



Date: Monday, 23 May 2022
Time: 10.00 am
Venue: Council Chamber, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND
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PEOPLE OVERVIEW COMMITTEE

TO FOLLOW REPORT (S)

7 **SEND Written Statement of Action (Pages 1 - 64)**

To scrutinise progress in delivering the SEND written statement of action following the joint CQC/Ofsted inspection in January 2020.

Report to follow.

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People Overview Committee	<u>Item</u>
23 May 2022	<u>Public</u>

SEND Written Statement of Action

Responsible officer

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1.0 Summary

1.1 This paper provides the committee with an update on work to deliver the written statement of action following the joint Ofsted/CQC inspection of services for children with a special education need or disability (SEND). It also provides the committee with an update on preparations for a further inspection of the local authority and its partners.

2.0 Recommendations

- 2.1 Committee members to:
- note the report and appendices
 - seek assurance that the SEND Partnership is working towards the objectives of its written statement of action and
 - identify any areas of concern for the portfolio holder.

3.0 Background

- 3.1 In January 2020, Ofsted and the Care Quality Commission conducted a joint inspection of the local area of Shropshire to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. In particular the inspection sought to evaluate the effectiveness of the local area in
- identifying children and young people's special educational needs and/or disabilities
 - meeting the needs of children and young people with special educational needs and/or disabilities and
 - improving outcomes for children and young people with special educational needs and/or disabilities.

- 3.2 Following the inspection, Ofsted and the CQC raised significant concerns about the effectiveness of the local area to meet the needs of these children, in particular:
- Inconsistent strategic leadership and weak strategic planning across the area, most notably in the Clinical Commissioning Group (CCG), including the ineffective use of data to accurately commission and plan services.
 - The lack of inclusion of health services' input into the area's SEND action plan.
 - Significant waiting times for large numbers of children and young people on the autism spectrum disorder (ASD) and Attention deficit hyperactivity disorder (ADHD) diagnostic pathways.
 - Significant waiting times for those needing assessment and treatment from the speech and language therapy service.
 - Inconsistency in the quality of input from education, health and care into education, health and care (EHC) assessment and planning.
 - The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

The inspection report is attached to this report as Appendix 1.

3.2 Shropshire Council and its partners were therefore required to produce and submit a written statement of action (WSoA) to explain how they would tackle these areas of weakness. The completed statement is attached as Appendix 2.

3.3 The WSoA focuses on the six priority areas for change as listed in paragraph 3.2 above and provides an action plan to deliver the required improvements. The intended impact of these improvements is also included within each priority area. The statement also explains how the SEND partnership has strengthened its governance arrangements following the inspection.

3.4 The People Overview Committee considered a draft of the WSoA at its meeting in September 2020. It endorsed the statement of action, the new governance model and the priorities detailed in the plan. It asked the service to provide a further update in due course to the committee on its work to implement the plan.

4. Delivering the action plan

4.1 Progress in delivering the statement is overseen by the SEND Partnership Board and reviewed in a series of review meetings with the Department for Education and NHS England. The latest review report is attached as Appendix 3. In order to support delivering the action plan, Shropshire Council and its partners have carried out a number of actions according to the following priority areas.

4.2 **Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services**

- The partnership has reorganised itself under a new governance structure as contained in the written statement of action. This includes joint oversight of SEND agenda from the CCG and health providers through strategic and partnership board. This is now being strengthened with the establishment of the Quality Assurance Group (QAG).
- Recruitment of a new Assistant Director for Education and SEND Service Manager. These officers started in February & March this year
- Production of a new SEND strategy in April 2021.
- Production of Joint Strategic Needs Assessment (JSNA) completed.

4.3 **The lack of inclusion of health services' input into the area's SEND action plan.**

- The appointment of a joint commissioner with Shropshire, Telford and Wrekin CCG is creating a market position statement to understand the provision available to people in Shropshire.
- CCG involvement in producing the written statement of action has resulted in greater health involvement in all workstreams.
- The CCG has contributed required data to the JSNA

4.4 **Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways.**

The service is developing a different model to support children, with intervention taking place while it is decided whether or not assessment and diagnosis would be best for the child. This model is based on an approach pioneered by Coventry SEND and is attached at Appendix 4.

- Work is also underway to recruit 2 higher learning teaching assistants and a senior educational psychologist.

4.5 **Significant waiting times for those needing assessment and treatment from the speech and language therapy service.**

- Workstream established to ensure consistency of approach and to support whole system including provider to secure improvement. Place- based consultations undertaken with staff, parents and young people.

- Speech and language therapy (SALT) advice line, handbook and Facebook page launched. Remote SALT service offer including parent/educator training.

4.6 **Inconsistency in the quality of input from education, health and care into EHC assessment and planning.**

- DCO/DSCO and SEN lead working together on agreed quality assurance (QA) framework and data set, group established with plans to trial QA tools.
- Established process of feedback from the SEN2 panel directly to SEND leads within health providers (ShropComm).
- Developed EHCP standards
- Health specific CAMHS specific education, health and care needs assessment exemplar template in development. Training session delivered to 20 CAMHS practitioners. Social care delivering training to new staff
- 20 week performance remains at 71% despite staff changes.
- Challenges around annual review completion have been acknowledged and a recovery plan developed as part of the accelerated action plan to resolve this issue.

4.7 **The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed -term exclusions for those receiving SEND support.**

- The draft Shropshire Community Inclusion Policy has been presented to the Schools' Central Policy Group on 10th June 2021 and was well received there and will be updated based on changes to recent government guidance on attendance and behaviour.
- A task force approach is in place so that professionals can respond quickly to support children and schools and provide hands on support. A weekly Safeguarding and Behaviour panel has been arranged where issues can be raised and a solution focused approach is applied to situations.
- A Peer Challenge took place in February 2021; one of the focus areas being permanent exclusions. An action plan has now been drafted based on the issues identified and reducing exclusions for children with SEN.
- Multi-agency collaborative meetings extended to include mainstream schools.
- TMBSS primary delivery model ratified and ready for implementation from September 2021 (this was delayed from January 2021 due to the pandemic and lockdowns).

5. Next steps

- 5.1 The service will be subject to a reinspection shortly. There is no date fixed for this, but officers expect it to happen imminently.

- 5.2 An accelerated action plan is in development following a comprehensive self-evaluation exercise in March/April 2022. The action plan will incorporate analysis of impact to date, feedback from families, schools and young people to enable the secure improvement to the key areas identified by Ofsted in January 2020 and the delivery of the SEND Strategy.

List of background papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
None
Cabinet Member (Portfolio Holder)
All
Local Member
All
Appendices
Joint area SEND inspection in Shropshire
Shropshire Local Area Written Statement of Action
Draft Note of Standard WSoA Review Meeting
Coventry's Neurodevelopmental Pathway: A Guide for Parents

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25 March 2020

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David Evans, Accountable Officer, NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford and Wrekin CCG
Helen Bayley, Strategic Lead for Quality and Care Improvement Team, NHS Telford and Wrekin CCG
Julie Davies, Director of Performance, NHS Shropshire CCG
Julia Dean, SEND Service Manager and Local Area Nominated Officer

Dear Mrs Bradshaw and Mr Evans

Joint area SEND inspection in Shropshire

Between 27 January and 31 January 2020, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Shropshire to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMIs) from Ofsted, with a team of inspectors including an HMI and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority (LA) and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with area leaders from health, care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning groups (CCGs) are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some strengths and areas for further improvement.

Main findings

- Strategic leadership across the area is weak. This is most notable in the leadership of the CCG. The implementation of the SEND reforms by the CCG has been too slow. There has been inconsistent leadership for SEND within the CCG and a lack of cohesive partnership working. Consequently, the focus on SEND has not been sharp enough due to competing health priorities across Shropshire. It is not clear how SEND services will be given greater priority in the area.
- There is no effective pathway for specialist assessment of autism spectrum disorder (ASD) for children over the age of five. Recently, leaders have taken effective action to ensure that some children are assessed. However, there remains a large number of children waiting for assessment. A sustainable assessment model to address this ongoing problem has not been implemented.
- Children and young people experience significant waits for speech and language assessment and treatment. The current speech and language therapy (SALT) service specification is not fit for purpose. Consequently, the SALT service is not meeting the needs of children and young people with SEND in the area.
- Area leaders' self-evaluation identifies some of the key issues in education, health and care provision for children and young people with SEND. Some of the area leaders' action plans and actions are informed by this self-evaluation. However, it is not clear what area leaders hope to achieve as a result of their activities because their plans have no measurable success criteria. Moreover, the area's SEND action plan does not include crucial health elements, such as community health services. Therefore, area leaders' ability to improve the range and quality of services for children and young people with SEND and their families is limited. This is a significant gap and means that children and young people do not get the help and support that they need.
- Area commissioners do not make effective use of the data available to them. Consequently, they do not accurately commission and plan services that meet the full range of children and young people's needs. Area leaders have been able to demonstrate that they are making some improvements. However, the absence of a SEND-specific joint strategic needs assessment to steer the direction of this work, combined with the lack of a robust action plan with measurable success criteria, means that area leaders are unable to evaluate the success of their actions.
- The area met the requirement to convert statements to education, health and care (EHC) plans within statutory timescales. However, there are inconsistencies in the quality of input from education, health and care into the plans. This is particularly so for those plans written before January 2019.

- The rates of exclusion for children and young people with an EHC plan in primary, secondary and special schools are significantly above the national averages. In addition, the rates of repeat fixed-term exclusion for children and young people receiving SEND support significantly increased in 2018/19.
- Knowledge of the SEND reforms and EHC assessment and planning processes across health services is inconsistent. A strategic approach to training and development that secures a good level of understanding from all professionals is absent.
- More recently, there has been designated clinical officer (DCO) representation at appropriate strategic and operational SEND panels and boards. This helps to assist in planning and to develop a thorough understanding of local health services. The current DCO has started work to improve SEND training and to develop a better knowledge of SEND across the health workforce.
- Many strategic leaders value and act upon the views of parents and carers. Most parents are satisfied with the way their child's school or college meets their needs. As a result, the number of tribunal cases is low, as is the number of complaints. The majority of these complaints are not upheld. However, a significant minority of parents are dissatisfied with the services the area provides for their children. Of particular concern for them is the lack of an effective service to support their children's emotional and mental well-being.
- The CCGs have engaged with groups of children, young people and adults with SEND to gain feedback on the effectiveness of services. Shropshire Young Health Champions have been trained to increase consultation, participation and engagement with young people with SEND. Leaflets have been produced in easy-read formats to ensure information is accessible. Feedback from people who access services, including adults with learning disabilities and ASD, has been used in their design. This positive work has not extended to include the parent and carer council (PACC), which reports that the CCGs have not fully embraced the benefits of co-production (a way of working where children and young people, families and those that provide the services work together to make a decision or create a service that works for them all).
- Generally speaking, academic outcomes for children and young people with SEND are strong. This is particularly so for pupils with an EHC plan.
- Area leaders have taken effective action to address some concerns within the BeeU Child and Adolescent Mental Health Service (CAMHS), which was not meeting targets. An in-depth review has been completed and a detailed recovery plan is now in place. As a result, the majority of children and young people now access more timely assessment and care planning, through an integrated and needs-based approach to delivering mental health services.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- The service offered by Beam has good uptake and has been able to support more than double the anticipated number of children and young people. This demonstrates the positive offer it has for large numbers of children and young people.

