Public Document Pack

Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus) Thursday 18 March 2021 11.00 am Virtual meeting via Microsoft Teams



SUPPLEMENT TO THE AGENDA

To: The Members of the Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus)

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 8	Special Educational Needs and Disability (Pages 3 - 58) To receive the report.

Published on 11 March 2021

Democratic Services, County Hall, Taunton, TA1 4DY

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SEND Monitoring Report Presentation

Summary of local area progress against Written Statement of Action Julian Wooster and Becky Applewood

The aim of this presentation

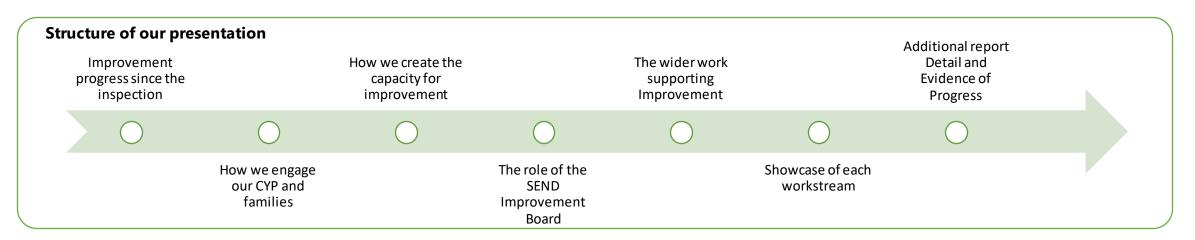
To show you where we are on our improvement journey: how, where and what difference is being made for children, young people and their families...

- **How** we have begun to deal with the concerns raised by the Inspectors
- **How** we work as a system, especially with children, young people and their families
- **How** we deal with challenges:
 - Barriers to improvement
 - Risks and issues
 - Managing change
- କୁ Where improvement is happening
- **Where** we need to work harder
 - What is under way or is coming soon
 - What still needs to be done

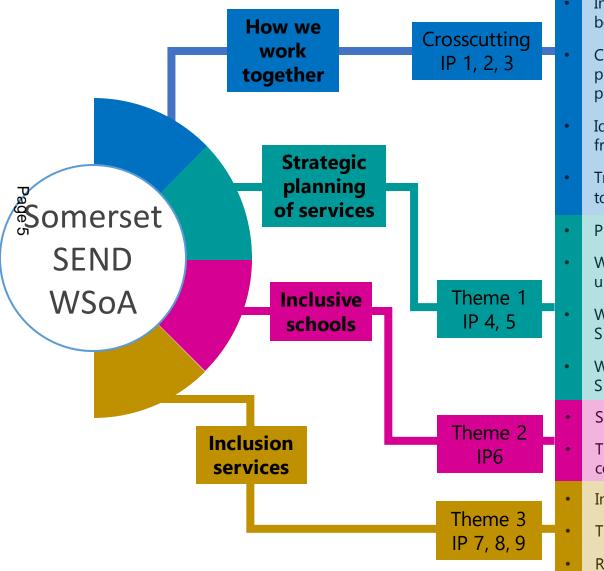
What will this and the report tell you?

We will tell you about the work we are doing and the impact it is having...

- ✓ Families feel heard and have a clearer understanding of the barriers. Practitioners are provided with tools they need (IP1)
- ✓ Leaders are **working with and listening** to children, young people and families (IP2)
- ✓ We resolve problems together and using data more effectively (IP3)
- ✓ Children, young people their families and practitioners feel the **benefit of better** commissioning (IP4)
- Parents and carers value MDT Triage, now rolled-out across most parts of Somerset (IP5)
- 'Hearts and minds' work with schools shows early signs of commitment: we know more needs to be done (IP6)
- ✓ A breakthrough in data management using NHS numbers will make assessment easier, clearer and more consistent (IP7)
- Consistent improvement of timeliness in issuing of EHC plans over the past year, and backlog cleared (IP8)
- Better quality assurance in place service users expected to feel the benefit in coming months including through giving feedback (IP9)



