

Appendix 1

Scrutiny Review Recommendations	The Cabinet Response
<p>That the administration of Special Educational Needs and Disabilities Transport be reviewed to ensure consistency of approach and that resourcing is adequate in light of increasing demand on the service.</p>	<p>As the new procurement process is worked the service will continue to be reviewed to ensure consistency, transparency and robustness of service delivery and that there is a sustainable structure in place to support future demands.</p>
<p>That the Parent Group for Children with Special Educational Needs and Disabilities be communicated and consulted with on any changes to the Special Educational Needs and Disabilities Transport service and, where possible, the views of affected children and young people are also sought.</p>	<p>Regular meetings with Parent Carers Voices United (SEND Parent Carer Forum) are in place and it has been agreed that a member of the Travel Assistance Service office will attend the forum.</p>
<p>That Education Health Care Plan assessments are carried out without delay to ensure early identification of recommended provision, including Special Educational Needs and Disabilities Transport requirements.</p>	<p>Not all children who have an EHCP are eligible for transport as detailed in the Home to School and Adult Learner Policy. In terms of EHC assessments once the LA has received a report from the Community Assessment Meeting (CAM) that a statutory assessment may be needed it will take that report to the next Assessment and Moderation Panel (AMP). At the AMP a decision will be made as to whether to accept the recommendation of the CAM to proceed with a statutory assessment. The process is the same if the LA has received a request directly from a parent or young person.</p>

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	<p>Parents/Carers will be informed of the LA's decision within 6 weeks of receipt of the CAM report or the parent/young person request.</p> <p>If the decision at AMP is to proceed with a statutory assessment then the LA will begin the process of gathering information and advice which will inform its decision as to whether to issue an Education, Health and Care Plan. The assessment process will take about 10 weeks. Local Authorities then have a statutory duty to finalise and issue the EHCP within 20 weeks of the start of the process.</p>
<p>That child to adult ratios for minibuses be re-evaluated to ensure that they are appropriate and reflect assessed risks and needs on a case by case basis.</p>	<p>This will form be reviewed as part of the new procurement exercise to ensure that the needs of the child are meet</p>
<p>That the Independent Travel Training Programme be continued and increased.</p>	<p>Both SEN and the Travel Assistance Service will continue to promote the Travel Training Programme to parents/cares and schools to encourage take up and help provide life skills</p>
<p>That awareness campaigns relating to Personal Budgets and the Independent Travel Training Programme be refreshed to ensure all families are aware of the options available.</p>	<p>SEN will continue to promote both Personal Budgets and the Independent Travel Training Programme as part of the initial EHCP assessments and at the annual review.</p>
<p>That Early Years provision in each town be reviewed, which may help reduce transport costs.</p>	<p>The Early Years Transformation Academy (EYTA) is an intensive year long Leadership and Management programme set up by the Early Intervention</p>

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Foundation (EIF) funded through the DfE to provide strategic vision in Systems Change Management using the theory of change model. The team was made up of a Public Health commissioner, Health Commissioner, Early Years lead for Public health, Health Visiting Lead, Children Centre Commissioner, Quality Early Years Manager, Inclusion Support Early Years Manager and Midwifery Lead. The team mapped the services and provision across the pre-conception to end of reception years, undertook 150 parent interviews with Sandwell families to understand what it is like being a family with young children living in Sandwell and completed the data analysis Joint Strategic Needs Assessment (JSNA) 0-5 Years. The key findings/actions taken from this piece of work were:

1. Speech, language and communication was a key feature of the needs of young children and a barrier to learning and good outcomes in adulthood.
2. There was a gap for children after the age of 12 months up to 2.5 years from universal services such as Health Visitors.
3. A Speech, Language and Communication Pathway was developed using existing pathways.

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	<ol style="list-style-type: none"> 4. Additional funding was secured from Health for a consultant model for SALT - dedicated Speech and Language Therapist. 5. Wellcomm screening is available from 18months through Children Centres and day-care settings. 6. Re-visit developmental check on or before 18mths by a Health Visitor Team showing emerging delay in development. <p>In addition, there is involvement with the Black Country Outcomes project which is focussing on SLCN for all children. All of the above work will support future mapping of need across the borough and inform place planning.</p>
<p>That time lengths of Special Educational Needs and Disabilities Transport journeys be reviewed to ensure that children are not needing to travel for more than 50 minutes in normal circumstances.</p>	<p>All contracts will continue to be regularly monitored to ensure that no journey time exceeds 50 mins. All tenders will be evaluated to ensure that journey times are kept to a minimum prior to awarding new contracts.</p>
<p>That place provision be reviewed and strategically located throughout the borough to minimise journey times for children using Special Educational Needs and Disabilities Transport.</p>	<p>Place provision is reviewed and where ever possible provision is strategically located in the borough. Projections for mainstream schools are produced by our Data Intelligence team to support the sufficiency analysis for new places. We predict that the number of children and young people with EHC plans within Sandwell schools will increase by an average of 5.3%</p>

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	<p>each year over the next 5 years and the general population number of pupils will increase by 1.4%. This prediction estimates that there could be an additional 500 – 630 statutory school aged pupils with an EHC Plans within 5 years. This as well as other data is considered when planning provision.</p>
<p>That the following be considered in relation to the contracting of Special Educational Needs and Disabilities Transport for February 2022:-</p> <p>(a) providers should ensure drivers and Passenger Assistants are trained, and accredited where appropriate, in First Aid, non-verbal communication, use of safety harnesses and manual handling. In addition there should be Advanced Passenger Assistants who are specifically trained to provide emergency medication on transport, including but not limited to administering pre-loaded EpiPens or pre-loaded buccal midazolam devices;</p> <p>(b) a market position statement be prepared, encouraging competition from a wide range of suppliers;</p> <p>(c) small and medium enterprises should be afforded opportunities to tender for the contracts;</p> <p>(d) that local/mainstream schools should be the first consideration if they can address the needs of</p>	<p>All new contracts (New framework) from September with require all drivers and all passengers assistants to have a first aid accreditation. Where a child requires specialist support during the journey we will continue to enable their carer and/or nurse to travel with them on their own (single occupancy vehicle)</p> <p>The new framework will build in greater financial and service resilience for the council by:</p> <ul style="list-style-type: none"> • increasing the total number of Lots awarded • limiting the total amount of work a single operator can be awarded • reserving the right not to accept the lowest tenderer for a respective Lot to ensure the most

