

# Warrington Special Educational Needs and Disabilities Behavioural Trials

## Final Evaluation report

22 March 2019

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# Executive Summary

Warrington has an above average number of children in receipt of an Education, Health and Care Plan (EHC Plan). As of the 18 January 2018 there were 1,203 school pupils in Warrington with an EHC Plan. If Warrington followed the national average there would be 264 fewer pupils with an EHC Plan which could save Warrington Borough Council (WBC) in excess of £3 million per year (based on the average cost of a Plan being £11,847).

WBC were keen to understand how applying MINDSPACE\* behavioural nudges to professional and parental behaviour could influence service user dependence on the system and demand for EHC Plans. The Local Government Association (LGA) funded this work through the Behavioural Insights Programme and iMPower were commissioned to provide the behavioural science expertise and support on analysing demand, defining behaviour, identifying barriers, developing trials and reporting results.

The work involved designing, implementing and evaluating a set of hypotheses around how the decision making arrangements around EHC Plans operate, in particular, how the Panel is considered to insufficiently challenge requests for an EHC Assessment and to increase resources. Historically only a small proportion of requests for assessments have been declined in Warrington – 14% in 2015 and 13% in 2016 – the lowest refusal rate in its statistical group.

The output of this work will contribute to an evidence base of what works, which if successful could be rolled-out nationally. This report provides the evaluation of these trials, based on an analysis of trend data in referrals, assessments and requests for resources and consultation with staff who have been part of the intervention roll-out to seek their views on impacts.

Interventions were designed around how the Panel operates and how system-wide behavioural change could be trialled amongst school staff. Due to time and resource constraints, WBC decided to focus on implementing the interventions for how the Panel operates during this evaluation period. The aim of the trials was to reduce the number of EHC Plans in the system and reduce the average level of funding for Plans.

The following 7 interventions were successfully implemented in the trial period:

1. Awareness raising sessions around the thresholds for assessment, plans and resources (Appendix 1).
2. Personal email invitations (Appendix 3) were sent to partner agencies (Appendix 2) to encourage attendance and highlight what it would mean for them to attend.
3. Weekly nudge text reminders (Appendix 4) were also sent to partner agencies to make it the norm for them to be there.
4. New Terms of Reference (TOR) were introduced for Panel members to sign-up to and were displayed during Panel meetings (Appendix 5).
5. A revised form (Appendix 6) for the EHC Team presenting cases was introduced to make the information more accessible.
6. EHC Coordinators presented cases in set order with Band B cases considered first to anchor decisions.
7. The environment was primed using the white board to track decisions (Appendix 8).

MINDSPACE is a checklist of influences on behaviour to aid the application of behavioural science to service change. Further information about MINDSPACE can be found at <https://www.bi.team/publications/mindspace/>

# Executive Summary

The trials have generated significant savings of £340,025 over the 7 month trial period, as a result of:

- Reduced requests for statutory assessments
- Avoided demand, in cases where requests for support were declined altogether because the Panel process has changed
- Stepping-down cases to lower bandings of support.

Based on an in-depth analysis of each of the 296 cases that have been through Panel during the trial period, we can draw the following conclusions.

1. A higher proportion of requests for statutory assessment were declined - 36% in 2018 compared to 21% in 2017. This was 20 fewer assessments completed in the trial period **avoiding £50,000 of additional assessment costs.**
2. 13% of requests for new resources were declined and 43% were agreed at a lower level than initially requested. This has **prevented WBC spending an additional £57,503** on new demand into the system.
3. 45% of requests to maintain existing support packages were **saving WBC £29,178 in actual spend.**
4. 44% of requests to increase top-ups were declined and 16% were agreed at a lower level of support. **This has prevented WBC spending an additional £47,430.**
5. 33% of placement change requests were also declined and 17% were agreed at a lower cost than the existing placement. This has resulted in **£17,078 of actual savings and prevented additional spending of £115,510.**

In addition to the financial savings, there are some qualitative headlines on the impact of the trials:

1. Children are now considered to be receiving a more holistic service about their needs, and are receiving more trauma-informed support on their EHC plans as multi-agencies participate in meetings.
2. The trials have put the focus back on the child's needs, rather than the process, whilst simultaneously using the interventions to manage demand in the system.
3. The view now across the senior leadership team for EHC Plans is that the right children are now receiving the right support rather than the children who have the loudest advocates:

***“The trials have taken some of the emotion out of the process, and has more evenly shared influence and decision making power across Panel members”.***

***NHS Warrington CCG Representative***

4. Panel time has halved from the previous 4 hours to an average of 2 hours as Panel members are now more focussed on decision-making. There is an efficiency gain here for staff.
5. Within the school system headteachers are now challenging each other about responsibility for information being presented at Panel. This challenge is creating tension amongst the teaching community, and is being addressed through sharing data on EHC Plans.

# Executive Summary

WBC is now keen to explore how they can apply the lessons learned from these trials to the Post 16 High Needs Panel and in Early help. And in terms of applying MINDSPACE to other Local Authorities there are 7 key lessons:

1. Good business support is critical for preparing Panel members and tracking decision making.
2. Development of strong criteria for statutory assessment / resource allocation so that all decisions are anchored.
3. Paperwork needs to be consistent, easy to read and include analysis of needs and rationale for changes to provision for Panel members.
4. Deputies work well to ensure Panel meetings are always quorate and do not have to be deferred.
5. Good multi-agency decision-makers in the room is important – especially from Health colleagues.
6. Panel members need to be reminded of where and when Panel meetings are taking place to secure continued engagement.
7. Focus on the needs of the child and what partners are providing to support the family as a whole, not just the child in the classroom.

In conclusion, MINDSPACE has made small nudges to staff and parent behaviour, which has achieved a big impact in managing the demand for EHC Plans. There is a very positive view on MINDSPACE as it has not required massive investment, either financially or from a resource point of view, and because of its simplicity it has engaged partners. In addition it is seen as a quick way to generate results, both quantifiable and qualitative, and it has seen to drive social value to children and families, who are receiving a more holistic service, from a more committed and co-ordinated multi-agency approach.

One unintended consequence has been that completion timeframes for EHC plans has worsened as the focus has turned to quality, rather than timeliness.

The case is proven in Warrington for applying MINDSPACE nudges to manage demand for EHC Plans, and it is recommended that the interventions are continued to be applied in Panel meetings.

There are some practical recommendations for their continued roll-out:

1. Introduce a register for attendance to monitor partner agencies attendance.
2. Seek clarity on how to remind partners to attend
3. Review the potential delays for children due to the improved quality of plans.
4. Continue to try and find an alternative 'environment' for Panel meetings.
5. Review how data is collected at Panel meetings to enable analysis of outcomes.

There are also some recommendations regarding further applicability of MINDSPACE practice in WBC:

1. Review where the wider roll-out of the interventions could occur, starting with the Continuing Health Care Panel and the Short Breaks Panel, and perhaps in Early Help.
2. Ask staff about their views on MINDSPACE.
3. Review the interventions that have not yet been implemented and seek whether there is now appetite for their roll-out.
4. Repeat the teachers' survey to see if perceptions have changed in the teaching community about EHC Plans.

# Introduction

This report is intended for Warrington Borough Council.

This document provides the evaluation findings from the seven trials designed to test out approaches to managing and reducing demand for EHC Plans and requests for funding and changes to placements in Warrington. Specifically, the interventions focused on improving the decision-making Panel, in terms of how information is gathered and prepared for the Panel meetings and how the meetings are conducted. The interventions were rolled-out in June 2018 and ran to December 2018.

This report is structured as follows:

- Section 1 sets out the context and overview of the trials that have been implemented.
- Section 2 sets out the detailed evaluation on the trials for the Panel interventions, in terms of how information is gathered for Panel meetings and how meetings are run. It comprises direct and indirect outcomes related to the trial period.