Improvement progress since inspection



Independent Provider of Special Education Advice (IPSEA) engagement and training event for parents, and wider parent survey

Funding from NHSE for a NHS Leadership Academy leadership & culture programme for 100 'culture carriers'

Initial report on compliance with statutory duties. Work ongoing to identify gaps already being addressed through WSoA

Co-production events to develop SEND Outcomes for Somerset. Initial framework produced. Families' views are aligning with staff views from earlier work. National best practice and data sets being assessed to help us measure performance against outcomes

Identification of good practice SEND Strategies and development of an overarching framework strategy

Training in Quality Improvement (QI) methodology rolled out to initial cohort and more to follow, to support improvement in assessment and quality assurance processes

Professionals are committed to involving parents and children in service design

- Work with the Institute of Public Care (IPC) and Oxford Brookes University to understand improvement required in Joint Commissioning.
- Working to strengthen data available to support commissioning and refresh the SEND Joint Strategic Needs Assessment
- We are identifying the SEND workforce in the widest possible way ensuring SEND is everybody's business

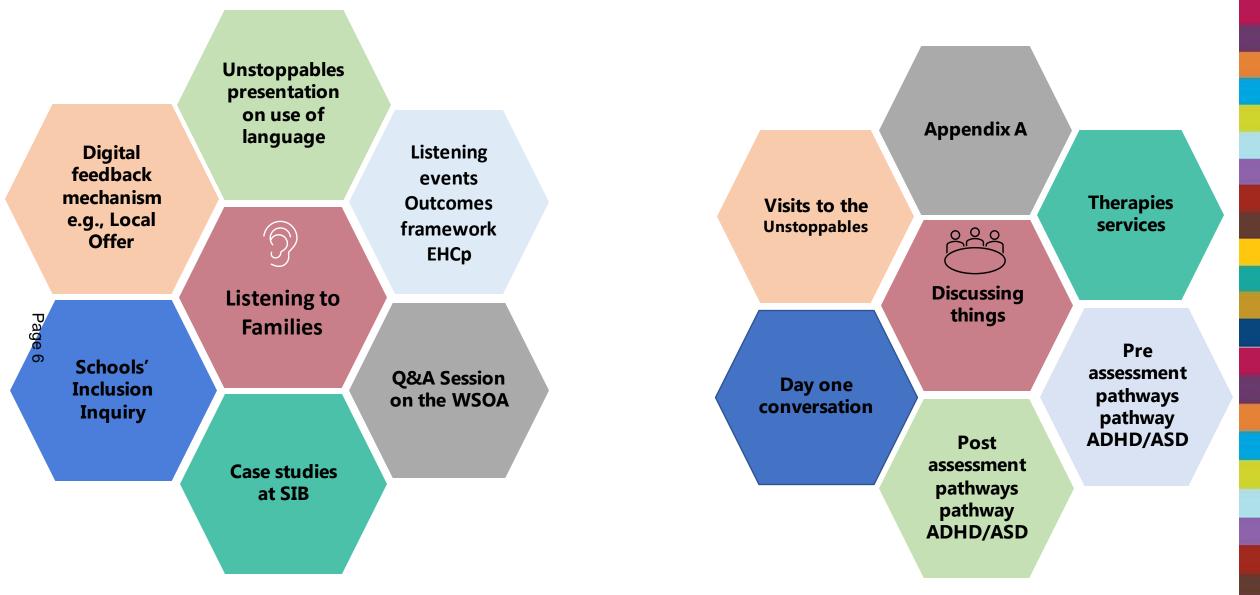
Schools Led Inquiry into inclusive practice

The Business Intelligence team are developing a Schools Position Dashboard to compare data on Somerset Schools

