across localities, review and restructure of EBSNA pathway.

This is a programme targeting all settings across Halton at all age ranges and requires the input, engagement and support of multiple stakeholders. The programme requires the carefully managed and phased roll-out of trauma informed training across borough, embedding the **Thrive** model across all settings. Thrive is a trauma-informed, whole authority approach to improving the mental health and wellbeing of children and young people. Thrive offers DfE-accredited training and an award-winning profiling and action planning tool, Thrive-Online. It also provides the means to measure impact. This training will be supported and partly delivered by our Educational Psychology and Specialist Outreach Service and will allow this model to be sustainable over the long-term.

In order to implement this successfully, it is imperative that the roll out of this programme is phased very carefully, particularly considering it will be being rolled out alongside other programmes. Care must be taken not to overwhelm stakeholders with initiatives. Roll out will be phased following a data-led prioritisation exercise which will determine the order, taking into account state of readiness, capacity and urgency. The roll out will be phased taking into account the delivery schedules of other improvement programmes.

The programme also involves training a number of Team teacher Advanced trainers across the LA, who can deliver the de-escalation element of Team Teach to all Halton settings, equipping them with an advanced skill set in managing highly challenging behaviour within settings. As trainers will be based within borough, this is also a sustainable investment. Further to this, we intend to train a number of SEMH and mental health school- based Lead Practitioners based in settings, to provide support, training and mentorship borough wide, helping the development of excellent inclusive approaches and strategies for this cohort of learners. These LPS will require a salary uplift, which would be funded via DBV as a pilot for 2 years. It is intended that the added-value showed through improvement metrics will encourage settings to continue with this investment going forward, making it sustainable. Halton are currently in the process of restructuring the Specialist SEND Outreach support offer, adding in a traded element. SEMH LP interventions and support will be added to the

traded menu, allowing schools too either spot purchase LP support, or to access it through a wider service level agreement, hence building long term sustainability into this option. As with the Thrive programme, the roll out of this programme must be phased carefully, following a prioritisation exercise, which will take into account state of readiness, capacity and urgency. The roll out will be phased taking into account the delivery schedules of other key improvement programmes.

The final strand of this programme is the development of a small number of pilot High Needs Support units within mainstream settings, targeting highly vulnerable students at risk of perm-ex and the most likely to require placement into INMSS. These pilots will not be funded solely by DBV, but via EHCP place funding. The full costs will be calculated via coproduction with a host setting though the pilot and may be subject to change. Early discussion/scoping with schools indicates that place funding should be between 120k pa- 160k pa, to support 4-6 young people. This will represent an investment, in order to save approximately £35k per child in each Unit, by maintaining the child in their local school, and avoiding the additional cost of INMSS and associated transport. Children identified for these bases, will be children at high risk of exclusion or already subject to an exclusion, with an EHCP for SEMH, where an annual review that the child's needs require more support than can ordinarily be provided by a mainstream setting. DBV funding will be used to develop the systems, training and resources underpinning the units and will not require recurrent funding. As above, the implementation of these pilots must take into account other improvement programmes, to maximise the opportunity for success. All care must be taken to avoid change fatigue and to maintain interest and momentum.

Delivery Team: *Who will be responsible for the workstream?*

Responsible Officer – Charlotte Finch

<u>Training roll-out and implementation of online profiling and action planning tool</u>

- Local Authority Teams, Education Settings and Health Partners

<u>High Need Dependency Units</u>

- Local authority Teams, Education Settings and Health Partners

<u>Lead Practitioner</u>

- Local Authority, Educational settings and Health Partners

<u>EBSNA Pathway</u>

- Local authority and Health Partners

Measures: *What top-level measures do you track? What shorter term indicators can we track?*

<u>Top level measures:</u>

- Request for Statutory assessment SEMH

- Exclusions
- Attendance
- Placement into MSS SEMH
- Placement into INMSS SEMH
- Thrive online profiling tool, EHE levels, Unit cost INMSS.
- Placement into HN units
- SEND Transport spend

Short term indicators:

- School/ setting uptake of training offer
- Appointment of Project managers
- Implementation of training programme
- Lead practitioner identification and appointment.
- Launch of HN Units

Workstream specific risks: *Any additional risks not captured in programme level risks?*

- Setting non-engagement, inability to identify LPs, difficulty securing pilot settings, weakness around data support., change-fatigue amongst settings, capacity among all stakeholder groups.