- Section 3 sets out the qualitative insights which have been gathered through the trial period.
- Section 4 draws together the implications, conclusions and presents the next steps.

The report should be read in conjunction with the Trial Designs report dated on the 22 May 2018, which set out the detailed implementation design for the interventions. This is attached as Appendix 9.

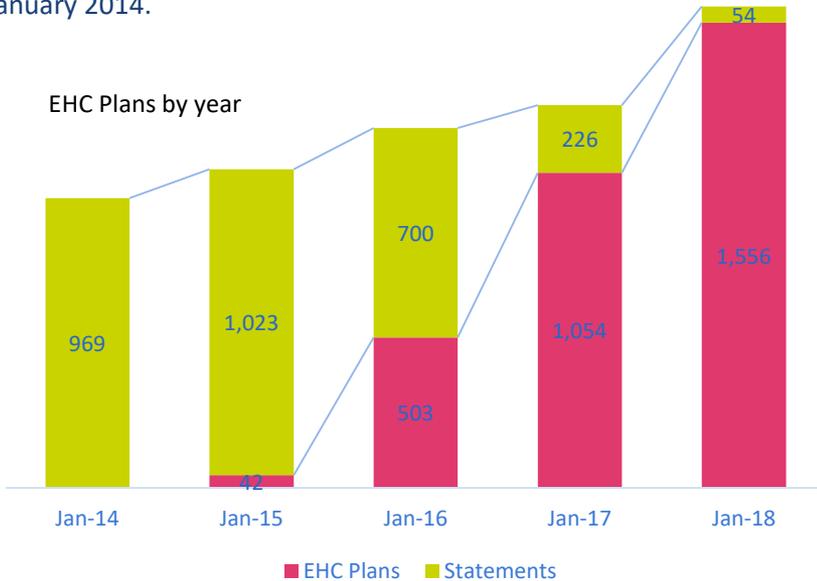
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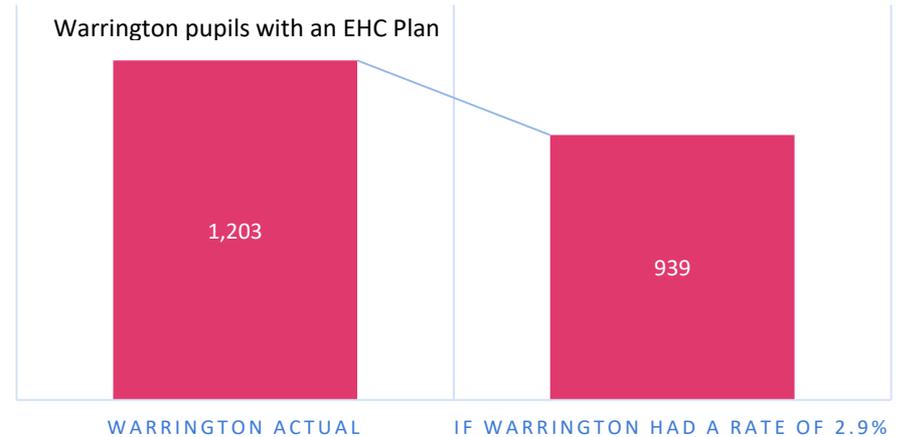
# Context

There has been a significant rise in the number of Education, Health and Care (EHC) Plans maintained by WBC – a 66% increase since January 2014.

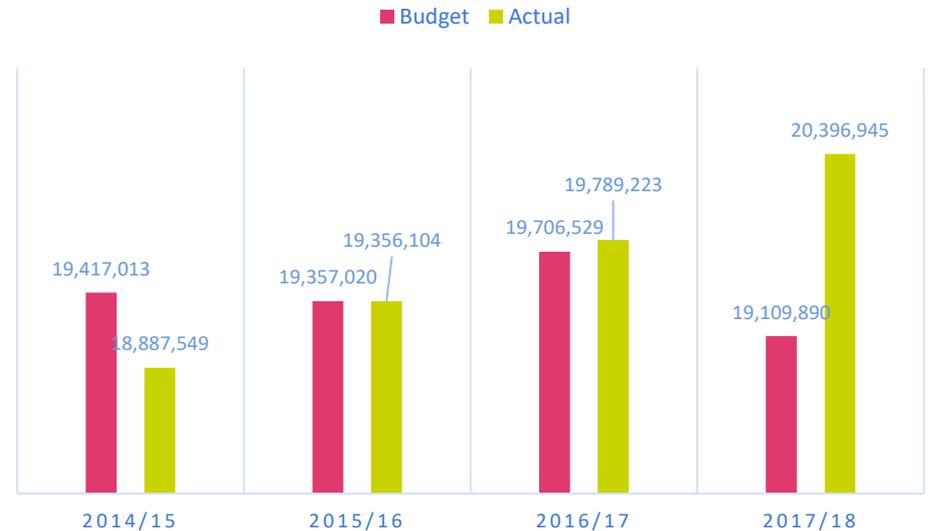


3.7% of Warrington school pupils have an EHC plan – if Warrington’s rate was the same as the national there would be 264 fewer pupils with an EHC plan.

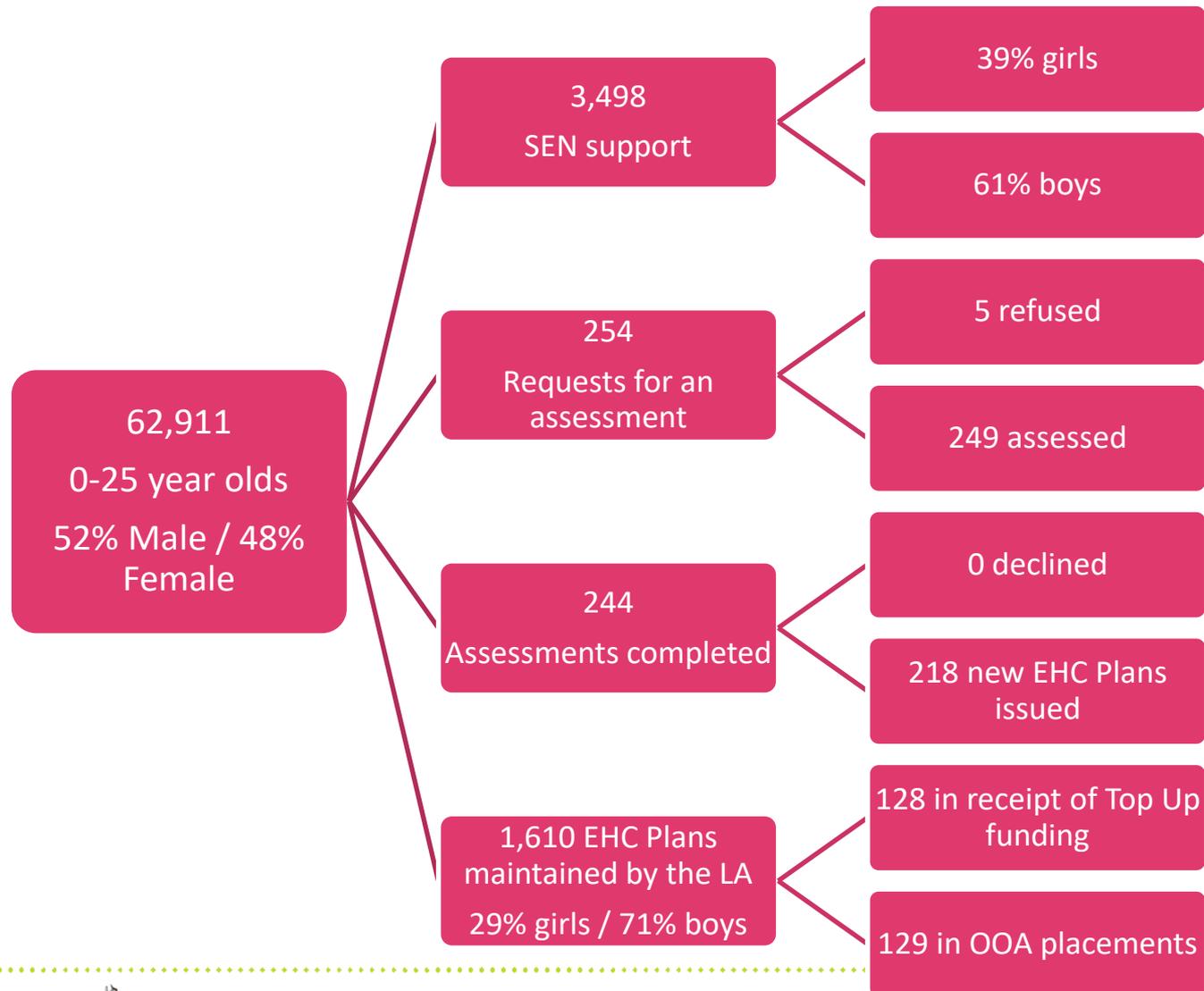
In addition, the high needs budget has increased year-on-year.