Areas for development

- Not enough two-year-olds have their needs assessed by the health visiting service. This is particularly so for those children below statutory school age who are not accessing education. Despite area leaders' efforts to address this, the uptake of this important development check is below the locally agreed aspirational target. As a result, the opportunity for swift identification and subsequent referral to specialist services for assessment is lost for some young children.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- Improvements have been made to the ASD diagnostic pathway for under-fives to increase the timeliness of assessment and provide a more child-centred approach. For example, some children are seen in their education settings rather than having to be seen in clinic. This means that some parents do not have as far to travel and there is less disruption to the child's education. This has also addressed capacity issues in clinics, which were creating delays in children being assessed within acceptable timeframes. Although this is in its early stages, initial feedback from parents and clinicians is positive. A pilot project is also being implemented to provide tailored ASD assessment for four- and five-year-olds.
- The portage service (a home visiting educational service for pre-school children with additional needs) is highly valued by parents and professionals. It provides intensive support and helpful strategies for families, and is an effective link between other services. This helps families to understand the help and support available to them in the area.
- A small number of key stage 1 children with developmental language delay or severe speech problems benefit from intensive SALT and specialist teacher input provided by the severe speech and language impaired children's team. These

health and LA professionals work closely together to carry out joint assessments and create joint care plans that meet children's needs. This innovative service is available countywide and makes good use of technology such as video calling to conduct sessions with children when this is appropriate.

- The public health nursing team has dedicated SEND practitioners who help some families to access the support they need. This includes providing parents with ideas about how they can support their child's behaviour, and helping parents to have a clearer understanding of services available to them. The team also includes support workers for 0- to 19-year-olds, which helps to promote consistency for families as their child gets older.
- The children's community nursing team respite service helps to reduce anxiety for parents of children with acute and/or complex needs. The service provides opportunities for parents to take a break, safe in the knowledge that their child is being looked after well.
- There is effective joined-up working between occupational therapists provided by health and LA services. A 'trusted assessor' agreement is in place, which helps to avoid duplication in important activities such as checks on specialist equipment.
- The 0 to six meeting for health and area partners is highly valued by practitioners as it provides them with opportunities to share good practice and access peer-to-peer support. New initiatives such as the 'preferred provider' list have also been developed. This list contains early years settings that have undertaken enhanced training to provide a high-quality education for pre-school children with SEND.
- There is good support from education, health and social care professionals at key transition points. At the annual review, important information is shared between professionals to support a smooth transition for the child or young person. For example, a parent we met praised the support provided by the specialist visual impaired team in supporting her son's successful move to college.
- Therapists take a proactive approach to transition planning. For some children, this means that specialist equipment has been provided and/or training has taken place with school staff in readiness for a change of placement. Consequently, the setting is well prepared to meet the child's needs at the point of transition.
- The development of the hub model to provide specialist support for mainstream schools is having a positive impact on the lives of children and young people with SEND. Parents we spoke to whose children have a place in a hub told us that it had helped to improve their child's attendance and enjoyment of school.
- Area leaders continually look for ways to develop and improve the local offer. This includes the re-design of the local offer information page. A part-time local offer development officer has recently been taken on. Parents and young people did not always speak convincingly about how useful the local offer was to them. However, leaders' monitoring of the use of the local offer shows that a high number of people are regularly visiting the site.

- Co-production is well developed in some aspects of the area's work. For example, one of the next stages in the improvement of the local offer is to develop a local offer specifically for children and young people with SEND. Leaders are co-producing this with children and young people who are part of the Disability Arts in Shropshire (DASH) group. Young people have designed icons for the new website and are currently producing videos for it. They value this opportunity.
- Parents speak highly of the support and advice they receive from PACC, the Information, Advice and Support Service, and Autism West Midlands. Representatives of these services are strong advocates for children and young people with SEND.

Areas for development

- Children and young people over five years old wait too long for a specialist assessment for ASD and attention deficit hyperactivity disorder (ADHD). Area leaders do not have a robust plan to address this. As a result, many children experience significant waits and are not having their needs met within an acceptable timeframe.
- There is a lack of clarity for professionals and parents about the criteria and referral routes for ASD assessment for a child aged over five years old. Professionals reported confusion about who can make a referral for a child and whether referrals are currently being accepted or not. This does not assist in easing parents' worries.
- Despite timely initial assessment by BeeU, some children and young people who require certain types of support for their mental health wait too long for treatment to start. In addition, children and young people who need support from the BeeU learning disability team also experience long waits for a routine appointment. Parents and professionals shared their concerns about delays in children and young people accessing support from these teams.
- Children and young people with SEND wait too long to have their needs assessed and met by SALT services. There are a significant number of children and young people who have waited over 18 weeks for assessment. Leaders have put in place a recovery plan to address this, but any sustained effect of these actions is yet to be seen.
- Leaders across the area have failed to secure appropriate support for the local special school from specialist practitioners to ensure that staff are confident and competent in supporting the health and care needs of their pupils. As a result, therapy and special school nursing services are spending increasing amounts of time developing the knowledge and expertise of school staff. This reduces the time available to provide direct support for children and young people.

- Therapy services do not proactively work with local early help services to share information and provide a joined-up approach for families who are receiving support from both teams. Leaders recognise this as an area for improvement that will enhance and streamline the support received by children and their families.
- Several health services do not seek feedback from parents, carers and young people about the service being delivered. This limits each team's ability to respond to need and to develop its service in a more person-centred way.
- Area leaders and the SEND team have acted to improve the quality of EHC plans. Some plans contain good-quality input from education, health and care professionals. However, there is inconsistency in some sections of the EHC plans. For example, EHC plans do not always clearly explain the specific actions that need to be taken to help meet the child or young person's needs. This is particularly so for the actions relating to health needs. Leaders within the therapy services have recently developed a template to improve the clarity and consistency of the advice given. However, it is too soon to see the impact of these actions.
- EHC plans written prior to January 2019 are weak regarding the information provided in the wider outcomes section. In addition, not all plans for children looked after by the local authority contain input from children's social care. This includes plans written prior to, and since, January 2019.
- Many EHC plans are not updated in a timely way following an annual review. This may mean that a child or young person's needs are not being met well. For example, sometimes students begin college with an EHC plan that is years out of date.
- In January 2019, leaders established a multi-agency panel to quality assure EHC plans before they are published. As a result, some more recent plans show effective joint work by education, health and care professionals. This is most notable in EHC plans written for 19- to 25-year-olds and for three- to four-year-olds. However, these improvements are not evident in all plans. In addition, leaders recognise that historical EHC plans are still in the process of being updated.
- Some aspects of the support provided for young people's preparation for adulthood are limited. Area leaders are beginning to address this. For instance, they have asked a special school to trial a new Year 9 annual review process that has a greater emphasis on the identification of needs for future preparation for adulthood. However, the sustained positive effect of these actions is yet to be seen.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- Over time, pupils with an EHC plan have made good progress. In 2019, for example, Year 1 children with an EHC plan achieved above the national average for similar children in phonics (letters and the sounds they represent). At key stage 2, standards achieved in reading, writing and mathematics were strong.
- The percentage of 19-year-olds with an EHC plan achieving level 2 or level 3 qualifications in English and mathematics in 2019 was above the national averages. However, there was a sharp decline between 2016/17 and 2017/18.
- The development of a supported internship programme is having a positive effect on outcomes for young people with SEND. We met with three young adults who have gained full-time employment or have secured an apprenticeship because of the programme. They were all thrilled.
- In 2018, the percentage of 17-year-olds receiving SEND support who were in education, employment or training was above the national average for similar students. The percentage of young people with SEND in paid employment is high, although there was a sharp decrease last year.
- The most vulnerable children and young people with SEND achieve positive outcomes. For example, area leaders' actions this year have resulted in a decrease in the number of children and young people receiving SEND support who were not in full-time education. Headteachers value the support provided by the headteacher of the virtual school. As a result, achievement for children looked after by the local authority is strong.
- The short-break offer includes a focus on preparation for adulthood. As a result, the number of adults with learning disabilities living independently is high. In addition, there is a high proportion of adults with a learning disability who access paid employment.
- Leaders have implemented several strategies to increase the number of young people aged 14 upwards with SEND who have an annual health check completed by their general practitioner (GP). As a result, the uptake has doubled, and area leaders have detailed plans to sustain this good progress, so that young people regularly have their health needs assessed as they enter adulthood.
- The range of opportunities provided for children and young people to develop their independence and life skills continues to increase. For example, we met some young people with SEND who had benefited from travel training and, as a result, were able to travel to college independently on public transport. Two young adults we met had passed their driving test.

Areas for improvement

- Pupils receiving SEND support do not achieve as well as they should. At key stage 2, although improving over time, the percentages who achieve the expected levels in reading, writing and mathematics are below the national averages for similar children. The percentage of 19-year-olds receiving SEND support who achieve level 2 or level 3 qualifications in English and mathematics is also below the national average and is declining over time.
- At key stage 4, the percentage of pupils with SEND achieving a good pass in English and mathematics is below the national average for similar pupils.
- Permanent exclusions for children and young people with SEND are significantly above the national figures. The number of repeat fixed-term exclusions for children and young people who receive SEND support is also increasing over time. Fixed-term exclusions for children and young people with an EHC plan in primary, secondary and special schools are significantly above the national figure.
- Young adults told us that they were disappointed with the range of leisure activities in the local area once they reached 18 years of age.
- Only seven young people leaving care have received a health passport that captures their health history. This is significant, given the high number of children and young people placed in Shropshire from other areas. This may be the last opportunity to provide a child or young person with a comprehensive picture of their health history. Area leaders acknowledge that this is an area for development.

The inspection raises significant concerns about the effectiveness of the local area.

The area is required to produce and submit a Written Statement of Action to Ofsted that explains how the area will tackle the following areas of significant weakness:

- Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services
- The lack of inclusion of health services' input into the area's SEND action plan
- Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways
- Significant waiting times for those needing assessment and treatment from the speech and language therapy service
- Inconsistency in the quality of input from education, health and care into EHC assessment and planning
- The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Yours sincerely

Lesley Yates
Her Majesty's Inspector

Ofsted	Care Quality Commission
Lorna Fitzjohn Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Lesley Yates HMI Lead Inspector	Kaye Goodfellow CQC Inspector
Ann Pritchard HMI	

cc: DfE Department for Education
 Clinical Commissioning Group(s)
 Director Public Health for the local area
 Department of Health
 NHS England



Shropshire Local Area Written Statement of Action



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Introduction:

The Shropshire Local Area SEND inspection took place in January 2020. Inspectors identified a number of challenges that must be overcome to secure necessary improvements which will lead to better outcomes for Shropshire children and young people with SEND.