Dependencies: *What needs to happen in order for this to be successful?*

- Secure grant.
- Secure partnership working arrangements, appointment of project management.
- Secure agreement via LA governance boards, Gain approval via LA governance.
- Appointment/ identification of key staff
- Gain agreement for roll out/delivery schedule

Sustainability: *If using fixed term resource/pilots, what steps will be taken to assess effectiveness? How do you ensure the benefits are sustained?*

- Train the trainer for long-term training capacity
- Restructure the Specialist Outreach Support offer, adding Lead Practitioner advice and support into the menu. This allows schools to continue to access SEMH support, for a nominal fee going forward, and builds sustainability into the model. As settings develop their wider skill and expertise in this area over time, the requirement for external support and advice will be diminished.
- Agree ongoing investment for HN dependency unit as cost avoidance strategy.
- Demonstrate added value via pilots in order to secure future investment from settings.

Milestone	When
Service announcement	April 2024

Design complete	July 2024
Launch of Pilot	May 2024
High Needs Funding Allocation & Monitoring Report (Quarterly)	June 2024 -
Annual Impact Assessment	May 2024 (then annually)

2. Inclusion Framework

Objective: Children with a wide range for special needs to be included within mainstream settings, without recourse to statutory assessment or movement into. MSS. Reduce exclusion, reduce the number of requests for statutory assessment of SEND and the need for MSS and NMSS placements. Inclusive practice celebrated visibly and greater support made available across settings.

Approach: Implementation of a borough-wide Inclusion programme to promote and recognise excellent inclusive practice across all age ranges - with a specific focus on EYFSS and primary SLCN and CI learners.

Establishment of an Inclusion Quality Mark with accompanying toolkit and self-assessment framework. DBV funding will be used to develop the accompanying systems and resources, also drawing on the expertise already existing within borough. The appointment of Inclusion Lead Practitioners within settings, can be funded via DBV on a 2-year pilot. These LPS will require a salary uplift. Which would be funded via DBV as a pilot for 2 years. It is intended that the added value showed through improvement metrics, will encourage settings to continue with this investment going forward, making it sustainable. Peer coach and influence monitoring model in place to be led by Lead Practitioners.

Delivery Team: *Who will be responsible for the workstream?*

- LA teams
- School settings
- Health partners
- Specifically commissioned SALT service.

Measures:

Top level measures:

- Request for Statutory assessment, Exclusions, Attendance figures
- Placement into MSS
- Placement into INMSS
- EHE levels
- Unit cost INMSS
- SEND Transport spend

Short term indicators:

- School/ setting uptake of training offer
- Lead practitioner identification and appointment.
- Key staff appointment/identification

Workstream specific risks: *Any additional risks not captured in programme level risks?*

- Setting non-engagement, refusal to sign up to inclusion programme and quality mark, inability to identify LPs, unable to appoint key staff.

Dependencies: *What needs to happen in order for this to be successful?*

- Secure grant.
- Secure partnership working arrangements, appointment of project management.
- Secure agreement via LA governance boards, Gain approval via LA governance.
- Appointment of key staff

Sustainability: *If using fixed term resource/pilots, what steps will be taken to assess effectiveness? How do you ensure the benefits are sustained?*

- Train the trainer. Ongoing training capacity availability across borough.
- Resources developed which remain available going forward.
- Demonstrate added value via pilots in order to secure future investment from settings.