## High needs funding



# How demand originated in Warrington in 2017



## School survey | Overview

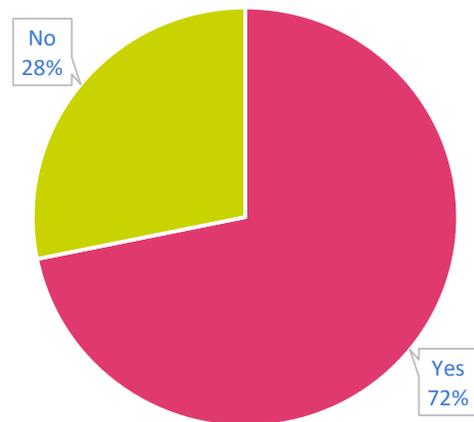
This survey was run online and was emailed out to all schools in Warrington. It was open from 22<sup>nd</sup> March to 3<sup>rd</sup> April 2018. From this we obtained:

- 81 responses
- Most responses each from Class Teachers (25) and Heads (25), with smaller numbers of Teaching Assistants (17), Deputy and Assistant heads (11)
- A quarter of all respondents also identified themselves as SENCOs
- The majority (43) of respondents were from Primary/Reception/Junior schools, with 16 from Secondary schools, but a number (5) covering a range of ages, and some from Sixth Form Colleges
- The vast majority (90%) of respondents said they had six or more years' teaching experience
- 80% of respondents had often or occasionally referred pupils for SEND support
- The most commonly presenting needs in pupils were learning needs, followed by emotional needs.

# School survey | Is there adequate training?

Most respondents reported having received SEND training in the last 12 months, but in some cases this may be quite light touch, and Teaching Assistants appear to be neglected. Note that better training was cited as a need later in the survey

Respondents who reported receiving SEND training in the last 12 month



This chart almost reverses when only looking at responses from Teaching Assistants, with three quarters having received no SEND training in the last 12 months. This may mean they are less able to support children with additional needs in the classroom.

Comments from respondents suggested that in some cases training was quite light touch, such as a meeting or discussion.

## School survey | Ability to meet additional needs

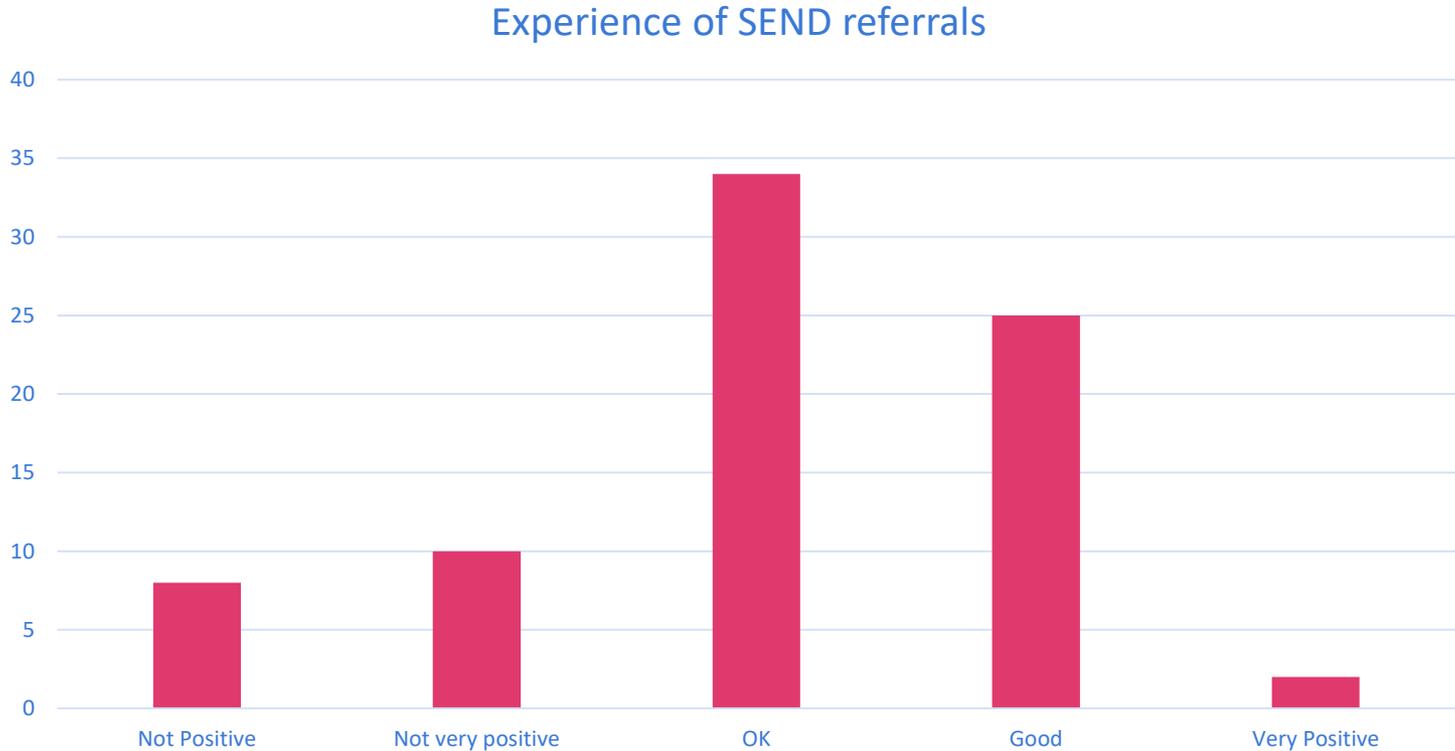
Respondents reported quite high levels of confidence in meeting all but the most severe needs

In general respondents reported that they felt equipped to cope, specifically:

- Confidence was highest in supporting Autistic Spectrum Disorder, Behavioural Emotional and Social Difficulties, Moderate Learning Difficulties, and Specific Learning Difficulty - over half of respondents felt equipped to meet these needs
- Physical and sensory difficulties has a range of responses, which tended towards the more positive end of the scale, but only a third reported good confidence
- Not surprisingly the additional needs that respondents found hardest to support were Profound and Multiple Learning Difficulties and Severe Learning Difficulties, with only a third reporting confidence in these areas
- Responses did not change noticeably across the different responder types
- As may be expected those with fewer years of experience reported less confidence across all additional need types.