The outcome of the inspection is that the Shropshire local area has been requested to produce a Written Statement of Action (WSoA). We recognise the concerns highlighted through the inspection and, in particular, senior leaders within the Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG) acknowledge that much of the concern during the inspection about a lack of appropriate and timely action by the Shropshire CCG, was reasonable.

The WSoA will focus on the following 6 areas of significant concern identified during the Local Area SEND inspection:

1. Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services
2. The lack of inclusion of health services' input into the area's SEND action plan
3. Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways
4. Significant waiting times for those needing assessment and treatment from the speech and language therapy service
5. Inconsistency in the quality of input from education, health and care into EHC assessment and planning
6. The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Our WSoA identifies those actions that the partnership will take to secure improvements, how we will measure our success and what difference we expect our actions to make to the Shropshire SEND community. However, we recognise that this is not a finished product. We aim to make this a dynamic process that is responsive to the changing needs of the Shropshire SEND Community and we anticipate the need to develop and refine our actions as we progress on our journey to secure improvement. We will therefore produce an annual report to share the success of the actions that we have taken; identify any new challenges and highlight any changes that we believe are necessary to secure the impact that we are aiming to achieve. We will update the WSoA annually to reflect the dynamic nature of the work being undertaken.

Shropshire Council and Shropshire, Telford and Wrekin (STW) CCG are jointly responsible for submitting the WSoA. We will work with our Parent Carer Forum (PACC) and our schools, colleges, health providers and other stakeholders to collegiately own the plan and we will use the principles of joint working and co-production to address all areas of weakness.

Joint working will mean that Shropshire Council and STW CCG commit to a shared vision for the Shropshire SEND community and accept equal responsibility for delivering the agreed outcomes for children and young people with SEND. Embedding co-production means that the voice of the Shropshire SEND Community will be present in all strategic discussions that will impact on this community. Representatives from the Shropshire SEND Community will sit alongside statutory leadership, to inform and shape strategic planning from the earliest point. We will set the agenda together and agree what needs to be talked about, what are the important issues and what we need to achieve. We will put in place the necessary structures so that this ethos of joint working and co-production will be present throughout the Shropshire SEND system and will be reflected in the experience of individual children, young people and families so that they are empowered to be fully involved in planning how their support will be delivered and what outcomes will be achieved.

The inspection also identified many strengths and we recognise there are existing ongoing priorities which require further action so that we can build on, secure and embed the good practice that already exists across Shropshire and which support Shropshire children and young people with SEND to secure exceptional outcomes in some areas. We will therefore continue to develop our action plan based on our SEND Strategy and our self- assessment alongside those actions identified within the WSoA.

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Karen Bradshaw DCS (Shropshire Council)

David Evans (CEO Shropshire Telford and Wrekin CCG)

Claire Parker DoP (CCG)

Zara Bowden (PACC)

Councillor Ed Potter

Our Strategic Aim:

Our SEND strategy was refreshed in 2019. Our strategy has grown from the collective voices of our SEND community and supports all partners to work together to achieve our shared priorities for development. We aim to work together so that the aspiration of our children and young people becomes not only a possibility for some but the **expectation for all...**

“Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We will achieve this by understanding what children and young people need, working in partnership and with children and young people to meet that need, and measuring our success by whether we achieve a ‘dream life’ for children and young people with SEND”
(Shropshire SEND Strategy 2019)

Statement of Intent:

As equal partners we are committed to addressing our shortcomings and will work with practitioners and leaders from across education, health and social care, as well as parent carers and young people and the voluntary sector to:

- address all six of the areas identified by the inspectors as being of significant concern
- agree a realistic but ambitious timeframe to secure improvement
- build on, achieve and embed our vision so that children and young people with SEND can have and expect the same opportunities in life as others.

To achieve this we will:

- commit to identify and understand the challenges that we face across the local area
- secure the commitment and support of decision makers to overcome these challenges

- embed co-production across all aspects of our work, including the development, implementation and monitoring of the WSoA, so that parent carers and children and young people with SEND are recognised as equal partners in this work and are fully involved in decision making
- challenge preconceived expectations where these may place a ceiling on what can be achieved
- embrace new ways of working to support innovative practice
- work in partnership across all services, promoting transparency and consistency in decision making and delivery of support
- commit to the principles of personalisation and embed these across all aspects of SEND commissioning so that the Shropshire SEND system is informed by accurate data; can effectively respond to local need; provide a diversity of choice, is financially sustainable and makes best use of all resources available.

We recognise that SEND is everybody's business and the priorities within our WSoA will be the responsibility of all partners and stakeholders who make up the Shropshire local area.

Our progress:

Since the local area inspection we have continued to work on our SEND priorities and have made a good start addressing the concerns identified by Ofsted/CQC in January 2020.

However, our progress has been impacted by the challenging situation presented by the current pandemic. The Ofsted/CQC letter was finalised during the 'lockdown' period and this has impacted on how quickly we have been able to respond to the findings of the inspection as well as the nature of that response. Lockdown has meant that we have not been able to hold engagement events, public consultations and workshops in a way that we would have in the past. In addition our resources have been focussed both on the prevention of the spread of the virus and the emerging safeguarding and mental health concerns surrounding children and young people as a result of a prolonged period of the enforced isolation. Despite the difficulties presented by the pandemic we have been able to make accelerated progress in many areas. New ways of working have reduced barriers and improved communication; strengthened partnerships; enabled innovative practice and supported cross service problem solving.

Since the inspection we have reflected on our perceived strengths and areas of concern. We recognise that there was an imbalance in our partnerships and that partners did not share a unified vision for SEND. We have therefore reviewed our strategic direction to ensure that our longer-term priorities are the right priorities as we move forward and that there is shared ownership of the SEND agenda and a mutual understanding of our responsibilities to the Shropshire SEND community. We have strengthened our commitment to co-production and can evidence increased understanding of the principles of co-production across the CCG.

Shropshire CCG has also been undergoing significant change as it prepares to merge with Telford and Wrekin CCG to become a single CCG serving the communities of both Shropshire and Telford and Wrekin by early 2021. In addition, the CCG has acknowledged the weaknesses in its strategic leadership of SEND and action has been taken to redress its shortcomings. A newly appointed Director of Partnerships (DoP) has responsibility for oversight of the SEND agenda and is accountable for the delivery of the WSoA and the SEND strategy in partnership with the Director of Children's Services (DCS), Shropshire Council.

Parent Carer Engagement and Co-production

PACC has established a SEND Inspection Engagement group for parent carers who want to be actively involved in the development and implementation of the WSOA, acting as parent carer representatives. This is supported by information about the WSOA process on the PACC website, monthly daytime and evening online meetings and a closed Facebook group for discussion. Regular comms about the development of the WSOA have been shared with the wider send community via PACC's networks <http://www.paccshropshire.org.uk/shropshire-send-inspection>

PACC has been fully involved in the development of the WSoA, with representation at all meetings. PACC is starting to experience improved engagement in health strategic meetings, now providing parent carer representation on the Learning Disability and Autism Board. Access to senior health decision makers is reported as starting to improve.

Progress against our priorities:

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
<p>Reviewed and revised the governance of SEND to provide increased scrutiny, challenge and accountability. Director of Partnership role created within the CCG to deliver the WSoA and the SEND Strategy. Joint oversight is more robust with the creation of a more strategic partnership board that is jointly chaired with the LA and CCG.</p> <p>PACC has increased access to senior health decision makers which is developing a consistent understanding of co-production across all work areas Joint additional funding to increase the capacity of PACC has been agreed.</p> <p>Joint funding for a project Manager role to co-ordinated WSOA activity has been agreed and a job description developed</p>	<p>Health providers have started to review their action plans to identify SEND priorities to inform the development of the SEND Action Plan and SEF.</p> <p>Cross sector working has increased between the CCG and Shropshire Council enabling a more comprehensive understanding of activity and services that have the potential to improve outcomes for the local SEND community'</p>	<p>A recovery plan has been put in place and is on track to reduce waiting times. At the time of the inspection there were over 1000 children waiting to be seen by SALT and nearly 900 had been waiting over 18 weeks. The implementation of effective triage and virtual consultation has successfully reduced waiting times for SALT. As at mid-September the number awaiting assessment had been reduced to 210 with only 32 waiting over 18 weeks. It is planned that no child will be waiting over 18 weeks from November 2020.</p>	<p>NDP identified as a priority. Funding is being sought to support the development of NDP. The provider is in the process of appointing to key posts to support future development of the NDP A recovery plan for the diagnosis element of the pathway is under development which will identify a timeframe for reducing waiting times to within nationally accepted levels.</p>	<p>Annual review process has been reviewed to ensure compliance with statutory timescales Improved AR document to ensure improved input from professionals. 2 x new AR officer posts created within the SEN Team to enable the AR to inform the EHCP effectively so that the EHCP is up to date.</p>	<p>Inclusion workstream established. Review of AP initiated, and revised model identified. Increased challenge to school through PDC Improved reporting and recording of incidents of exclusion to the LA Process developed to support children with an EHCP identified at risk of exclusion Improved engagement with the SEND agenda by Education Improvement Service Principles of restorative approaches agreed and scoping exercise undertaken. Strategic multi-agency Exclusion and Exploitation Focus group established.</p>