Increasing capacity in the SEND Casework Team

Training our workforce

Reducing incidents of missed health notifications



Listening and learning from the experiences of CYP and their families

Creating the capacity for improvement – SIB & CEG

- Reset of SEND Improvement Board (SIB) mid 2020 to oversee development and delivery of Written Statement of Action
 - Refreshed membership; SCCG & SCC CEOs joint Chair
 - Increased frequency (quarterly to monthly)
 - Standing agenda items
 - 'Spotlight on...' improvement priority areas
 - Young Person participation and families' feedback (lived experience)
 - Member reports
- Implementation of Children's Executive Group for joint decision making and issue resolution to facilitate delivery of WSoA
 - SCCG and SCC senior leaders from Women's & Children's Health, Children's Services and Public Health

SEND Improvement Board

- 7 meetings since the inspection include the following progress
 - Review and endorsement of Written Statement of Action
 - Reporting arrangements and adoption of joint SCCG/SCC risk register for SEND
 - Risk management approach and change control process has been put in place
 - Individual priority area 'checkpoints'
 - Endorsement of recommendations for improving engagement of families and increasing feedback and leadership commitment to supporting key engagement events
 - Approval of interim Multi-Disciplinary Triage (MDT) solution as a first step to improving the Autism pathway
 - Agreement to proceed with implementing (IPC) recommendations for improved joint commissioning
 - 4 'Spotlight on...' covering IP1 (YP & families engagement), IP2 (leadership & culture), IP4 (joint commissioning) and IP5 (Autism pathway)
 - Understanding the lived experience
 - Unstoppables feedback experiences in education, language around SEND (reminding professionals to be mindful of the terminology they use)
 - Review of individual family case studies
 - Member reports from NHS providers, PH and Schools representatives what's going well, what's not so great, what would help make it better

Wider work supporting SEND Improvement

- Relaunch of Early Help Processes in Schools
- Launched a app called 'MeeTwo', which provides peer support for young people experiencing mental health difficulties.
- Mental Health Trail Blazer projects have been launched in pilot areas supporting pupils with emotional health and wellbeing
- Increased capacity of the SENDIAS service
- Redesigned guidance to ensure workers take a graduated response to interventions with families, ensuring families with SEND are treated fairly
- A single point of contact for parents seeking SEND advice, support and guidance from the Local Authority has been established

Priority - Our Children & Young People and their Families (IP1) – Lead: Ruth Hobbs

Inspectio	n concern	Priority 1 is…
The lack of focus on the experiences of children and young people w the	Crosscutting	
		Action/Milestone Status
IMPROVEME	NT HEADLINE	10
•	lvement has had and we are seeing new families nvolved.	9 8 7 6
۲۰۰۰ IMPACT – th	e 'so what?'	5 4 3 2
Feedback from engagement events has led to series of recommend families involved are clear about their role in engagement events ar	nd how their feedback is used.	1 1.1 1.2 1.3 1.4 1.5 1.6
Parents can see the direct impact that their involvement has had e.c.	new health pathways on the Local Offer (IP7) clarity around unpaid	Measures
We are seeing new families getting involved and have received post	CYP & parent carers reporting	
Our Improvement	 staff work closely with them CYP & parent carers reporting their views are listened to 	
 What we have achieved so far Outputs from engagement events have been used to support service definition of the support serv	 CYP & parent carers reporting their feedback has been used for service improvement 	
Strategy (IP3), service developments and joint commissioning (IP4&7) a to link casework information across Adult Social Care, Children's Service	nd development of the Autism pathway (IP5)NHS Number now being used es. Youth Justice and Health (with IP7)	Next Steps
 Families and practitioner feedback influencing the ongoing developme Improved understanding of opportunities for families to share experient 	Completion and launch Co- production Framework	
 Increase awareness at Board level of impact on YP and families through Improved information available to families and mechanisms for sharing External support we have received 	Development of the Local Offer to further improve user experience & interactions	
IPSEA training has supported parent carers in their understanding of SE Barriers/Concerns	Complete and run refreshed '360' survey to measure families experience	
Misalignment of Comms and Engagement work across the WSoA, compounded	Mitigation Alignment of IP1 and Comms & Engagement teams and implementation of	Further engagement events to
wisalignment of comms and engagement work across the wsoA, compounded	Alignment of IPI and commis & Engagement teams and implementation of	inform the ADUD/Autism nothugu

by the speed of change required in the plan, has led to multiple events being scheduled in a short period of time impacting on levels of engagement.