# School survey | Referrals process

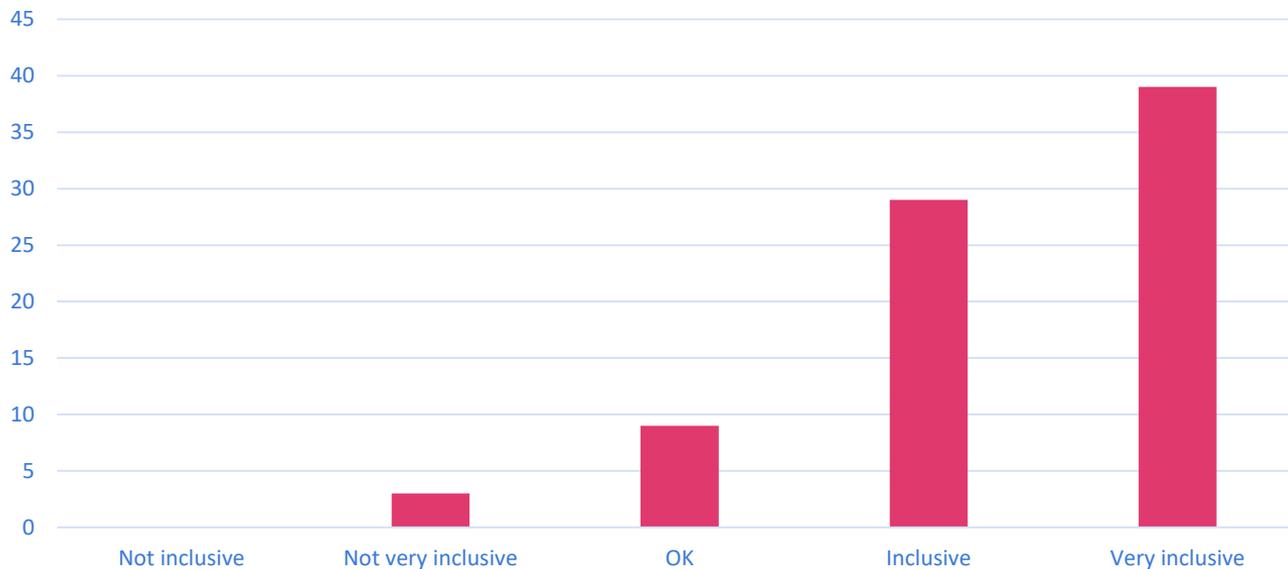
Most respondents had a fair to good experience of the SEND referrals process



# School survey | How inclusive is the teaching?

Most respondents saw their school's teaching methods as inclusive or very inclusive

How inclusive would you rate your school's teaching methods



Whilst this finding was quite consistent across the different types of respondents some comments highlighted variation between individual teachers and schools.

# School survey | What would help schools cope better?

Respondents thought more resources would help the most (class size and in-class support) however specialist peer access, training and equipment were also important

What would make you feel more able to cope with children who present with additional needs in the classroom?

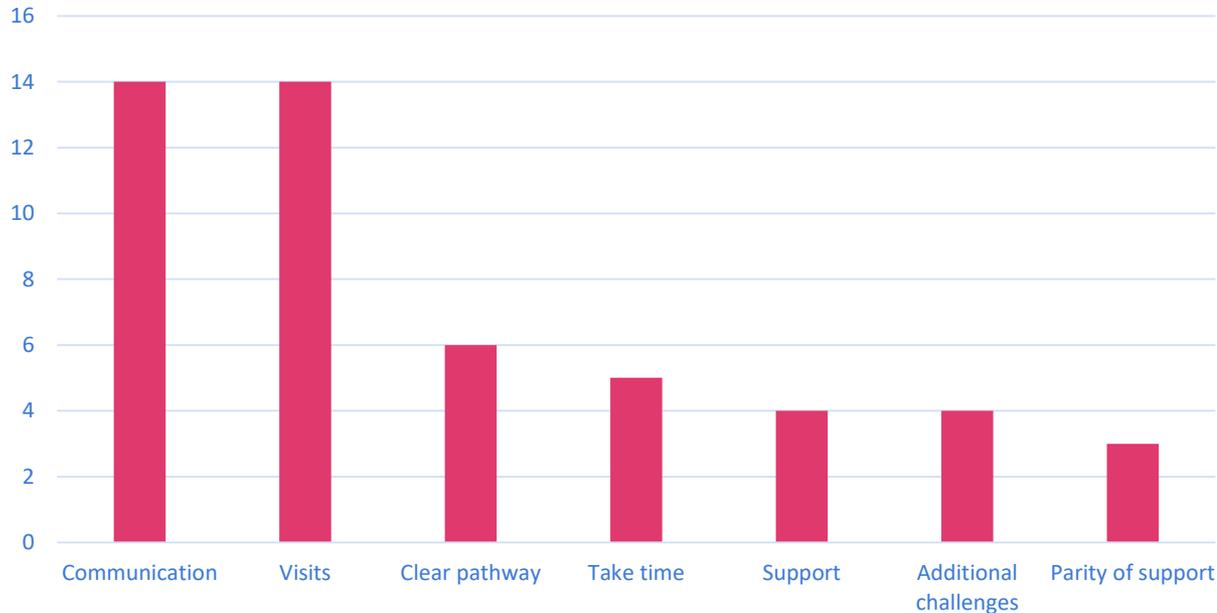


These are lower cost intervention area that could increase schools' abilities to cope

# School survey | Transition from Primary to Secondary

Respondents stated that good communication between schools and familiarisation visits were key to effective transition, and that these should form part of a clear pathway

What helps most with transition?



The above chart was based upon a summary of comments made and categorised under the closest fit heading.

When Primary school staff were asked 'How well equipped do you think your local secondary schools are to support children with additional needs?' a quarter thought they were well equipped, 57% ok, and the remainder thought they were not well equipped.

When Secondary school staff were asked 'How effectively are children with additional needs transitioned from primary schools?' almost a quarter thought they were not well transitioned, 47% thought they were ok, and 29% thought they were effective at this.



# School survey | Overview

Pulling these data together we see a quite positive picture, but not one that is bourn out in the referrals statistics. There are some key pointers to interventions that may help pupils and staff

The survey provides some useful findings and enable some refinement of earlier hypotheses:

- Whilst on the face of it training appears to be a strength there is uneven coverage, and respondents still cited the need for good training as key.
- A sensible focus for interventions to build confidence and ability to cope would be higher end needs and physical/sensory difficulties.
- Whilst in class support and small class sizes are important the responses suggest much could be done through providing specialist peer support and training, and equipment.
- Transition from Primary to Secondary education is a key time for ECHPs referrals. There is a mixed response in terms of how well this is handled, but there is quite strong consensus in what is needed – a clear transition pathway which starts early and allows ample time for good communications between schools and teachers, and familiarisation of pupil to the new more challenging environment.
- Some Primary school staff may benefit from greater awareness of what the capabilities are at Secondary schools.

# Overview of the trials implemented and expected benefits

iMPower worked with WBC to develop trial options for reducing the escalation of children with additional needs on to EHC Plans. The options are summarised here to illustrate how the decision was reached on which trials WBC progressed to implementation. The trials are all designed to reduce the demand for EHC Plans.

The expected benefits of the trials were:

- Reduced number of applications for EHC Plans as needs are met more often in the mainstream offer
- A more consistent process, where only those assessments that meet criteria and are supported by evidence are agreed
- More inclusive decision-making as partner agencies contribute
- More inclusive learning environments in Warrington schools
- School staff being more confident with a wider range of presenting needs
- Buy in from Headteachers and school leaders to manage demand in the system more effectively.

## Trials that were taken forward

- Composition of the Panel to include partner agencies including representatives from early help, health and social care
- Clarity on Panel paperwork, pre, during and post meetings
- Criteria for Panel discussion
- Structuring Panel meetings and use of the whiteboard.

## Trials not being taken forward and why...

- Year 6 to Year 7 transition – when reviewing the data we found that proportionally more EHC Plans were issued for children in Reception than in Years 6 (21% compared to 8%)
- Professionalisation of EHC role to enable them to spend more time on cases and less on admin – this is a recommendation rather than the focus of a trial area
- Peer support network – there is already a Special Educational Needs Coordinator Network in place
- Neutral chair for Panel meeting has not been identified – this is a recommendation for an appropriate neutral chair to be identified.