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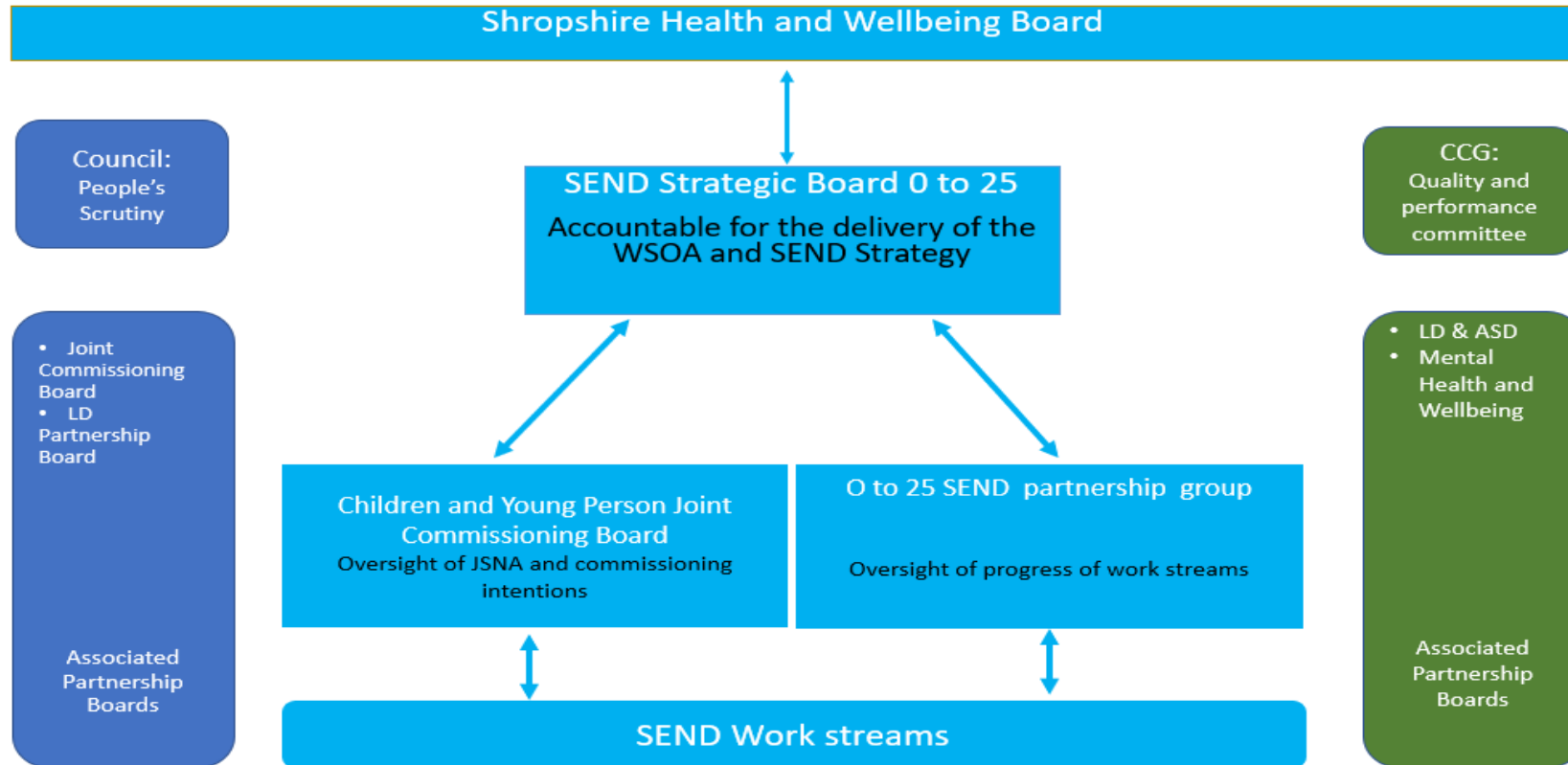
SEND Governance:

Since the inspection we have revised our SEND Governance structure so that our partnership is strengthened; lines of accountability are clearer; and there is increased opportunity for scrutiny and challenge both within Shropshire Council and the CCG. We have identified those strategic partnership boards whose priorities enhance and support the SEND agenda and have committed to developing SEND champions within each of these areas. We aim to promote increased awareness of SEND priorities and ensure the wider recognition of SEND as *'everybody's business'* from members, directors and key decision makers to those who work with and support children and families across a range of contexts.

Oversight and accountability of progress of the SEND action plan and WSoA sits with the SEND Strategic Board. Responsibility for checking and evaluating the effectiveness of the actions will sit with the 0 to 25 SEND Partnership Group and through this group to the SEND Strategic Board 0 to 25.

STW CCG Governance has been amended in line with the creation of a single management structure. The recently appointed Director of Partnerships holds the accountability for SEND in relation to individual commissioning and the Executive Director of Transformation holds the accountability for the commissioning of appropriate pathways. The quality of commissioning for individuals, the monitoring of the quality and contract delivery of providers will be monitored by the CCG's Governing Bodies Committee for Quality and Performance. The assurance, i.e. the accountability of the delivery of the CCGs statutory responsibilities in relation to SEND will be reported to the CCGs Governing Bodies. The CCGs are commissioning members of the Strategic Transformation Partnership (STP), as are all providers and the local authorities. The CCGs Governing Bodies report directly into the STP Board (now the shadow Integrated Care System Board).

Shropshire Local Area SEND Governance



Our priorities:

Priorities will be assigned to improvement workstreams. A lead role has been identified for each priority and it is the responsibility of the person undertaking this role to ensure that all work is co-produced; that progress toward securing improvement is timely and that information is provided to the SEND strategic board so that appropriate challenge and scrutiny can enable the local area to meet its statutory responsibility and address the significant concerns identified by Ofsted/CQC following the local area SEND inspection Jan 2020. To ensure ongoing consistency and so that each priority area continues to be assigned to a lead regardless of changes in personnel over time we have decided to name roles rather than individuals within this high-level strategic action plan. Where appropriate, delivery partners have also been identified. Individual names against roles are noted within the glossary on page 33 this will be updated biannually.

Whilst some specific key performance indicators (KPIs) have been identified within the priorities below, additional KPIs will be identified for each priority/workstream to measure the extent of progress across all priorities. KPIs will be evident within all action plans for each area of work. The identification and collation of comprehensive baseline data that will enable progress to be accurately evaluated and reported on will be an immediate priority of the local area and will be reviewed by the SEND Strategic Board quarterly. A comprehensive and co-produced survey to capture baseline data will be undertaken. This will be completed by the end of January 2021. In addition a workstream will be allocated to each of the priority areas and each workstream lead will be responsible for ensuring that appropriate impact data is identified and collected and that progress against impact as well as progress against outcomes is collated and presented to the SEND Partnership Board every six weeks. The SEND strategic board will review progress against impact quarterly. Completion dates identified alongside each action may indicate a timeframe for completion rather than a specific completion dated. This is to ensure that work is initiated at the earliest opportunity whilst also acknowledging that an action may have multiple elements to it that require a longer time period in order to ensure that an action is embedded so that impact can be measured effectively. Some actions will be ongoing, where this is the case, this is indicated within the table below.

Alongside these priorities we will continue to develop the work that we had identified as ongoing and incomplete, this will enable us to continue to work on those areas that our parent carers, children and young people had identified are important to them.

As well as drawing on existing resources from a range of initiatives and funding streams to focus on the priorities within this plan, significant additional financial resources have been secured and directed towards supporting the implementation of the actions in this plan. This will ensure that the Local Area makes a real impact on the lives of children and young people with SEND and their families. Importantly, the CCG and Shropshire Council have committed additional resources to co fund a project officer to support the SEND Strategic Board in driving the improvements forward, and to co fund PACC to work alongside local area leaders to establish and embed the principles of co-production. Shropshire Council is also investing in additional capacity to focus on the work around exclusions; the CCG is adding additional financial resource to support the work on the ASD pathway. Details are included in the plan.

Priority 1

Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services

Outcomes:	
1.1	The local area SEND governance structure secures equal partnerships across the LA, CCG and PACC that embrace change; support innovative practice and drive improvement through appropriate and effective challenge based on a thorough understanding of the needs of the SEND community (0 to 25).
1.2	Co-production is embedded within the SEND governance structure
1.3	The local area SEND specific JSNA provides accurate data to enable leaders to understand the needs and resources of the SEND community and informs effective commissioning for SEND across all agencies.
Impact measures:	
	<ul style="list-style-type: none"> Feedback from annual survey will demonstrate an average of 15% year on year increase in the proportion of the SEND community that agree that they are included in decisions regarding the provision that is available across the local area, this will include provision to meet their specific needs as well as those decisions that influence the strategic direction of SEND across the CCG and LA. The SEND community representatives will report that they have been fully involved in the co-production of their local area priorities. Targeted feedback will demonstrate that the JSNA provides an accurate understanding of the needs of the SEND population, 0 to 25, across the local area; this will enable the local area to use data effectively to accurately plan and commission services and therefore achieve the local area strategic vision identified within the SEND Strategy. This will be evidenced through: <ul style="list-style-type: none"> at least 70% of children and young people with SEND will report that they are able to access the services and support that they need in a timely and joined up way. 70% of young people agree, that housing, employment and leisure opportunities to support the preparation for adulthood (PFA) outcomes, are accessible across the local area.

- There will be a 30% increase in the use of personal budgets over a two year period to secure personalised provision across health, care and education.
- Annual feedback report from SEND community representatives will confirm that co-production is understood and embedded across the local area and will identify any areas of concern.

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
1.1 Governance structure							
1.1.1	Current draft SEND strategy reviewed, further priorities/actions identified and added following consultation process.	Dec 20	NO	SEND Strat Board members SEND Partnership Board	Officer time (existing resource)	The strategic vision for SEND reflects the aspirations of the SEND community.	Co-produced strategy refreshed following engagement. KPIs developed to quantify impact against agreed outcomes
1.1.2	Publish the SEND Strategy articulating a joined-up response to meeting the needs of the Shropshire SEND community.	Jan 21	DCS	SEND Strat Board members	No cost	Published SEND strategic priorities are evidenced across all SEND workstreams within terms of reference and action plans All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	<i>SEND strategy drafted and due to be presented to H&W Board Jan 21</i>
1.1.3	SEND Communication plan will be agreed by the SEND Strategic Board and published.	Jan 21	DoP/DCS	SEND Strat Board members	Existing Resource	All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	

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1.1.4	Establish and embed effective SEND governance structure that demonstrates strong leadership and effective challenge across both the CCG and the LA.	Nov 20	DCS/DoP	SEND Strat Board members	New resource project officer joint funded CCG/LA	Governance structure agreed by the SEND Partnership Board Action plans demonstrate high aspiration for SEND community and innovative approaches to be securing change.	<i>Governance structure agreed, mapping of p'ship boards across the local area to be completed and added to structure. Membership of Workstreams to be agreed</i>
1.1.5	Terms of reference and membership of groups finalised and published Workstreams established and TOR /action plans in place; SEND Partnership Board established providing wider stakeholder engagement and oversight.	Dec 20	DCS/DoP	SEND Strat Board members	NA	SEND is clearly reported in the Governing Body and committee structure of the CCG with clear lines of accountability into the SEND Strategic Board. The right people will be attending the relevant groups to inform and influence action plans and activities across the local area, reflecting effective co-production and joint working.	<i>ToR agreed for some workstreams; co-production principles/shared language to be agreed.</i>
Co-Production							
1.2.1	Review current feedback mechanisms across SEND community reps so that gaps in data are identified and robust baseline data is established; this will ensure that improvement can be measured quantitatively and qualitatively	Jan 21	CC			Range of data will be provided to the SEND Strategic Board and will be included in the annual stakeholder report on progress of the local area	<i>PACC has good internal feedback processes already established.</i>
1.2.2	Develop a set of local standards for co-production which will identify the agreed shared principles of co-production across the partnership.	Feb 21	PACC		DBOt resource (CDC) SC and CCG funding to	Local charter published that sets out the principles of joint working and co-production	

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					support PACC as a delivery partner		
1.2.3	Develop training programme/s to raise awareness of and secure co-production across all partners and providers.	Mar 21			Existing resource	Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	Some established training programmes in place. Person centred training rolled out to all schools.
1.2.4	Develop clear and transparent processes to demonstrate all commissioned providers understand and deliver co-production across all pathways, and that SEND is embedded into the policies and pathways across the health system	June 21	DoP			Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	
JSNA/commissioning							
1.3.1	Agree principles for information sharing	Dec 20	DPH	SIRO Information assets team/s		Information sharing protocols are agreed by SEND Strategic Board and shared with all providers/commissioned services. Information sharing agreements in place as appropriate	
1.3.2	Content and format of JSNA agreed	Feb 21	DPH	Insights Team		Agreed by SEND Strategic Board	Content and format first draft in progress

1.3.3	Multi-level data reporting system established which will both inform and be informed by SEND JSNA	Feb 21	DPH	Public health		The SEND JSNA will be a dynamic document with relevant updates made at regular intervals.	Range of SEND datasets agreed and dynamic dashboard under construction
1.3.4	Children's joint commissioning board established	Jan 21	DCS	SEND Board members	existing	ToR will identify purpose of the board and confirm membership and how the board will operate to support efficient commissioning of services across the local area.	
1.3.5	All commissioned services mapped and gaps identified	Feb 21	CC/NO	All service managers		Commissioning specifications relating to SEND activity are informed by data and underpinned by the principles of co-production Commissioning specifications for SEND and contracts will clearly cross reference local area data identified within the SEND JSNA	Some mapping activity undertaken by CCG
1.3.6	Commissioned services will provide data to inform the SEND JSNA	Feb 21 and ongoing	DoP/AD Early Help and partnerships	All service managers		Commissioned services will deliver against outcomes identified within the SEND strategy and this WSOA Commissioning is personalised and responsive to the needs of individuals.	