ent of IP1 and Comms & Engagement teams and implementation of Alight single route for planning and managing SEND communications and engagement activity.

inform the ADHD/Autism pathway

and schools' 'Inclusion Inquiry'

Priority – Our Leadership Capacity (IP2) – Lead: Melissa Fairhurst

Priority – Our Leadership Capacity (IP2) – Lead: Melissa Fairhurst			
Inspection concern	Priority 2 is…		
The lack of leadership capacity across area services	Crosscutting		
IMPROVEMENT HEADLINE	Action/Milestone Status		
Creating our system of 'Culture Carriers'	10 9		
IMPACT – the 'so what?'	8 7 6		
Elements have of the QI training have been used to understand the problems we are trying to solve in other areas, such as Customer Journey Mapping in IP5.	5 4 3 2		
Our Improvement Progress & Impact	1 2.1 2.2 2.3		
 What we have achieved so far Funding has been agreed from NHS Leadership Academy for two elements of a leadership & culture programme - sessions are planned to start from Autumn 2021 and will support networking and wider understanding of roles and responsibilities Our understanding of the scope of the workforce supporting CYP with SEND, required for skills audit, is increasing through the development of a workforce map based on HSE "bubbles" diagram Bronze Quality Improvement training has been rolled out to an initial cohort; QI methodology is being used with 2 active project groups and is now part of our ongoing offer Additional questions have been incorporated into the YP/parent carer and practitioner ('360') surveys to facilitate more regular 'temperature checks' External support we have received Facilitated support is provided by Somerset Quality Improvement (QI) Faculty with regular training opportunities for individuals and groups across the system to help extend and embed this as a continuous improvement methodology. 	Measures • Staff reporting multi-agency working is less fragmented • CYP & parent carers reporting a shared understanding across the workforce of different statutory responsibilities Next Steps Identify our SEND 'leaders'/culture carriers Identify our skills shortages, vacancies		
Barriers/Concerns Mitigation & Change Control	and areas of acute resource competition/scarcity		
Limitations in available workforce data have required a different approach to mapping the SEND workforce and understanding its scopeDifferent approach adopted, based on HSE 'bubbles' model and change control to move delivery of milestones in IP2.1 and 2.2 back in order to ensure an effective workforce development plan	Co-produce our plan for 'Culture Carriers' development		
Ability for SEND workforce to be released for workforce development due to work pressures, exacerbated by COVID 19 responseGuidance on redeployment of SEND staff and commitment from leadership to support release of staff	Agree content and approach to senior leaders' development		

Priority - Our Joint Working Arrangements (IP3) – Lead: Vikki Hearn

Inspection concern

Weak partnership working between services across education, health and care

IMPROVEMENT HEADLINE

Getting the Groundwork in place, such as a nationally recognised developing outcomes framework and a system to effectively measure our system benefits

IMPACT – the 'so what?'

10 9 8 5 3 2

Priority 3 is...

Crosscutting

3.1 3.2 3.3

Measures

Action/Milestone Status

As evidenced through embedding of joint SEND **Outcomes Framework & SEND** Strategy

Next steps

Deliver our measurable Outcomes Framework
Develop our overarching SEND Strategy
Create a live document on our local offer to clarify system roles and responsibilities
Refresh the SEND Charter to manage changes to services in line with legislation
Align 'whole system' QA principles

Through co-production and two-way communications, families are able to see how their feedback is influencing development of the SEND Outcomes Framework, showing that the local area is listening and has heard what is most important to our YP and families.