## Trials which have been redesigned

- The assessment process. Upon review of the assessment forms it is clear they have been designed to focus on a strengths-based assessment, however through consultation the approach assessors take to assess children was cited as not always being strengths-based. Rather than designing a trial to look at the assessment process, we built in elements of how the Panel approaches its assessment of referrals.
- School staff confidence toolkit and structured conversations guide – awaiting trial schools
- Visual display of the Warrington's graduated approach to addressing pupils additional needs in Warrington known as the 'Wave approach' – awaiting trial schools.

# Panel interventions

## Introduction

All 7 interventions were trialled simultaneously, and are therefore evaluated together as they all had the single objective - to reduce the amount of EHC Plan funding where needs can be met in other ways. This spend can be reduced in two ways:

- 1) Reducing the number of EHC Plans that are approved
- 2) Reducing the average funding for EHC Plans.

The Panel interventions were designed to address the following issues that had been observed during Panel meetings:

- Numerous decisions deferred
- Hard to track decisions made
- Meetings are disjointed as people enter and leave
- EHC Coordinators present short summaries of cases and little discussion takes place
- Multi-agency partners do not attend
- Data is inconsistent between cases.
- Lack of a standardised approach.
- Lack of awareness of what provision is available.
- Parents/SENCOs continue to seek an EHCP without appropriate documentation in place.
- Parents push for maximum support and EHC coordinators 'fear' parental threats for tribunal: "I know it'd go to tribunal if we moved his provision" (EHC team).
- Group decisions may silence dissent.
- There is a lot of paperwork but information doesn't always meet panel members' needs: "it's hard to judge from the paperwork, I'd like to see him" (Panel member).
- There are lots of re-referrals: "They're like a boomerang some of these..."

## The interventions trialled

To respond to these challenges, the specific interventions that were designed and trialled are illustrated overleaf, along with comments about how they have been rolled-out, and whether they are expected to continue.

# The interventions we trialled

Focus	Intervention	Benefit	Challenges	Comments	Continue beyond trial
Referrals to Panel	1. Present to Headteacher Forums about the expectations of Panel & thresholds	Schools understand requirements for submitting a request for statutory assessment and evidence of need is provided	Coordination of SENCO attendance. Cover in schools.	Understanding of thresholds has improved as evidenced in the data.  Annual presentation to school leaders regarding thresholds for EHC Plans.	SENCOs observation of panel considered too disruptive to the meeting – discontinued.
	2. SENCOs attend the Panel and observe conversations				
How information is gathered and prepared	3. Introduce a triage system	Panel members only consider cases which include appropriate evidence required	Capacity to undertake in the EHC Team given high caseloads of some staff.	Fewer cases are deferred Fewer re-referrals	Yes
	4. Introduce standardised form for EHC team to present information at Panel meetings	Information is presented in a consistent format and supports effective decision making	EHC team now use new forms. This was done simultaneously with the introduction of a triage system.	Staff are keen to use the form. Form has been co-designed with parents. Improved quality of referral information. Hard to calculate quantifiable impact.	Yes
How the meetings are staged and run	5. Revise the Terms of Reference which all members sign-up to	Panel members are clear about their roles and responsibilities and bias of decision-making is reduced	Drafted and circulated TOR that is signed-up by multi agencies. It is read at the start of each Panel.	New TOR has clarified the purpose of attendance and accountability on the process of decision-making. Has been very powerful for headteachers.	Yes

# The interventions we trialled

Focus	Intervention	Benefits	Challenges	Comments	Continue beyond trial
How the meetings are staged and run	6. Seek commitment from key partners to attend the Panel and personal email invites and text reminders are sent prior to meetings to make it the norm for them to be there	Partners from early years, early help, social care, the health economy and school sector attend panel to address the whole needs of the child	Check the timing and venue of Panel meetings is accessible for partner agencies.	Partner invites and text reminders are sent out weekly. Attendance by partner agencies has improved.	Trial more – seek feedback
	7. EHC Coordinators present cases in set order with band B cases first, followed by requests to change education setting	Decisions about the provision of resources are anchored	Cases are ordered as they arrive.	There is a perception that average banding for a case is now B and C, whereas previously it was F and G. By ordering the cases, it is thought to have removed some of the EHC coordinators fear over threat of tribunal (however, the data does not yet support this perception)	Yes
	8. Prime the environment by using the white board/flip chart paper to track decisions	Panel members	Whiteboard is used in Panel meetings	Provides a visual representation for Panel members to understand the commitments they are making to children, and is seen to help them anchor cases, and refer back to previous cases.	Yes

An interim evaluation was undertaken in September 2019 (Appendix 10) and determined that SENCOs observation of Panel should discontinue due to the costs for schools in organising cover for SENCOs and the disruption it was causing to the meetings.

# Teething issues

There were a number of teething issues that were encountered as the trials began. These have all been addressed as the trials progressed.

Issue	Mitigating action
Administrative support	Grade 5 worker observed the Panel and after a few weeks came in to take over the role of business support
Membership and quorate meetings	Deputies have been identified to cover incidences of annual leave from each of the key areas/ organisations
Competency of Chair	New Chair (Head of Service for Education) with teaching background has been identified and meetings now run more smoothly
Late attendance at Panel	Attendance register established to track and challenge repeat offenders
Consistence and regular health representation	Escalated to Assistant Director to resolve with the CCG and health providers. Health initially agreed only to attend until June, but on one meeting achieved significant financial savings for a child with diabetes so their attendance has continued.
Reading the papers	Each Panel member takes turns leading the discussion
Size of room	Alternative venue identified from September 2018
Sufficient resources and skilled workers to implement	Head of Service to increase knowledge base of staff in the EHC Team and address capacity issues through service reorganisation
Engagement from school leaders in the projects	Regular reports to Schools Forum, SEND Improvement and SEND Review Board to update them of the progress of the trials
GDPR issues	Ensure that information is shared via Egress (secure platform for sharing child level data).

# Evaluation context

## Outcomes

There are a number of outcomes from the trials that have run from June 2018 to December 2018. Some outcomes can be attributed more directly to the interventions trialled, whereas the outcomes discussed below are more indirect, and are illustrated here to provide context.

## SEND budget

In 2017/18 WBC experienced a £1.2 million overspend on its SEND budget and is set to be just under a million in 2018/19. Whilst this reduction in overspend cannot be directly attributed to the interventions trialled, it does indicate that there is generally an improved management of resources for children and young people with SEND overall.

## Overall number of Plans

Similarly we cannot attribute changes to the overall number of EHC Plans directly to the interventions, especially as there is likely to be a lag in plans being approved and changes to manifest in the data. However, the number of EHC Plans maintained by the local authority has reduced from 1,610 in 2018 to 1,566 in 2019.

The data on overall Plans is not readily available for just the trial period. As a proxy, we have used 2017 Plan data against 2018 Plan data. It should be noted that there are anomalies in the data, due to the way the information is recorded, either provision is not recorded, or amended following a review. For other Plans it is difficult to report on historic information if a Plan has ceased and/or the student has been inactivated (over school age, left the area etc). These numbers should be treated with caution and can be

used to highlight general trends, but do not lend themselves to more in-depth analysis. However, this data does highlight the need to record data accurately and consistently for Plans.

Given the caveats, based on the comparison between 2017 and 2018 Plan data, there has been:

- An overall 7% increase in funding on plans (it is impossible to separate out the legacy plans that continue in the system, to understand which of these are new Plans or continuing Plans).
- An almost constant proportion of Plans across the different bandings - 64% of Plans in 2017 were Band C or below, rising slightly to 65% in 2018, and 11% of Plans in 2017 were Band F and G, whereas in 2018 this proportion is 10% - this is a trend in the right direction.
- A 12% increase for Band B Plans, whilst Band G Plans have remained static, which could be linked to 'anchoring' of cases and more awareness of the impact of decisions at Panel meetings.
- The average cost of a Plan has decreased very slightly between 2017 and 2018 from £3,179 in 2017 to £3,175 in 2018, which represents a very modest saving of **£2,219** across all the Plans. It is likely that any decisions made on Plan funding will start to show in the next 12 months data.