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Priority 2

The lack of inclusion of health services' input into the area's SEND action plan

Outcomes:
1.1 SEND is identified as a specific improvement area of the co-produced action plans of providers
1.2 The local area self-evaluation and all action plans clearly evidence the voice of parent carers and young people and their influence in determining key priorities and actions.

1.3 All action plans and impact measures across health relating to SEND are referenced within the local area SEND Self Evaluation.

1.4 There are clear CCG strategic priorities to reduce health inequalities for C/YP with SEND

Impact measures:

- There will be an annual increase of 10% in the number of c/yp with SEND and their families reporting increased positive experiences of the health services commissioned by the CCG. This will be informed by baseline data and regular feedback mechanisms including focussed surveys.
- All provider action plans will identify SEND specific priorities
- A reduction in health inequalities across the SEND community will be evidenced through quantitative data sets and feedback from the experiences of c/yp with SEND and their families and will be clearly linked to specific and targeted health actions within the local area SEND action plan as well as those across other priority areas.
- There will be an incremental year on year increase in the take up of annual health checks across the age range target percentage increase will be identified by workstream and will be based on current data for Shropshire.
- SEND champions will report an increased awareness of SEND health priorities across health providers
- Self- evaluation and action plans across all health providers demonstrate an increase in knowledge of their SEND responsibilities in comparison with baseline data and that all providers are familiar with the local area SEND strategy and associated priorities.
- Data will demonstrate that **all** GP practices are aware of the local area SEND priorities and initiatives and engage positively with implementation of the local area action plan where this is relevant to them e.g. neuro developmental pathways. Impact will be measured through measures identified within the individual workstreams and will be reported to the SEND Strategic Board quarterly.

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Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
2.1	SEND Provider Action Plans						
2.1.1	Review all provider action plans and identify known gaps against areas of weakness identified within local area SEND inspection and SEND self-evaluation document and action plan and SEND strategy.	Jan 21	DoP	CC, SCHT/MPFT	NA	Gaps reported to SEND Board and priorities for improvement identified and shared with providers	Process currently underway

2.1.2	Agree representation from PACC to support identification of co-produced SEND specific priorities	Feb 21	CC			SEND Board will review priorities biannually	
2.1.3	All provider action plans to be updated and identify clear SEND specific impact measures	Mar 21	DoP	CC. managers from SCHAT and MPFT	existing	Impact data will be identified which will inform JSNA and joint commissioning and will support ongoing cycle of improvement.	Shropshire community trust and MPFT have started the process of amending action plans
2.2 Co-Production							
2.2.1	A workshop will be held to promote the shared understanding of coproduction with health providers	Jan 21	PACC	CC/NO managers from SCHAT and MPFT	DBoT support from CDC	Co-production will be embedded across the local health economy and clearly evidenced within terms of reference and minutes of meetings including those relating to commissioning of services.	
2.2.2	A review of provider action plans will take place which will include SEND community representatives to identify positive co-production and further opportunities	Jan 21	DoP/DoT	All SEND community reps	Allocated funding for PACC SC/CCG	All provider action plans and priorities will be co-produced	
2.3 Local Area SEND/SEF Action Plan							
2.3.1	Undertake review of the transformation and sustainability plan and identify overarching SEND priorities	Feb 21	DoT			All health priorities and actions will be clearly evident within the SEND SEF and action plan and will be agreed by the SEND partnership board.	

2.3.2	Update Local Area SEND SEF to include identified SEND health priorities	Mar 21	NO			Local area SEND priorities identified within the SEND Strategy and SEND action plans can be cross referenced with priorities agreed across the STP.	
2.4 CCG Strategic Priorities for SEND							
2.4.1	The CCG will co-produce a strategy with clear priorities, to meet the health needs of children and young people with SEND in Shropshire	Mar 21	DoT		Existing resources	The ICS priorities will reflect SEND strategic priorities	
2.4.1	Develop a C/YP workstream	Oct 20 to Feb 21	CC	All partners and SEND C/YP representatives	NA	All provider action plans will include as a targeted outcome or area of impact	Workstream initiated ToR and meeting cycle agreed. Specific work areas to be agreed
2.4.3	Establish and embed feedback mechanisms to provide dynamic data on impact across health services (could this be a single source survey)	Oct 20 to Feb 21	DoT		NA	All commissioned health services will include SEND specific targets, KPIs, SLAs etc Commissioning of health services will be monitored through the joint commissioning board and JSNA All services will have SEND specific targets	
2.4.4	Establish mechanisms to ensure that all GP practices are aware of local area SEND priorities and access up to date information in respect of pathways to access targeted and specialist services.	Jan 21 to Dec 20	DoP	All partners Project manager	NA	Health communication plan in place identifying how the local area communicates with wider partners, including GPs Feedback from GPs will identify that information has been received. Appropriate referrals made to specialist services. GPs will report that they are aware of range of universal and targeted services available and how these are accessed.	

Priority 3

Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways

Outcomes:	
3.1	Efficient neurodevelopmental pathways are coproduced supporting early and effective assessment and support.
3.2	There will be an effective, transparent and accessible system wide support offer in place for C/YP with neuro developmental conditions and their families
3.3	There will be robust system wide performance management systems in place
Impact measures:	
Page 36	<ul style="list-style-type: none"> All children and young people (CYP) following the pathway, who are referred for a specialist neurodevelopmental assessment, will access a neurodevelopmental assessment within 12 months Monthly increase in the % of C/TP assessed for ASD/ADHD in Shropshire is at least in line with the average for statistical neighbours by July 2021 100% of children referred to ND pathway are seen within 18 weeks by April 2022 Ongoing increase (at least 15% pa) in the percentage of parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity) At least 70% of C/YP on accessing the pathway will report that they have access to effective and appropriate support both pre and post diagnosis Over 70% of CYP and their families will report that they are satisfied with the service they receive and qualitative feedback will demonstrate that more than 50% of experiences reported are positive. All schools will report improved access to support for pupils and improved ability to meet the needs of pupils locally. Year on year increase of at least 15% in the number of C/YP and families reporting access to services There will be reported improvement in mental health and wellbeing for this cohort of at least 20% from established baseline using agreed survey. There will be a 20% reduction in the number of hospital admissions linked to poor mental health There will be increasing variety of services commissioned to support positive mental health for this cohort that will be measured through increase in the number of personal budgets and increase in the availability of social prescribing and increase in use of therapeutic intervention and alternative strategies such as PBS. This will be measured through the development of specific data dashboards. Feedback form SEND community reps will evidence more than 70% satisfaction with transition to adult mental health services by 2022

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
3.1	<u>Establish efficient DN pathway</u>						
3.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM MPFT ND workstream members	Existing staff time and uplift in funding as required	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
3.1.2	Review pathways regionally and nationally to identify examples of best practice	Dec 20	CC	NO/ PEP	Existing staff time	Notes from workstream meetings	Review of other pathways across WM region has been DBOT support through CDC to map current provision initiated specifically T&W and Coventry
3.1.3	Embedded a new sustainable ASD diagnostic team	Aug 20	CC	SM MPFT	Existing staff time and uplift in Uplift of £380k per year across the county for ASD team	There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs Reduction in waiting list to at least other areas (12 months) with a longer aim (2yrs) for all CYP to wait no longer than 18weeks	Provider has allocated a resource Team and has started to see CYP on the waiting list. Numbers to be monitored via the monthly contract meeting
3.1.4	Review current neurodevelopmental pathways and mental health service specification to identify gaps.	Dec 20	CC	PACC SM MPFT NO	DBOT support through CDC to map current provision	updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway	Request made for support with project management through NHSE

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 38</p>	<p>3.1.5 Create a co-produced transformational ND diagnosis pathway, delivering early identification and interventions and providing a focus on meeting the needs of c/yp, compliant with NICE guidelines.</p>	<p>Apr 21</p>	<p>CC</p>	<p>PACC SM MPFT NO</p>	<p>NHSE funding to support project management Additional resource to be identified across the area to support long term functioning of pathway with existing resources redirected where necessary</p>	<p>There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs Prevalence rate of ASD across Shropshire population (0 -25) will be in line with that reported nationally.</p> <p>Parents carers and young people and other stakeholders including schools and GPs will report that they know and understand the ND pathway and that the pathway is effective and transparent.</p> <p>Reduction in waiting list to be at least in line with other areas (12 months) with a longer aim for all C/YP to wait no longer than 18weeks to be achieved within 2 years.</p> <p>Updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway</p> <p>Assessment waiting times within nationally accepted timescales (3 months)</p> <p>C/YP and families will report that they are accessing support within 8 weeks of referral being made</p>	<p>Request made for support with project management through NHSE</p>
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3.2 <u>ND Support Offer</u>							
3.2.1	Review current neurodevelopmental pathways to identify pre and post diagnostic support access pathways and gaps in provision	Dec 20	CC/NO	PACC and YP Representative groups	NA	Partnership wide pre and post diagnostic support map in place and access pathways identified and published	
3.2.2	Establish and publish revised multi-agency ND pathway including pre and post diagnosis	Mar 21	CC/NO	PACC and YP Representative groups	NA	Revised pathway published and shared with all stakeholders	
3.2.3	Develop, map and share the range of pre and post diagnostic support available	Mar 21	CC	Workstream members	TBC	There will be a planned reduction in the use of medication to support C/YP with autism and ADHD in line with STAMP NHS initiative supported by greater use of alternative models of support e.g. therapies/ education	
3.3 <u>Performance Management Systems</u>							
3.3.1	Robust PM system in place	Mar 21	CC	SEND community reps	Existing resources	There is a good understanding of service needs and capacity.	
3.3.2	Establish KPIs for contract monitoring Multi agency and service user approach to review	Mar 21	CC		Existing resources	Partners demonstrate a good understanding of service usage, need and activity	
3.3.3	Monitor data to understand the needs of the local population and inform commissioning of all-age SEND services across the STP	Mar 21	CC	Workstream members	Existing resources	Data will inform JSNA and commissioning of targeted services. Regular reporting to children's joint commissioning board PHB's will increase by 50%.	