Milestone	When
Service announcement	April 2024
Design complete	July 2024
Launch of Pilot	May 2024

High Needs Funding Allocation & Monitoring Report (Quarterly)	June 2024 -
Annual Impact Assessment	May 2024 (then annually)

9. Overall Implementation Plan- Accountable Officer Charlotte Finch, supported by a team of Project Managers

Workstream Roll out Year 1	Quarter 1	Quarter 2	Quarter 3	Quarter 4
WS 1- Behaviour Support- Thrive	Co-design	Implementation	Implementation	Implementation
WS 1- Behaviour Support - Team teach	Co-design	Implementation	Implementation	Sustain
WS 1- Behaviour Support Lead Pracitioner	Co-design	Implementation	Sustain	Sustain
WS 1-Behaviour Support EBSNA Pathway	Co-design	Co-design	Implementation	Implementation
WS 1- Behaviour Support HD Unit	Co-design	Pilot	Pilot	Pilot
WS 2- Inclusion Quality Mark	Co-design	Implementation	Implementation	Implementation
WS 2- Inclusion Toolkit/ SA Framework	Co-design	Implementation	Implementation	Sustain
WS 2- Inclusion Lead Practitioner	Co-design	Implementation	Implementation	Sustain
WS 2- Headteacher Coach and Influence Model	Co-design	Co-design	Implementation	Implementation

Workstream Roll out Year 2	Quarter 1	Quarter 2	Quarter 3	Quarter 4
WS 1- Behaviour Support- Thrive	Implementation	Sustain	Sustain	Sustain
WS 1- Behaviour Support - Team teach	Sustain	Sustain	Sustain	Sustain
WS 1- Behaviour Support Lead Pracitioner	Co-design	Implementation	Sustain	Sustain

WS 1-Behaviour Support EBSNA Pathway	Sustain	Sustain	Sustain	Sustain
WS 1- Behaviour Support HD Unit	Pilot	Sustain	Sustain	Sustain
WS 2- Inclusion Quality Mark	Implement ation	Sustain	Sustain	Sustain
WS 2- Inclusion Toolkit/ SA Framework	Sustain	Sustain	Sustain	Sustain
WS 2- Inclusion Lead Practitioner	Sustain	Sustain	Impleme ntation	Sustain
WS 2- Headteacher Coach and Influence Model	Implement ation	Implement ation	sustain	Sustain

Detailed Implementation Plan by Workstream

1. Behaviour Support Change Programme- Accountable officer Charlotte finch

Behaviour Support Change Programme **1a- Team Teach De-escalation Roll-Out**	Start Date	End Date
Co-Design Phase	March 24	May 24
Source Training	Feb 24	Feb 24
Identify Key staff	March 24	March 24
Complete Trainer training for key staff	April 24	April 24
Co-produce training rollout	May 24	May 24
Implementation Phase	April 24	March 25
Share training schedule with settings	April 24	April 24
Commence training Delivery	May 24	May 24
Complete Training roll out	March 25	March 25
Sustain Phase	May 24	Ongoing
Provide support materials	May 24	Ongoing
Agree ongoing support arrangements from trainers	May 2024	March 2025
Plan and agree Future refresher training arrangements	May 2024	Ongoing

Behaviour Support Change Programme **1b- Thrive Roll- Out**	Start Date	End Date
Co-Design Phase	March 24	May 24
Appoint Project manager	March 24	April 24
Design overarching Project Plan	April 24	April 24
Conduct Engagement Sessions with key stakeholders	May 24	May 24
Identify Pilot Schools	May 24	June 24

Co-produce Pilot-training rollout schedule	April	June 24
Share Pilot Schedule with key stakeholders	June 24	June24
Co-Design wider thrive roll out schedule with key stakeholders	May 24	July 24
Share wider roll out schedule with Settings	July 24	July 24
Implementation Phase		
Commence Phase 1 Pilots	Sept 24	Oct 24
Review Phase 1 Pilots against performance indicators	Dec 24	Jan 25
Commence phase 2 pilots	Jan 25	Apr 25
Review phase 2 pilots against performance indicators	Apr 25	May 25
Conduct any necessary redesign in line with review findings	May 25	July 25
Commence wider roll-out	Sept 25	Sep 25
Sustain Phase		
Complete rollout across all settings	Sep25	Jul 26
agree future review arrangements	Oct 25	Oct 25
Provide necessary support materials	Sep 25	July 26
Agree ongoing support arrangements including future refresher training arrangements	Sep 25	Ongoing