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- pupils, whilst recognising that some parents may prefer alternative places;
- (e) some harmonisation of provision should be considered to balance effective management of contracts whilst retaining a diversified group of providers;
- (f) the model for provision should avoid the increased risk associated with awarding contracts to a small number of providers.

- economic advantageous award of contract is made
- adopting an appropriate evaluation matrix to manage the equitable award of contracts to individual operators
- selecting a wide range of operators to minimise the risk of service disruption through the failure of a single operator
- securing satisfactory evidence of the ongoing financial resilience of the operators admitted to the Framework
- ensuring adequate contingency plans are in place to ensure continuity of service
- this will help to provide opportunities for existing and new SME operators

That a trial scheme for providing Passenger Assistants in-house, or in partnership with schools, be undertaken as part of the contracting of Special Educational Needs and Disabilities Transport and that a full analysis is carried out on the trial scheme to determine its effectiveness.

- A pilot scheme to be developed to consider;
- role and responsibilities of the passenger assistant
- uptake of the role
- the cost to the Council
- Impact on children and their families
- Impact for operators
- how other Council who directly employ passenger assistants operate

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<p>That the feasibility of taking Special Educational Needs and Disabilities Transport provision in-house be assessed, this should include risks, costs, benefits, potential timescales and suitable performance indicators, and it should include the following options:</p> <ul style="list-style-type: none"> (a) full Special Educational Needs and Disabilities Transport service in-house; (b) combined provision with existing Adult Social Care Transport; (c) only Passenger Assistants service provided in-house. 	<p>This will be considered as part of a wider review of transport services in the Council and will consider;</p> <ul style="list-style-type: none"> • Cost • Capacity • Quality of provision • Flexibility of service to meet demand • Continued service improvement • Alternative delivery models • Ability to maintain a sustainable service • Mitigation of risk
<p>That, however the Special Educational Needs and Disabilities Transport service is provided in future, Passenger Assistants:-</p> <ul style="list-style-type: none"> (a) must be trained, and accredited where appropriate, in First Aid, communication with non-verbal children; and (b) during their induction and onboarding a clear and strong emphasis should be placed on relationship building between the Passenger Assistant, the family, the school and the transport provider; (c) also include Advanced Passenger Assistants who are specifically trained to provide emergency medication on transport, including but not limited to administering pre-loaded EpiPens or pre-loaded buccal midazolam devices; 	<p>Covered in previous responses</p> <p>The Travel Assistance Service will continue to promote and encourage the building of relationships between the child, their family, driver and passenger assistant to foster trust and ensure the journey is always a good experience .</p>

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That how children with Autism Spectrum Disorders can receive earlier diagnoses be reviewed with partners, to help improve outcomes, including around transport needs, for that group.

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Sandwell has a multi-agency assessment pathway for Autism Spectrum Disorder. The Multi Agency Assessment (MAA) pathway investigates whether a diagnosis of Autism Spectrum Disorder would be appropriate for a child or young person. The MAA is completed by three different agencies which will include a Consultant Paediatrician or Consultant Psychiatrist, a Speech and Language Therapist and a Specialist Advisory Teacher, it can also include an Occupational Therapist.

Sandwell' autism diagnostic pathway is a partnership between Children's Therapies, Inclusion Support's Complex Communication and Autism Team and Early Years Team, The Child and Adolescent Mental Health Service (CAMHS) and Child Health – Paediatrics. Assessments are carried out with regard to the diagnostic criteria set out in the ICD 10/11. Best Practice guidelines are set out in the NICE Guidance- Autism spectrum disorder in under 19s: recognition, referral and diagnosis (CG128).

The assessment period is around 30 weeks; Sandwell does not have a 'waiting list', children and young people are under assessment from the point that the referral is processed following the completion of the required NHS checks. In the academic year 2020-21,

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over 240 diagnostic assessments were completed. In the period July 2018- July 2021 there has been a 64% overall increase in Sandwell of the number of autistic children and young people. Our mainstream primary schools have seen a 112% increase.

The MAA Pathway is held under review by the ASD Steering Group who monitor number of referrals and completion times. The Steering Group works to improve access to the pathway with information for parents and professionals. Information on the Local Offer is currently being revised and amended by the Steering Group. It is important to note that multi-agency partners do not have additional resources to provide this pathway.

The MAA pathway is separate to the identification of transport needs. Transport needs will be considered in line with the Sandwell Home to School and Adult Learner Transport Policy.

That research relating to Special Educational Needs and Disabilities is considered whenever it is available to identify potential areas of improvement in Sandwell's service provision.

The SEND strategy 2021-2024 details the Sandwell vision for children with Special Educational Needs and Disabilities

- The priority area' for development are:
- 1. Quality Assurance of Statutory responsibilities:
 - 2. Workforce Development

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3. Improving Provision
4. Improving Progress and Attainment

The SEND Strategic Board is responsible for the governance and commissioning of services to support children and young people with SEND across the Sandwell Local Area and will be key to the delivery of this strategy. As a multi-agency group the latest evidence and research is constantly reviewed to inform and ensure improvements are continual.