## Cases discussed at Panel and estimation of savings

Each case that has been discussed at Panel has been tracked and depending on the outcome a cost has been calculated based on the number of days that the case was stepped down multiplied by the assigned cost of the outcome. These costs has been estimated from when the effective date of change..

# What else has happened during the trial period?

The trials have not operated under a controlled environment. There have been 4 key activities that have happened during the trial period, that could also have had an impact on the outcomes achieved, and it is impossible to separate completely the impacts of the below activities with the trials:

1. A triage system has been introduced, which is having an impact on the number of referrals to Panel, and is improving the quality of referrals, as there is increased awareness of the process for submitting a referral and feedback is provided. This activity is seen as cost neutral as it is currently undertaken by a current member of staff as part of their role.
2. Whilst we recommended there was a neutral chair for Panel meetings, this was not deemed feasible during the trial period. Instead the Head of Service has chaired the Panel meetings every week, as an extension of her current role. Having the Head of Service chair has been considered to keep the Panel more focussed, provides gravitas and is thought to have increased commitment from Partners.
3. Training has been rolled-out to SENCOs and headteachers around the quality of submissions to Panel, which will be impacting the quality of submissions, and perhaps contributes to the reduction in deferred cases.
4. WBC has worked with partners regarding expectations at Panel to help schools to manage conflictual relationships with parents. Again this may be having an impact on the reduced number of plans that are being rejected at Panel.

# Reduced demand for statutory assessments

There are a number of more direct impacts that the interventions will have contributed towards. These are described in this section, and have been quantified where data is available.

## Overall number of referrals for statutory assessment

There has been a significant reduction in the number of referrals for statutory assessment during the trial period. There were 60 referrals made to the Panel for statutory assessment compared to 122 in the same time period in 2017.

Each referred case is estimated to cost £349\*. This represents a saving of **£21,638** over the 7 month trial period, which represents a potential annual saving of **£37,094**.

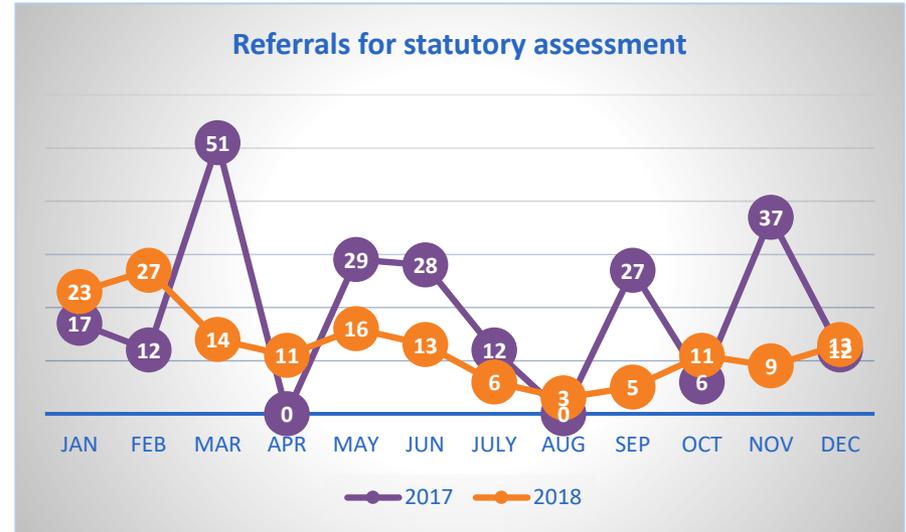
## Source of referral

The primary referral route for statutory assessment continues to be primary schools. It is noteworthy that social care made its first referral to Panel in October 2018, which illustrates partner agencies are now engaging more in the process.

## Re-referrals

The re-referral rate to Panel is reducing, but the numbers are too low to draw a conclusion at this stage. We recommend this continues to be monitored.

*\*Unit costs of health and social care 2018 (short breaks panel)*



# Reduced demand for statutory assessment

## **Awareness of thresholds**

There has been increased awareness of thresholds for an EHC Plan with school leaders, which has resulted in a significant reduction in referrals from both primary and secondary schools.

The average number of referrals between June and December 2018 was 5 and 2.75 referrals per month for primary and secondary schools respectively. The average per month over the 8 months from June 2017 to December 2017 was 11 and 4 for primary and secondary respectively. Early years settings are also making much fewer referrals than for the same time period – 10, down from 24 in 2017.

The reduced number of referrals is generating cost savings as previously discussed. It is assumed that the reduced referrals are as a consequence of increased awareness of the thresholds for plans, based on the presentations made to WASH, WASCL and WAPH (intervention 7).

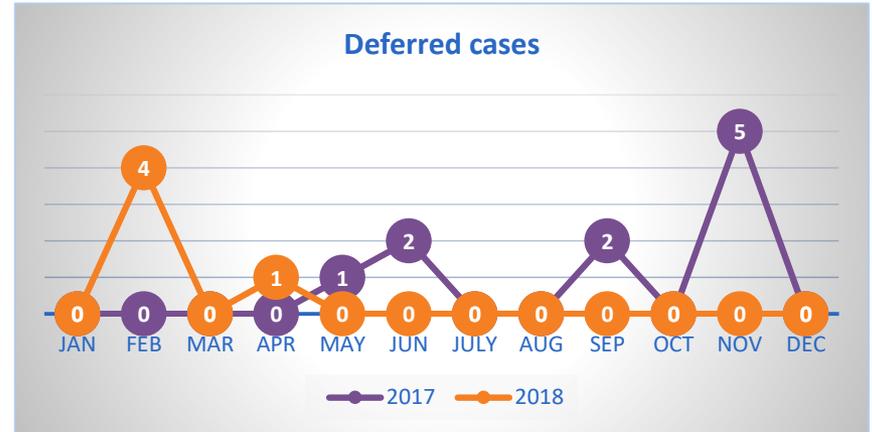
# Reduced demand for statutory assessments

## Deferred cases

The trial designed to influence how information is gathered and prepared is generating a good impact (intervention 1).

Between June and Dec 2017 there were 9 deferred cases for statutory assessment. For the same time period in 2018, there were no deferred cases, which suggests the checks to ensure that all information is complete in advance of Panel is working. Feedback is now given to applicants about how to improve the quality of their submissions.

Based on the average cost of £349 for a case to be reviewed, it is estimated that the reduction in deferred cases for statutory assessment has reduced the Panel's operating costs by **£3,141**, an annual cost of **£5,384**. This cost needs to be considered against how much additional time it is taking to review the information before it is presented at Panel. However, it is thought that there is no additional cost to preparing cases for Panel.