Behaviour Support Change Programme **1c – Lead Practitioner**	Start Date	End Date
Co-Design Phase	March 24	Sept 24
Appoint Project manager	March 24	April 24
Design overarching Project Plan	April 24	April 24
Design LP Training programme	March 24	March 24
Share LP workplan with settings/ schools	May 24	June 24
Identify/appoint LPs across all age phases	June 24	Jul 24
LP training schedule completed	Jul 24	Jul 24
Restructure/ redesign of Specialist Outreach Services- adding in additional future traded element for sustainability	Mar 24	Jul 24
Consultation with Schools re Specialist Outreach	May 24	Jul 24
Co-design LP brochure for schools/settings- containing training offer, support and advice offer, resources on offer and objectives and performance indicators	Jun 2024	Sept 24

Implementation Phase	Sept 24	July 25
LP Programme Launch	Sept 24	Sept 24
Publish LP Brochure	Sept 24	Sept 24
Co-produce setting allocation schedule	Sept 24	Oct 24
Agree individual setting PIs with schools/ settings	Oct 24	Dec 24
Review Lp input against PIs	Jan 25	Jul 25
Sustain Phase	Jul 25	Ongoing
Review and agree ongoing LP arrangements with key schools/settings		
- Including any traded elements	Sept 24	Sept 25
Provide necessary support materials		
Plan and agree Future refresher training arrangements etc	Ongoing	Ongoing
Carry out regular review of support arrangements and outcomes		

Behaviour Support Change Programme **1d- EBSNA Pathway**	Start Date	End Date
Co-Design Phase	Mar 24	Dec 24
Appoint Project Manager	Mar 24	Apr 24
Design overarching Project Plan	Apr 24	Apr 24
Design Training	March 24	Apr 24
Identify Key Delivery staff	Apr 24	May 24
Recruit Backfill EP capacity	Apr 24	Jul 24
Co-produce training rollout	May 24	Jul 24
Co-produce new EBSNA Pathway	Sept 24	Dec 24
Implementation Phase	Jul 24	
Share training schedule with settings	Sept 24	Sept 24
Commence and complete training	Oct 24	Dec 24
Delivery		Ongoing
Launch new EBSNA Pathway	Jan 25	Feb 25
Sustain Phase	May 25	Ongoing
Monitor and review EBSNA pathway	May 25	Ongoing
Agree ongoing support arrangements from trainers	May 25	Jul 25
Plan and agree Future refresher training arrangements	Jun 25	Ongoing

Behaviour Support Change Programme **1e- High Dependency Unit**	Start Date	End Date
Co-Design Phase	March 24	May 24
Appoint Project Manager	Mar 24	Apr 24
Design overarching Project Plan	Apr 24	Apr 24

Fully co-produced design of HN Unit Pilot	Mar 24	Apr 24
EHCP place funding scoped and agreed Through governance	Mar 24	Apr 24
Pilot overview and project plan shared across settings	Apr 24	May 24
Design appropriate training	Apr 24	Jul 24
Identify Key schools for pilot	Apr 24	Apr 24
Resource requirements agreed and delivered	Apr 24	Jul 24
Settings identify/ appoint key staff	Apr 24	Jul 24
Complete training for key staff	Apr 24	Sep 24
Agree review arrangements with settings	May 24	Jul 24
Implementation Phase	Sept 24	Jul 25
Launch Pilots	Sept 24	Oct 24
Settings/ LA identify student for units	Sept 24	Oct 24
Ist pilot review completed	Dec 24	Dec 24
2nd Pilot review completed	Apr 25	Apr 25
3rd Pilot review completed	Jul 25	Jul 25
Wider roll-out plan agreed	May 25	Jul 25
Wider roll out plans shared with settings	Jun 25	Jul 25
Sustain Phase		
Wider roll out commenced	Sept 25	Ongoing
Provide ongoing support materials	Ongoing	Ongoing
Agree ongoing support arrangements	Jul 25	Ongoing
Termly review schedule in place	Sept 25	ongoing