Priority 4

Significant waiting times for those needing assessment and treatment from the speech and language therapy service

Outcomes:	
4.1 There is a clear and accessible assessment and intervention pathway that is published on the local offer	
4.2 There is an effective, transparent and accessible system wide support offer in place for C/YP and families	
4.3 There is a robust system wide performance management system in place	
Impact measures:	
<ul style="list-style-type: none"> 100% CYP triaged within 2 weeks or less of referral to service 92% CYP seen within 18weeks or less from referral to service Ongoing increase of at least 10% in parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity) Annual increase in the percentage (of at least 10% pa) of parent carers and C/YP reporting that they feel engaged and listened to about their priorities. There will be a year on year increase in the use of personal budgets and social prescribing to support personalised approach to delivery of services The majority of parent and YP feedback (above 60%) will demonstrate satisfaction of the service offer and understanding of how to access; this will increase year on year to demonstrate sustained and ongoing improvement Over 70% of Shropshire families using the service will report that the assessment process is timely and results in action being taken e.g. service offered and/or advice, support and signposting. 	

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
4.1	<u>Establish efficient assessment pathway</u>						

4.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM SCHT workstream members	NA	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
4.1.2	Reduce the current waiting list	Sep 20	DoP	SALT SM	Existing resource	92% of children seen for assessment and first intervention within 18 weeks	Target achieved
4.1.3	Work in partnership with system leaders and parent carers to ensure waiting times for SLT are sustained within agreed target	Mar 21	DoP	SALT SM	Existing resource	Waiting times are maintained within 18 weeks	Waiting times are maintained within 18 weeks
4.1.4	Sustain a responsive triage service to ensure CYP are offered the appropriate level of support for them	Sep 20 and ongoing	DoP	SALT SM	Existing resource	CYP triaged within two weeks of referral	Pathway in place with CYP triaged within two weeks of referral
4.1.5	Establish SLT work stream with partner representation, to include parent and carers, to facilitate a co-produced model of SLT including the development of SMART key performance indicators within the service specification	Sep 20 to Feb 21	DoP	SALT SM	Existing resource	An effective co-produced service pathway is in place High proportion of feedback from C/YP, families and stakeholders (75%+) report that they feel engaged and have choice in control in care planning Monthly KPI data published and shared which will support assessment of success in enabling c/yp to achieve EHCP outcomes	Internal project group established with three focus groups held to date involving school SENCO's, parent/carers and parent groups. Further parent group engagement planned for Nov. CYP engagement sessions in development
4.1.6	Co-produce and implement a continuous improvement approach to deliver an effective and responsive service	Sep 20 and ongoing	SALT SM			CYP seen and supported evidenced through level of satisfaction identified within targeted service feedback	Virtual assessments, interventions and group training offered as part of

						Activity reaches pre-covid levels with approx. split of 30/70% remote and face to face consultations and training Positive feedback recording 70% or above satisfaction rate from parents and partners in relation to the universal offer	Covid. Evaluation has been positive. To be part of future model. Communication plan developed Facebook page under development Launch Jan 2021	
4.2 Co-Produced SLCN Early Support Offer								
Page 42	4.2.1	Establish effective co-produced pathways for speech, language and communication needs interventions which include a holistic approach to understanding the needs of CYP with SEND	Sep 21	CC	SALT SM/ SEND SM SSLIC	Within current resources	80% of Health visitors have been trained in the SLCN (HV package) 100% of primary schools and early years settings have access to a speech, language and communication screening tool 80% of education settings have completed a screening tool before requesting SLT intervention and/or an ECHNA Publish SLT pathways, including triage processes	Public Health commissioners and have been identified as key partners in supporting the commissioning of universal services to support parents and prevent the need for SLT referral The 0-19 team are working with the SLTs to develop their skills in identification and early intervention
	4.2.2	Clear universal offer from public health nursing service, early years setting and schools is agreed, promoted and delivered	Sep 21	CC/LA PH commissioner	SALT SM	Existing resources	Increased review at two years Increased provision delivered by early year settings Reduced demand on specialist SLT services 100% of primary schools and early years settings have access to a speech, language and communication screening tool	Partnership working in progress between Public Health Nursing and SLT team

4.2.3	Co-produced training programme developed and delivery commenced to relevant practitioners and parent carers to support early and appropriate identification, referral and interventions	Sep 20 and ongoing	CC	SALT SM	Existing resources	Training programme agreed and delivery commenced to relevant practitioners and parents to support early and appropriate identification, referral and interventions	Training has been provided to 165 parent and/or education setting staff	
4.3 Performance Management Systems								
Page 43	4.3.1	Establish task and finish group, led by parent and carers, to review a standardised outcome approach and consider different approaches to outcome measurement	Mar 21	PACC	Workstream members	Existing resources	Approaches to effective outcome writing and measurement is published At least 90% of advice meets quality standards for EHCNA evidenced through monthly dip sampling Dip sampling over time will demonstrate an improvement in with of the quality of new and current EHCPs	Discussions with parents and carers to agree a direction
	2	Establish process to support ongoing commissioning of appropriate services	Jun 21	CC	SEND Joint commissioning work-stream members	Existing resources	There is a good understanding of service needs and capacity. Partners demonstrate a good understanding of service usage, need and activity Data will inform JSNA and commissioning of targeted services. Reporting to children's joint commissioning board biannually Evidence of PHB/social prescribing being used to support personalised approach to service delivery	

Priority 5

Inconsistency in the quality of input from education, health and care into EHC assessment and planning
EHC plans will be informed by high quality assessment advice across education, health and care

Outcomes:
5.1 All EHC plans are of consistently high quality informed by thorough assessment with input from relevant education, health and social care practitioners.
Impact measures:
<ul style="list-style-type: none"> Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the EHCP process. Satisfaction rates will be consistently at 90% or higher which will demonstrate an improvement on the current average of 80%. Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the content within an EHCP. We will consistently see 90% or higher satisfaction rates which will be an increase on the current average of 80% 90% of all advice and information will be returned within timescale to inform the writing of high quality EHC plans Updated advice from all relevant agencies is provided at least annually to ensure EHC plans remain relevant and up-to-date. Dip sampling will demonstrate that 90% of all new plans will be graded good against agreed quality standard framework EHCPs will explicitly evidence PFA outcomes for c/yp from KS4

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Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress against actions/impact & RAG rating Nov 20
5.1	Quality of EHC assessment and plans						
5.1.1	Agree data set/s that will provide accurate and quantified measure of impact of actions taken to secure high quality, timely EHC assessment	Dec 20	NO	SEN Team/ DES SW/ DCO	Existing resource	Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board	EHC post assessment survey embedded

						Data dashboard is in place and regular (termly) reporting to EHC workstream in place by Spring term 21	
5.1.2	Co-produce a range of training programme/s and review current delivery model/s for training. This will include mandatory basic training for all partners through online platform with integrated assessment	Nov 20 and ongoing	NO	DCO/Des SW	Existing resource	<p>Training log established to identify access to online learning/training and assess quality of content. Jan 21</p> <p>All partners will deliver their statutory responsibilities in respect of the EHC assessment and planning process</p> <p>90% of all advice submitted to inform assessment consistently meets the minimum quality standards 100% of EHCPs finalised will meet minimum quality standard.</p>	<p>Plan writers meeting embedded</p> <p>Face to face training programme developed, delivery using online platforms to be developed.</p> <p>SIS Team and SSLIC Team training undertaken</p> <p>Training programme for social workers undertaken</p>
5.1.3	Attendance of advice givers at EHC moderation panel on a rotation.	Sep 20	NO	SEN team manager	NA	<p>95% positive feedback from c/yp and families with regard to content of EHCP</p> <p>Maintain current low rate of appeals and complaints</p> <p>All agencies know which c/yp they are working with have an EHCP and contribute to reviews</p> <p>Panel 2 (moderation panel) rolling record of attendance and learning points</p>	<p>Attendance at moderation panel of advice givers is undertaken but not yet consistent rolling record of learning and improvement activity initiated</p>
5.1.4	Panel 2 to review current advice templates	Dec 20	NO	All partners	Existing resource	<p>Dip sampling of EHC assessment advice and final plans will demonstrate speedy improvement within 12 months of implementation so that 90% of all new assessments are graded good or better by Dec 21</p> <p>Monthly Dip sampling of EHCPs over a 12 month period demonstrate that at least 90% of</p>	
5.1.5	Development and implementation of co-produced quality assurance framework for EHCPs to QA assessment information and final EHCP	Dec 20 to March 21	NO	DCO/Des SW/ Shrop community trust/BeeU /PACC			
5.1.6	Develop and publish a set of co-produced quality standards to provide a quantitative measure of the quality of advice and the final EHCP which can be used as a stand-alone support to practitioners and/or to support sampling process	Dec 20 to March 21		DCO/Des SW/ Shrop community trust/BeeU /PACC			

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Priority 6

The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Outcomes:
6.1 The rate of exclusions of Shropshire children and young people with SEN will be in-line with the comparable national rate or below for their specific cohort.
Impact measures:
<ul style="list-style-type: none"> There will be no permanent exclusions for children with an EHCP from Sept 2021. There will be a reduction in the rate of fixed term exclusions for children with an EHCP so that this is in line with national rate for this cohort There will be a reduction of at least 30% in the number of repeat fixed term exclusions for children at SEN Support by Sept 2021.

Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress and RAG rating
6.1 Reduction in exclusion rate for children with SEN							
6.1.1	Agree data sets and reporting mechanism to identify impact to include qualitative data to support understanding of experiences of c/yp and their families.	Dec 20	EAS Mgr	Inclusion workstream members	existing resources with additional capacity delivered by consultant funded through DSG	Data dashboard in place and regular monthly report to exclusion workstream and SEND Strategic Board established by Jan 21	Data for PX collated, some analysis undertaken and shared with schools through CPG
6.1.2	Analyse exclusion data to identify specific patterns, gaps, concerns and focus areas.	Nov 20 and ongoing	EAS mgr	Inclusion workstream members		Report shared with SEND strategic Board March 21	Data for PX collated, some analysis undertaken and shared with schools through CPG