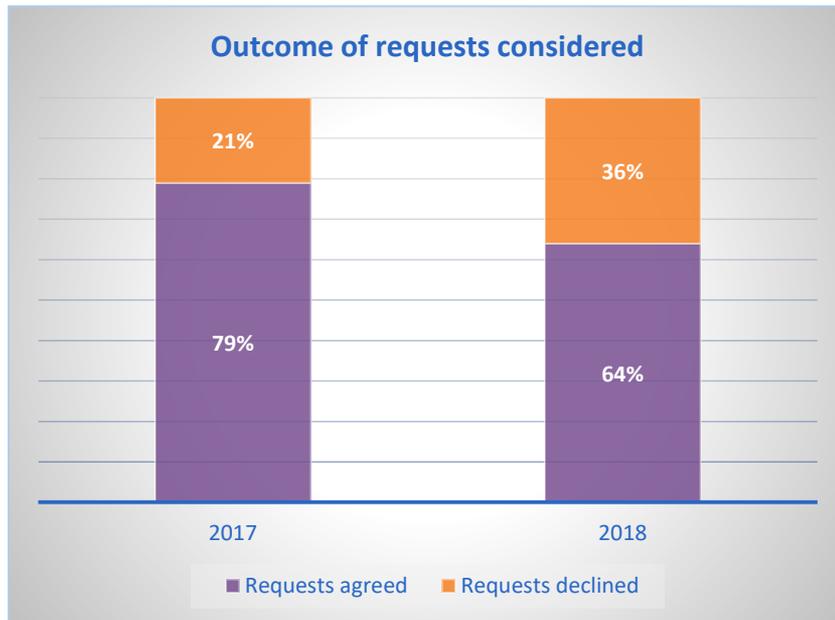


# Reducing demand for statutory assessments

## Outcome of requests for statutory assessment

A number of the interventions were designed to prime the environment and anchor cases to see if that made an impact on decisions made.

There has been a difference in the proportion of requests that have been declined. Between June and December 2017 21% of requests were declined, and in the same period in 2018 36% requests were declined. There will be a small saving here on the avoidance of assessment costs.



Since 16 June 2018, 20 cases were declined avoiding assessment costs of **£50,000** (based on an average cost of £2,500 per assessment).

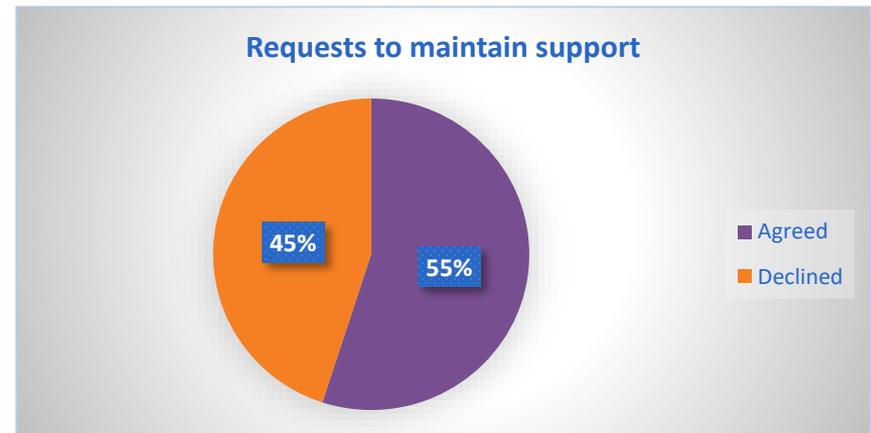
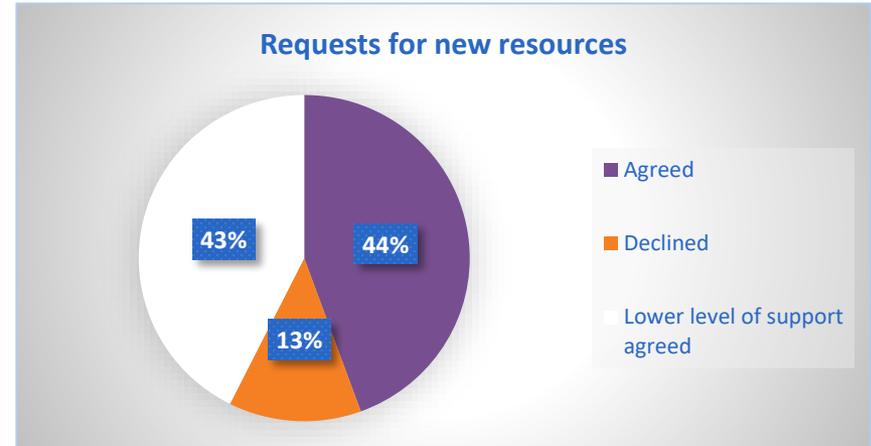
# Financial Case: reducing demand for provision and placements

Financial savings have arisen from:

- Avoided demand, where a case is declined support altogether because the Panel process has changed.
- Stepping-down cases to lower bandings of support.

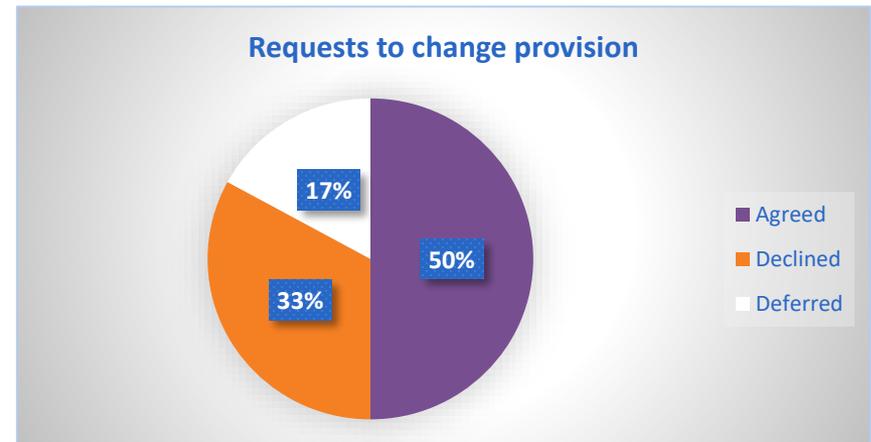
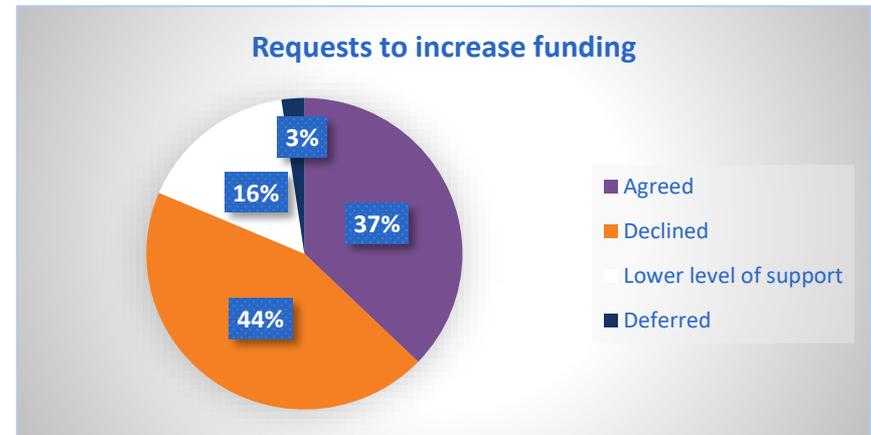
Based on an in-depth analysis of each of the 236 requests to maintain, increase or issue new resources to support EHC Plans during the trial period, we can draw the following conclusions.

1. More requests for new resources have been declined or agreed at a lower level than initially requested. **This has saved Warrington Borough Council £57,503 in potential spend.**
2. 45% of requests to maintain the support package in place have been declined. **This has saved WBC £29,178 in actual spend.**



# Financial Case: reducing demand for provision and placements

- 3. 44% of requests to increase funding were declined and 16% were agreed at a lower level of support. This has resulted in cost avoidance of **£47,430 in potential spend on top-ups.**
- 3. 33% of requests for changes to provision for pupils with an EHC Plan have been declined and 17% have been agreed at a lower level of support. This has resulted in **£17,078 in actual savings** and **£115,510 in potential spend.**



# Financial impact

Item	Cost avoidance to date	Actual savings to date	Total
Panel operating costs	£24,779	£0	£24,779
Fewer statutory assessments	£50,000	£0	£50,000
Requests for new resources	£57,503	£0	£57,503
Requests to maintain support	£0	£29,178	£29,178
Requests to increase funding	£47,430	£0	£47,430
Requests to change placement	£115,510	£17,078	£131,477
<b>Total</b>	<b>£295,220</b>	<b>£46,256</b>	<b>£341,478</b>

If we extrapolate these savings to 12 months we predict WBC will achieve savings (both cost avoidance and actual savings) of **£585,390**.