2. Inclusion Change Programme- Accountable officer Charlotte Finch

Inclusion Change Programme **2a and B-Inclusion Toolkit and Quality Mark**	Start Date	End Date
Co-Design Phase	March 24	Sep 24
Appoint Project Manager	March 24	Apr 24
Design overarching Project Plan	Apr 24	Apr 24
Co-produce Toolkit	Mar 24	Jul 24
Co-produce/source materials	Mar 24	Jul 24
Co-produce Self-Assessment Framework alongside toolkit	Mar 24	Jul 24
Design Training for key staff	Apr 24	May 24
Identify Key staff to audit against toolkit	May 24	Sep 24
Identify 2 pilot schools in each age range	Apr 24	Jun 24
Complete training for audit staff	Jun 24	Jul 24

Co-produce training rollout for pilot settings	apr 24	Jun 24
Co-produce audit schedule	Jun 24	Jul 24
Co-produce future training schedule for all settings	Jun 24	Sept 24
Co-design Quality Mark Strategy and Operational Guide	Mar 24	Jul 24
Co-design Quality Mark	May 24	Sept 24
Identify necessary support resources	Apr 24	Jul 24
Share pilot roll out and audit schedule across settings	Jul 24	Jul 24
Implementation Phase	Jul 24	Jul 25
Publish Pilot Plan	Jul 24	Sept 24
Publish Quality Mark Strategy	Jul 24	Sept 24
Publish Quality mark Operational Guide	Jul 24	Sep 24
Publish Self-assessment Framework and Toolkit	Jul 24	Sept 24
Launch pilots	Sept 24	Oct 24
Publish Training Menu for all settings	Sept 24	Oct 24
1st Review of Pilot Settings	Dec 24	Dec 24
2nd Review of Pilot Settings	Apr 25	Apr 25
Quality mark Audit for Pilot Settings completed	Jun 24	Jul 25
Sustain Phase		
Launch Quality Mark across all settings	Sept 25	Oct 25
Launch Self-assessment process across all settings	Sept 25	Oct 25
Finalise review and audit schedule across settings	Sept 25	Dec 25
Agree ongoing support and review arrangements for all settings	Jul 25	ongoing

Inclusion Chage Programme **2c – Lead Practitioner**	Start Date	End Date
Co-Design Phase	March 24	Sept 24
Appoint Project manager	March 24	April 24
Design overarching Project Plan	April 24	April 24
Design LP Training programme	March 24	March 24
Share LP workplan with settings/ schools	May 24	June 24
	June 24	Jul 24

Identify/appoint LPs across all age phases	Jul 24	Jul 24
LP training schedule completed	Mar 24	Jul 24
Restructure/ redesign of Specialist Outreach Services- adding in additional future traded element for sustainability	May 24	Jul 24
Consultation with Schools re Specialist Outreach	Jun 2024	Sept 24
Co-design LP brochure for schools/settings- containing training offer, support and advice offer, resources on offer and objectives and performance indicators	Sept 24	July 25
Implementation Phase	Sept 24	Sept 24
LP Programme Launch	Sept 24	Sept 24
Publish LP Brochure	Sept 24	Oct 24
Co-produce setting allocation schedule	Oct 24	Dec 24
Agree individual setting PIs with schools/ settings	Jan 25	Jul 25
Review Lp input against PIs	Jul 25	Ongoing
Sustain Phase		
Review and agree ongoing LP arrangements with key schools/settings - Including any traded elements	Sept 24	Sept 25
Provide necessary support materials Plan and agree Future refresher training arrangements etc Carry out regular review of support arrangements and outcomes	Ongoing	Ongoing

Inclusion Chage Programme **2d Headteacher Coach and Influence Model**	Start Date	End Date
Co-Design Phase	March 24	Sept 24
Appoint Project manager	March 24	April 24
Design overarching Project Plan	April 24	April 24
Audit training needs	Mar 24	Apr 24
Co-Design Training programme	Apr 24	May 24
Share workplan with settings/ schools	May 24	June 24
Identify/appoint Coaches across all age phases	June 24	Jul 24
Headteacher training schedule completed	Jul 24	Jul 24
Co-design support schedule for schools/settings- containing training offer, support and advice offer and objectives and performance indicators	May 24	Jul 24
Co-produce setting allocation schedule	Jun 2024	Jul 24