6.1.3	Continue to implement the SEND provision strategy and keep under review.	Ongoing	SEN services mg'r	SEN Team	As above	The number of specialist places will increase through further development of RP by Sept 21 and the delivery of an SEMH free school by Sept 22 Refreshed SEND provision Strategy 2022 to 2027 published Sept 22	Specialist places within RP have increased in accordance with send strategy. Free school on track to open Sept 22
6.1.4	Implement revised AP offer to schools through TMBSS offering outreach support and systemic review of school process as well as off-site targeted and time limited intervention for children at risk of exclusion	Sept 21 (delayed as a result of impact of Covid)	SEND Service M'ger	TMBSS EAS EPS CPG and schools Forum	Additional budget from HN block and school contribution	Shared placement model and outreach support implemented KS 1 &2. Impact assessment undertaken and shared with SEND Strategic Board/CPG and Schools Forum.	Model agreed. TMBSS currently reviewing staffing needs and undertaking staff training to support new model
6.1.5	Develop a co-produced local area SEND specific behaviour and exclusion addendum to current exclusion and behaviour policy and update Shropshire behaviour and exclusion guidance.	Jan 21	SEN Advisor	Inclusion workstream members SEN Team EIS team	As above	Policy agreed by SEND strategic Board and shared with schools through CPG. There will be clear alternative pathways in place to support positive responses for children with an EHCP that provide an alternative to permanent exclusion. Updated policy and guidance shared with all schools. Increase in alternative solutions and interventions being used and reported through pupil planning meetings and reviews.	Initial discussions started with SEN and EAS Teams
6.1.6	Map and review effectiveness of training and support offer to schools in response to challenging behaviour across the local area and develop specific behaviour and exclusion training programme for school leaders and governors.	Mar 21	EAS mg'r	Inclusion workstream members SEN Team EIS	As above	Report presented to SEND Strategic Board June 2021 containing clear recommendations with regard to future delivery of multi-agency support/training to schools specifically in respect of response to supporting positive behaviour. Governor training in place.	
6.1.7	Review and report impact of ND pathway (ref priority 3) including on reducing exclusions	Jun 21 and annually thereafter	SEND service mg'r	Bee-U and ND workstream	Existing resources	Schools will report positive impact of ND pathway on understanding behaviour responses and establishing positive early intervention.	
6.1.8	Review and report impact of early help family support worker initiative on reducing the rate of exclusions and	Dec 20	AD Early Help	Early Help/ Strengthening families	Strengthening families identified funding	Impact report shared with SEND strategic Board and schools Feb 21. Further plans to extend programme shared with schools.	FSW ethos embedded across schools supported through strengthening families project to reduce exclusion rate

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	develop programme to extend to more schools if appropriate						
6.1.9	Implement phased approach to introducing evidence based restorative practice across all education settings; monitor progress and report on impact in reducing exclusions (fixed and permanent).	Feb 21	EAS mg'r	SEN Team EIS Team Teaching School	£10K Grant funding allocation and spend to save initiative	Restorative conferences take place for all children prior to exclusion Impact report on phase 1 of restorative practice implementation shared with SEND Board and all schools Schools are providing evidence of use of restorative practice Findings shared with schools and used to support further training	
6.1.10	Co-produce case studies of c/yp (SEN Support) with multiple f/t exclusions to gain a better understanding of the underlying causes and impact of exclusion as a strategy for managing behaviour.	Apr 21	EPS & inclusion w'steam members	EPS & inclusion w'steam members	Existing resources	Report to SEND Strategic Board April 21	
6.1.11	Review the impact of trauma informed approaches in schools where training has been delivered and approach is embedded; establish beacon schools where great practice and positive outcomes are evidenced.	Apr 21	HoVS	LAC team and EPS	Existing resources	Share with schools the impact of trauma informed approaches in supporting a positive approach to dealing with challenging behaviour Summer term 21	
6.1.12	School exclusions will be a standing item on the school improvement monitoring visits	From Dec 20 and ongoing	EIS mg'r	EIS Team	Existing resources	Exclusion data relating to academies shared with RSC office. Exclusion data will inform twice yearly school performance monitoring for maintained schools and will be a priority consideration in evaluating school performance and formulating judgments on whole school effectiveness.	Exclusion data is discussed at SPM and shared with schools through CPG and HT briefings

Key roles

SC and CCG representatives:

<i>DCS</i>	<i>Director of Children’s Services (SC)</i>	<i>Karen Bradshaw</i>
<i>DoP</i>	<i>Director of Partnerships (CCG)</i>	<i>Claire Parker</i>
<i>DoT</i>	<i>Director of Transformation (CCG)</i>	<i>Steve Trenchard</i>
<i>DoPH</i>	<i>Director of Public Health (SC)</i>	<i>Rachel Robinson</i>
<i>NO</i>	<i>Nominated Officer (SC)</i>	<i>Julia Dean</i>
<i>DCO</i>	<i>Designated Clinical Lead (CCG)</i>	<i>vacant post (appointment made)</i>
<i>EAS M’ger</i>	<i>Education Access Service (SC)</i>	<i>Christine Kerry</i>
<i>CC</i>	<i>Children’s Commissioner (CCG)</i>	<i>Vicki Pike</i>
<i>HoVS</i>	<i>Head of Virtual School (SC)</i>	<i>Rose Hooper</i>
<i>EIS M’gr</i>	<i>Education Improvement Service (SC)</i>	<i>Steve Compton</i>
<i>PEP</i>	<i>Principal EP (SC)</i>	<i>Poppy Chandler</i>

Health Provider representatives:

SALT SM Service Manager Speech and Language Therapy Service (Shropshire Community Health Trust) *Jo Gregory*
 BeeU Service Manager (MPFT) *Claire Parrish*

SEND Community Representatives:

The Parent Carer Forum (PACC) (Chair: Zara Bowden, Engagement: Sarah Thomas)
 SEND Information Advice and Support Service (IASS) Lesley Perks
 SEND Advocacy Groups -
 Young Peoples representative groups – Young Health Champions, DASH, Severndale Student Council, Enable Supported Interns

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WSOA (MR5)

Draft Note of Standard WSoA Review Meeting

Local Area:	Shropshire
Date:	This note draws on SEND Partnership Board Meetings on the 23 rd March and 21 st April plus additional interim meetings with officers and PCF on the 3 rd , 10 th and 30 th March.
Venue:	Virtual Meetings

Planned membership 5 th May 2002	
Claire Parker	Director of Partnerships (STWCCG) SRO
Tanya Miles	Executive Director of People (SLA) Deputy SRO
David Shaw	Assistant Director of Education and Achievement (SLA and LANO)
Karen Levell	Service Manager SEND and Inclusion (SLA)
Val Walsh	Programme and Business Manager for LD&A and SEND (STWCCG) (interim)
Sarah Thomas	Joint chair PCF PACC
Zara Bowden	Joint chair PCF PACC
Sharon Graham	Shropshire Council DSCO
Sally Johnston	Designated Clinical Officer, CCG
Pat Tate	Professional Adviser SEN and Disability, DfE.
Gabrielle Stacey	Professional Adviser SEN and Disability, DfE.
Debbie Ward	NHSE/I SEND Adviser
Deanne Michie	Case Lead, SIU, DfE

General update on progress or areas of significant impact

- Shropshire has successfully concluded the recruitment of an AD for Education (David Shaw) and Strategic Lead for SEND (Karen Levell). Both are now in post and actively getting to grips with SEND in Shropshire. There has been a concentrated effort to reach a consensus on the position of the WSoA, progress of actions and evidence of impact.
- Sally Johnston, Designated Clinical Officer, CCG for SEND DCO and Sharon Graham, Shropshire Council DSCO are working together at pace to enable the health and social care workforce respectively to understand their SEND responsibilities and improve skills. This includes work on the processes linked to the statutory assessment process.
- A Quality and Assurance Group (QAG) has been established as an operational arm of SEND governance. This group are meeting weekly and will provide the detailed scrutiny with the workstreams and the drive necessary to accelerate the work on the WSoA. In addition to officers mentioned above the group will also include Val Walsh Programme and Business Manager LD&A and SEND



Shropshire, Telford and Wrekin CCG and the joint chairs of PACC the Shropshire PCF. The SEND governance structures are being reviewed.

- Feeding into the work is a recently completed extensive SEF that includes an executive summary. This is informing answers to the questions “What have we done?”, “What challenges are we facing?”, “What evidence of impact do we have?” and next steps needed.
- The area is developing a skeleton accelerated plan along with a communications and engagement strategy. The latter could include a presentation for a variety of stakeholders and Ofsted /CQC when they visit. There are useful elements of the SEF that could be incorporated. Alongside this risk register reviews are now a standing item on workstream meetings.
- The PCF continue to review the co-production framework. They are undertaking a review of the membership of the group. It currently has around 10 members and has contact with families through various means including social media (1k+) and the local offer newsletter (2k+).
- The area continues to have issues accessing timely and consistent data from some health providers, this is being reviewed and tackled.
- The SEND Strategy was launched in the summer of 2021. The focus on outcomes has led the area to include PfA as an additional priority area to be included alongside the WSoA areas of concern. This is also driving work to reach out to young people and to broaden representation in the four subgroups of the workstream.

Support received in this reporting period

Actions agreed at the last monitoring point (MR4) have all been implemented.

The area has not accessed external support in the last quarter but utilised incoming post holders to review the progress of the WSoA and plan next steps.

WSoA Actions/timescale check

Are there any actions behind schedule?

Y

Action

Reason

Mitigation/remedial action

All

A number of actions are subject to minor delay as a result of ongoing national pandemic.

Work has been initiated on a rag rated dashboard similar to that established in adult services.

Area 1

Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services

Progress on key actions

SEND governance arrangements established, partnership strengthened with joint oversight of SEND agenda from CCG and health providers through strategic and



partnership board. This is now being strengthened with the establishment of the Quality Assurance Group (QAG) that will sit between the workstream leads and Partnership Board.

Increased support and scrutiny for SEND across LA and CCG (Health and Wellbeing Board, People's Scrutiny Committee and CCG Quality and Performance Committee)

Evidence of impact

- Co-produced SEND Strategy published April 2021.
- The evidence of SEND priorities forming regular discussion/action across the partnership demonstrating increased ownership and understanding by stakeholders has been further accelerated in the last month. The JSNA, SEF and draft accelerated WSoA are providing evidence of an area working effectively together and at pace.
- PACC/PCF a strength in the level of strategic coproduction.

Key next steps

- Complete outstanding actions to demonstrate that strategic leadership and planning have made sufficient progress. This to include further review of governance to support ICS priorities in respect of SEND
- Pull together how the elements of JSNA, SEF, Strategy, accelerated WSoA align into presentation to share with wider stakeholders and revisit team.
- Further develop performance/KPIs/Reporting mechanisms and Dashboards.
- Resolve data access issues with health providers.
- Further strengthening the wider scope of feedback is required especially around the CYP voice.

Area 2	The lack of inclusion of health services' input into the area's SEND action plan
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Progress on key actions

The review of health action plans and contribution to workstreams by WSoA programme manager resulted in workstreams all having a health representative and some have health chairs.

Health data provided for the SEND JSNA

New joint commissioner in post who is leading a SEND plan of action, that will be in the form of a all ages Market Position Statement, this work will make a significant impact in understanding the provision across the market place and in addressing the gaps, but also using the JSNA.

Evidence of impact

- Impact of the joint work by DCO and DSCO in developing effective improvements in EHC processes and workforce development in health and CSC respectively.
- Improved working relationships, understanding of roles and ability to problem solve across the system.



- Health services input is evidenced in the JSNA, SEF and Accelerated WSoA .
- Improved and accurate Local SEND offer
- Improved working relationships, understanding of roles and ability to problem solve across the system.

Key next steps

Review of health data and information on the local SEND offer

Area 3 Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways.

Progress on key actions

Shared vision agreed that preferred model is based on Coventry model.