# Summary of interventions trialled and overall comments

The table below summarises the financial outcomes of the trial exercises, as detailed in “Trial evaluation” section above.

Intervention	Trial saving target £	Trial actual achieved £	Original roll out target £	Revised roll out target £	Next step
1. Revise the form for EHC team presenting cases to make the information more accessible.	As all interventions were rolled-out simultaneously with the same objectives, they have been evaluated together. It is impossible to separate the quantitative impacts they may have delivered individually. However, in the qualitative insights we have set out the differences between interventions	It is estimated that through a combination of the interventions, £582,900 is expected to be achieved over 12 months.	£1.4m by 2023 based on the implementation of all interventions that successfully move Warrington’s EHCP numbers towards the UK average and an lower average cost. This projection is based on a 10% decrease in plans and a shift in 1 funding band (to a lower band) for 20% of Plans.	Only half of the interventions have been rolled-out. The revised target is based solely on the Panel interventions. We expect savings will continue to grow each year as new Plans are approved and legacy Plans drop-off the system. Based on the £582,900, we expect WBC could be saving at least this each year as demand continues to be managed at Panel and Panel processes become more efficient. By 2023 this could be nearly £3m in savings.	Roll out
2. Develop Terms of Reference (TOR) for Panel members, to sign-up to and which is displayed during Panel meetings.					Roll out
3. EHC Coordinators to present cases in set order with band B cases first to anchor decisions.					Roll out
4. Send out a personal invite to partner agencies to encourage attendance and highlight what it would mean for them to attend.					Trial more – seek feedback
5. Nudge email reminders to partner agencies to attend and make it the norm for them to be there.					Trial more – seek feedback
6. Prime the environment by using the white board to track decisions.					Roll out
7. Present to WASH, WASCL and WAPH about expectations of Panel.					Roll out

All trials began implementation in June 2018. The evaluation period covers June to December 2018.

# Insights and implications

There are 5 key qualitative insights that have emerged from the trials run:

1. Children are now considered to be receiving a more holistic service about their needs, and are receiving more trauma-informed support on their EHC Plans as multi-agencies participate in meetings.
2. The trials have put the focus back on the child's needs, rather than the process, whilst simultaneously using the interventions to manage demand in the system.
3. The view now across the senior leadership team for EHC Plans is that the right children are now receiving the right support rather than the children who have the loudest advocates:

***“the trials have taken some of the emotion out of the process, and has more evenly shared influence and decision making power across Panel members”.***

***NHS Warrington CCG Representative***

4. Panel time has halved from the previous 4 hours to an average of 2 hours as Panel members are now more focussed on decision-making. There is an efficiency gain here for staff.
5. Within the school system headteachers are now challenging each other about responsibility for information being presented at Panel. This challenge is creating tension amongst the teaching community, and is being addressed through sharing data on EHC Plans.

## Implications

There are four areas to explore where the lessons learned during these trials could be applied.

1. It would be interesting to apply the practice interventions (interventions 1-4) to Post 16 High Needs Panel with the aim to improve the functioning of the Panel and improve the quality of the decision making.
2. In addition, it would be good to explore how some of the 'nudges' and changes in behaviour could be trialled in the family support offer in early help, in terms of how social workers work with families as they move towards a more asset-strengths-based approach.
3. The importance of the 'environment'. The room for Panel meetings is still not optimum.
4. The use of 'ego' and 'messenger' concepts to talk to staff about how they relate to and work with children and their families.

# Insights and implications (Cont.)

Whilst attendance by partner agencies has improved, there continues to be an ongoing challenge to get health and social care colleagues to value EHC Plans and contribute to Plans. The Plans continue to be over-reliant on education to provide. There is also a wider challenge on how processes can be better aligned for children who are being discussed at numerous Panels, but this is outside the scope of this work.

## Lessons for Other Local Authorities

1. Good business support is critical for preparing Panel members and tracking decision making.
  2. Development of strong criteria for statutory assessment / resource allocation so that all decisions are anchored.
  3. Paperwork needs to be consistent, easy to read and include analysis of needs and rationale for changes to provision for Panel members.
  4. Deputies work well to ensure Panel meetings are always quorate and do not have to be deferred.
  5. Good multi-agency decision-makers in the room is important – especially from Health colleagues.
  6. Panel members need to be reminded of where and when Panel meetings are taking place to secure continued engagement.
  7. Focus on the needs of the child and what partners are providing to support the family as a whole, not just the child in the classroom.
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  7. Focus on the needs of the child and what partners are providing to support the family as a whole, not just the child in the classroom.

# Conclusions

MINDSPACE is considered to have been invaluable and powerful in making small nudges to staff and parent behaviour in managing the demand for EHC Plans. Whilst the financial savings are currently modest, there is a genuine shift in behaviour. Below are some of the key conclusions around using MINDSPACE in managing demand in social care:

- It has not required massive investment, either financially or from a resource point of view, which makes it accessible to local authorities.
- Because of its simplicity it has garnered partners to engage with the changes effectively. In addition staff uptake has been positive, as people have understood it and been keen to try it out.
- As a methodology it has produced relatively quick results – it has provided quick changes in behaviours over a 6 month time period.
- There are numerous impacts which cannot be captured quantitatively, which makes it harder to demonstrate the return on investment. However, the wider qualitative impact has been more powerful for staff involved.
- The concepts of ‘messenger’, ‘ego’ and ‘environment’ are key attributes of MINDSPACE, which are becoming more central to social work practice across Warrington.
- There is however, a financial impact based on managing demand more effectively and anchoring decisions to distribute resources most appropriately. However, this is not yet showing significantly in the data captured.
- There is a social value to the changes, in that children and families are getting better interventions and outcomes, as it has made more effective collaboration. Currently this is anecdotal and would require substantiating before drawing this too widely as a conclusion.
- Through improved attendance at Panel meetings and better run meetings, social care and health are becoming more aware of their commitment to children, and how Plans are funded. Partnerships are becoming more mature and there is improved understanding of who should take ownership of different elements of plans rather than it all falling to education as it previously did. Again analysis of the data is needed on how Plans are funded by the three agencies.
- However, compliance in Plans has worsened – completion timeframes have worsened because EHC co-ordinators are now more focussed on quality of plans rather than timeliness of completion.

# Recommendations

Broadly the case is proven for applying MINDSPACE nudges to managing the demand for EHC Plans in Warrington, and it is recommended that the interventions are continued to be applied in Panel meetings. Below is a set of wider recommendations for WBC and their partners.

There are some practical recommendations for their continued roll-out:

1. Introduce a register for attendance to see how often partner agencies attend and contribute to Panel meetings. At the moment it is only anecdotal that there has been improved attendance by health and social care colleagues.
2. Seek clarity on how to remind partners to attend. There has been no feedback on whether partners like and value the invites and reminders for the meetings, and they are considered to be time consuming to deliver.
3. Review the potential delays for children due to the improved quality of plans. Are children progressing slower through the system?
4. Continue to try and find an alternative venue for Panel meetings as the environment is not very conducive to team working.

5. Ensure data is accurately and consistently recorded on existing information systems and updated for EHC Plans to enable analysis, particularly in the contribution made by Education, Health and Social Care.

There are also some recommendations regarding further applicability of MINDSPACE practice in WBC:

6. Review where the wider roll-out of the interventions could occur, starting with the Continuing Health Care Panel and the Short Breaks Panel, and perhaps in Early Help.
7. Ask staff about their views on the MINDSPACE interventions.
8. Review the interventions that have not yet been implemented and seek whether there is now appetite for their roll-out.
9. Repeat the teachers' survey to see if perceptions have changed in the teaching community about EHC Plans.