Implementation Phase	Sept 24	Jul 25
Heacteacher C&I Programme Launch	Sept 24	Sept 24
Publish Support Schedule	Sept 24	Sept 24
Agree individual PIs with schools/ settings	Sept 24	Dec 24
Review C&I model input against PIs	May 25	Jul 25
Sustain Phase	Jul 25	Ongoing
Review and agree ongoing C&I arrangements with key schools/settings	Jan 25	Ongoing
Provide necessary support materials	Ongoing	Ongoing
Plan and agree Future refresher training arrangements etc	Jan 25	Ongoing
Carry out regular review of support arrangements and outcomes	Termly	Termly

10. Programme Risks

No	Workstream Name	Risk Description	Impact	Risk Manager	Rating	Control/Mitigation	Review
1	Behaviour Support Thrive	Cost of training programme	Unable to purchase desired programme/ programme severely compromised	DM SEND	L	No back up if grant not secured Pilot as an alternative Additional admin support	Sept 2024
2	Behaviour Support Thrive	Low engagement from partners	Unable to roll out programme across borough- impact diminished	DM SEND	M	Project management Support Additional admin support	July 2024
3	Behaviour Support Thrive	Roll-out slippage/ undeliverable roll out schedule	Impact/ delayed/ diminished/ not achieved	DM SEND	M	Project management support Additional admin support	July 2024

			across borough. Financial opportunities not realised				
4	Behaviour Support Team Teach	Roll-out slippage/ undeliverable roll out schedule	Impact/ delayed/ diminished/ not achieved across borough. Financial opportunities not realised	DM SEND	M	Project management support Additional admin support	Sept 2024
5-	Behaviour Support Team Teach	Failure to recruit PM	Reduced capacity	DM SEND	L	Distribute work amongst existing workforce Look to recruit alternative role e.g. additional SEND manager Additional admin support	March 2024
6-	Behaviour Support Team teach	Cost of programme	Unable to purchase desired programme/ programme severely compromised	DM SEND	L	No back up if grant not secured Pilot as an alternative Additional admin support	April 2024
7-	Behaviour Support Lead Practitioner roll out	Low engagement/ unable to identify key staff Settings unwilling to purchase LP support when it moves to traded model	Delayed/ diminished impact Unable to realise financial opportunities	DM SEND	M	Readvertise/ increase engagement effort Additional admin support Effective restructure of Specialist Outreach team. Excellent communication strategy to promote and share benefits	April 2024

8-	Behaviour Support Refreshed EBSNA Pathway	Insufficient capacity to achieve goal	Delayed/ diminished impact Unable to realise financial opportunities	DM SEND	L	Project management support Recruitment of additional staff Health Additional admin support	July 2024
9	Behaviour Support High Dependency Unit Pilot	Low engagement/ take up from settings	Delayed/ diminished impact Unable to realise financial opportunities	DM SEND	M	Increase engagement effort/ meet with Trust CEOs Additional admin support	March 2024
10-	Inclusion Quality Mark	Low Engagement/ Aversion to potential growth in SEND	Delayed/ diminished impact Unable to realise opportunities	DM SEND	M	Increase engagement effort Additional admin support	July 2024
11-	Inclusion Toolkit/ Self-assessment framework	Capacity Low Engagement	Delayed/ diminished impact Unable to realise opportunities	DM SEND	M	Utilise associate EP workforce and additional management capacity to add capacity Additional admin support	May 2024
12-	Inclusion Lead Practitioner/ Mentor Programme	Low engagement	Unable to roll out programme across borough- impact diminished	DM SEND	M	Increase engagement effort/ meet with Trust CEOs Additional admin support	September 2024
13-	Headteacher Coach and Influence model	Low engagement Capacity	Unable to roll out programme across borough- impact diminished	DM SEND	M	Increase engagement effort/ meet with Trust CEOs Additional admin support	July 2024