Three sub groups have worked on aspects of the model:

- Mapping of support and intervention currently available pre and post diagnosis (AWM, Early Bird and Early Bird plus, Early Help)
- Workforce development plan to build capacity using models such as the Accelerator program across available workforce.
- Visual pathway based on identified models to provide structure for mapping onto what is already available, the pathway thus far and the proposed pathway impact.
- The pathway will support CYP and families from initial concern with assessment and intervention.
- GPs can refer into the pathway using Dimensions tool for CYP not in school
- The intention is that waiting time for assessment is removed as CYP are receiving assessment from start not end of the process
- CCG have funded an ASD assessment team within BeeU

Evidence of impact

- Work has progressed to develop the pathways and mental health partners are now on board working across services and in supporting the new Hilta posts, who will play a key role in quality monitoring of EHCPs.
- Multi professionals-Health and Education working together
- PACC/PCF pleased at the process of development and future direction of travel.
- Commitment to funding 2x HLTRs and Specialist Senior EP

Key next steps

Full implementation including across the Early Years Sector.

Embed the QA approach involving assessment intervention team working closely with Neurodiagnostic team/evaluating the process/liasing with service users/PCF.

Further work is required to strengthen the 0-5 pathways.

Area 4 Significant waiting times for those needing assessment and treatment from the speech and language therapy service.

Progress on key actions



- Commissioners, providers and stakeholders committed to system wide balanced approach for speech, language and communication, and acknowledgement that the service alone cannot achieve sustainable improvements.
- Workstream established including STW to ensure consistency of approach and to support whole system including provider to secure improvement. Place- based consultations undertaken with staff, parents and young people.
- SALT advice line, handbook and Facebook page launched. Remote SLT service offer including parent/ educator training.

Evidence of impact

- Parent / educator reported experience for the training workshops and the advice line are good to excellent
- SLT Training data: number of contacts = 100 /month since April 2021
SLT training data participant feedback = over 99% positive.

Key next steps

- Data on waiting list position, supporting narrative and action plan/risk register
- Mapping of approaches used across Shropshire (Health and LA) e.g. screening tools and intervention tools.
- SCHAT business case for Early identification and intervention for SLCN for early years and KS1 progressed.
- Implement agreed communication for education settings about new resources and pathway

Area 5 | Inconsistency in the quality of input from education, health and care into EHC assessment and planning.

Progress on key actions

- DCO/DSCO and SEN lead working together on agreed QA framework and data set, group established with plans to trial QA tool.
- Established process of feedback from SEN2 Panel directly to SEND leads within health providers (ShropComm).
- Developed EHCP standards as foundation step on Quality Assurance ladder
- Health specific CAMHS specific EHCNA exemplar template in development. Training session delivered to 20 CAMHS practitioners; Social Care delivering training to new staff
- 20 week performance remains at 71% despite staff changes.
- Challenges around annual review completion have been acknowledged and a recovery plan developed as part of the accelerated action plan to resolve this issue.

Evidence of impact

Limited at this time

Draft audit tool being trialed based on 5 point quality standards.
More to be done to ensure clear detailed health advice.



Key next steps

- Training Sub- Group to be established to oversee targeted training programme.
- Establish Audit schedule including new plans and those updated through AR process. Moderation of audit team.
- Develop feedback to support end of key stage ARs to review impact and effectiveness of the EHCP.

Area 6 | The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed -term exclusions for those receiving SEND support.

Progress on key actions

- The draft Shropshire Community Inclusion Policy has been presented to the Schools' Central Policy Group on 10th June 2021 and was well received there. It is now out for wider consultation.
- A task force approach is in place so that professionals can respond quickly to support children and schools and provide hands on support. A weekly Safeguarding and Behaviour panel has been arranged where issues can be raised and a solution focused approach is applied to situations.
- A Peer Challenge took place in February 2021; one of the focus areas being permanent exclusions. An action plan has now been drafted based on the issues identified and reducing exclusions for children with SEN.
- Multi-agency collaborative meetings extended to include mainstream schools.
- TMBSS primary delivery model ratified and ready for implementation from September 2021 (this was delayed from January 2021 due to the pandemic and lockdowns).

Evidence of impact

- Although, still above national rates, the permanent exclusion of SEN Support children is on a downward trajectory.
- A significant number of exclusions have been averted due to the collaborative multi-agency response. Out of 68 Pupil Planning Meetings held during the Autumn term 2021, 45 children haven been successfully supported to maintain their place in their original mainstream school setting to date (March 2022).
- Officers from the local authority attend all pupil disciplinary committee meetings and provide a written report – 4 exclusions have been overturned this academic year.
- The new primary TMBSS operating model commenced in January 2022, although still early days it has been well-received and early indications are that the outreach model is successful. There have been 4 permanent exclusions of children in Y4 in the autumn term 21 but none this term.
- There is a shared sense of purpose to create inclusive places and an environment where all children can learn and thrive.

- **Key next steps**



- Resolve ongoing issues with data collection due to LA changing their information management system, which has delayed the development of a full data dashboard and share with schools and partners.
- Relaunch of Restorative Practice initiative
- Develop and promote a clear model of co-ordinated CPD to support school staff in behaviour management
- Further consultation and implementation of the Inclusion and Managed Moves policy
- Further explore an 'invest to save' model to provide more support and intervention to prevent future permanent exclusions and reduce fixed term exclusions
- Further training for governors.
- Further audit activity around children with SEN who are excluded
- The appointment of an Officer to facilitate Managed Moves and to QA and promote AP
- The new SEMH Free School, the Keystone Academy run by the YES Trust will open in temporary accommodation from September 1st 2022.
- Review specialist and alternative provision capacity across Shropshire to ensure a sufficient range of provision and timely access to places when required.

Agreed actions/support following this meeting

Action	Who	When
Feedback to QAG group and DCS to involve new SEND adviser from DfE	DS	May 5 th 2022, 9 am
Confirm support and monitoring arrangements for the summer term.	DS/GS	“ “

Conclusion and summary information

- Shropshire sought to minimize the disruption of the staff changes to the WSoA programme and to secure the scrutiny and momentum of the work. The arrival of new permanent SEND leadership and active DCO/DSCO alongside the programme manager for the WSoA has injected purpose and pace.
- The completion of the SEND self-evaluation framework and review of the WSoA and risk registers means that Shropshire have a clear view of where they are and what they need to do. This is being taken forward through an accelerated WSoA and introduction of a small dedicated engine room approach (The QAG). The strength of Shropshire's strategic partnership is further demonstrated through the membership of this group including PACC. Progressing this work will strengthen the evidence to show the progress that has been made in priority areas 1 and 2.
- Consideration needs to be given in priorities 3 and 4 to the question of waiting lists. In addition to demonstrating strategic actions taken and new pathways and processes,



there needs to be clear data about the waiting list positions. This data should have a supporting narrative, action plans, impact and next steps.

- The work on reducing exclusions has been well led and involved a robust operational response to notifications of permanent exclusion. There is already evidence of impact in the data with Shropshire now in line with national average figures rather than the spikes seen at the time of the area SEND inspection. There is a clear understanding of the need to involve all agencies in supporting children and young people demonstrating dysregulated behaviours, Shropshire is well placed to take the learning from the work so far to develop a system wide response. This will support schools to have the confidence to have in place early intervention and preventative approaches as well as targeted more specialist responses when needed.
- The former will require a comprehensive programme of CPD building a menu of support from restorative approaches, autistic friendly schools project, fundamentals of responses to behaviour and attachment aware schools.
- Shropshire are now in a position to revisit the initial presentation describing the progress of the WSoA. This will be a useful mechanism for communicating the SEND improvement journey that Shropshire is on, evidence of impact and plans to ensure improvements are sustained. Key questions to have in mind is “What do we know?” and “How do we know this?”.

Pat Tate DfE

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May 5th 2022



Coventry's Neurodevelopmental Pathway: A Guide for Parents

Welcome

This guide is for the parents and carers of children and young people who may be experiencing social communication difficulties. It provides information about:

- the changes to Coventry's Neurodevelopmental Pathway;
- the reasons why things have changed;
- how parents and carers can access the pathway;
- the support that can be provided through the pathway

How has the pathway changed?

The children and young people's Neurodevelopmental Pathway provides the option of 'Early Intervention' in schools for children who present with difficulties that may be linked to Autistic Spectrum Disorder (ASD). This support is provided before a diagnostic assessment.

Why has the pathway changed?

The experiences of parents and professionals show that sometimes children present differently at home than they do in school. When this happens, it can be hard for school staff to identify what targeted support may be needed. In addition, schools are sometimes reluctant to refer a child for an ASD assessment when they don't have concerns themselves. This can lead to parents or carers asking their GP to refer for a diagnostic assessment, which can delay the assessment process.

By making intervention available prior to diagnosis, we will be able to provide help to children earlier on and gather more information to support with any subsequent diagnostic assessment.

How can parents and carers access the new pathway?

If you have concerns about your child's health and emotional well-being, you may find it helpful to complete the Coventry NHS 'Dimensions' tool, which can be accessed at: <https://dimensions.covwarkpt.nhs.uk>

The tool will help you to identify which services are best placed to meet the needs of your child and family.

If the report generated by the Dimensions tool recommends an assessment for ASD, then you should arrange a meeting with your school's Special Educational Needs Coordinator (SENCo).



How does the new pathway work?

The pathway is split into three phases, as shown below:

1. All children begin at the **Planning phase**, during which the best approach to supporting your child is agreed
2. This is followed by EITHER an **Early Intervention phase**, during which targeted intervention is provided in school, OR a **Referral phase**, during which information is gathered to support a referral for a specialist assessment
3. Finally, some children will progress to a **Diagnostic phase** where specialist professionals will consider whether the child's needs are consistent with a diagnosis of ASD



Planning phase

The pathway begins with a conversation between you and the Special Educational Needs Coordinator (SENCo) at your child's school.

After this, the SENCo will talk to an Educational Psychologist (EP) and together they will recommend the best approach to supporting your child.

This might be a referral to Early Intervention, or directly to the Neurodevelopmental Service.

The SENCo will share this recommendation with you. If Early Intervention is recommended, but you would prefer a direct referral, you can request this.

Early Intervention phase

OR

Referral phase

If you agree to your child accessing Early Intervention, a meeting will be held with you, the school SENCo and a member of the Early Intervention Team, who will either be a Complex Communication Specialist Practitioner (CCSP) or an Educational Psychologist (EP).

A targeted short term plan and timescale will be agreed to support your child. This will then be reviewed.

At the review meeting, it will be decided whether the school continues to provide support, or to refer to another service, or request a specialist ASD assessment.

If you agree to your child being referred directly to the Neurodevelopmental Service, then you will be asked to complete their referral form together with the SENCo.

Diagnostic phase

If your child is referred to the Neurodevelopmental Service for an ASD assessment, then a specialist practitioner from this service will contact you to discuss the next steps of the assessment process.

This is likely to involve a face to face meeting and completing a questionnaire.

If you need this information in another format or language please contact Jennet Gabriel on 024 7678 8400 or e-mail: jennet.gabriel@coventry.gov.uk

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