Our Improvement Progress & Impact

We have achieved so far

- Children's Executive Group are now an escalation route for risk/issue resolution and programme resourcing; there is a jointly agreed approach to risk management and a joint SEND risk register in place
- The scope of the audit of joint funding arrangements has been agreed and being progressed (supporting joint commissioning)
- Introduction of an innovative Benefits Management System
- Addressed gaps in Health data to inform Strategic Needs Assessment (IP4) and understanding of local area performance
- Completion of a self-assessment of our compliance against CoP, clarified roles & responsibilities (linking to IP2, SEND leadership) capacity) and cross-referenced with our WSoA to identify any gaps
- Co-production events have been held identifying the SEND outcomes that are important to families and we are now developing the draft Framework aligned to national best practice (underpins all areas of WSoA
- Enabling cross programme challenge and understanding through regular Improvement Leads meetings

External support we have received

• CDC DBOT training for key staff in October 2020 has supported improvements in practice (EHC plan writing) and training outputs have also been used to inform development of the SEND Outcomes Framework for Somerset

Barriers, risks, issues	Refresh the SEND Charter to manage changes to services in line with	
Chasing inputs to complete self-evaluation against Code of Practice (Self Evaluation Framework) and mapping areas of non-compliance against WSoA taking longer that expected due to capacity constraints but is still on track	we cross reference and update as we complete work through the WSoA	legislation Align 'whole system' QA principles with IP4 QA activity

Priority – Our Joint Commissioning Arrangements (IP4) – Lead: Debbie Rigby

Inspectio	on concern	Priority 4 is…
Poor joint commissioning arrangements that limit leaders' ability	to meet area needs, improve outcomes and achieve cost efficiencies	Theme 1
IMPROVEMI	Action/Milestone Status	
Co-producing a joint work plan with the system t	o ensure commissioning is meeting local area need	/ 6 5 4
IMPACT – t	he 'so what?'	3
	ces are commissioned to work together with reduced duplication and less and how to access support.	1 4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 4.10
		Measures
 What we have achieved so far Recommendations from the Institute of Public Care and Oxford B reviewed and agreed at SIB in January 2021 A draft 'road map' for implementation is currently in consultation Joint commissioning 'ways of working' have been agreed and a construction of the source of the second structure of the source of the second structure of the source of the second structure of the seco	 As evidenced through outputs e.g. IPC report on recommendations for joint commissioning AHC within 20 working days for CLA currently 32% against target of 75% by Dec 21 Next Steps Agree 'road map' and commence implementation of recommendations for joint commissioning Complete refresh of Strategic Needs Assessment Refresh the Joint Commissioning Strategy 	
Barriers/Concerns	Mitigation	Complete 'heat map' of current local
Availability of health activity specific to SEND	NHS number now being used on EHCP which will enable interoperability with Health system data.	area Therapy services Publish Personal Budgets Policy
Ability to review provider contracts while Covid-19 directives remain in place	Operational meeting with providers to review activity	

Priority – Our Neurodevelopmental Pathway, specifically Autism (IP5) – Patrick Worthington

Inspectio	on concern	Priority 5 is…
The ineffective assessment pathw	Theme 1	
		Action/Milestone Status
IMPROVEME	NT HEADLINE	13
We now have a functioning MDT T	riage across most parts of Somerset	
IMPACT – ti	ne 'so what?'	
	ave highly valued the assessment their child received and are very f the approach.	5 4 3 2 1
Our Improvement	Progress & Impact	5.1 5.2 5.3 5.4
 What we have achieved so far Redesign of pre-assessment pathway nearly completed (including April 2021. (Outputs from the gap analysis of the pre-assessment A county wide interim MDT Triage solution to support a holistic te Funding opportunity has been launched, decisions supported by i A new 'referral form' i.e. the 'Next Steps form' has been designed to begin April 2021 Specific focus and prioritisation given to fluid transition points bef External support we have received None to date 	Measures• CYP & parent carers reporting confidence in accessing support• Increase in % referrals resulting in assessment for ASD or ADHD - SFT (Taunton) currently 41% - VC (Mendip) currently 86%Next StepsFurther develop the Assessment part of the pathway	
Main Barriers/Concerns	Mitigation	Hold post-assessment co-
Lack of available baseline data impacting our ability to build milestones or effective metrics into planning	Working with the provider trusts to develop data reporting mechanisms that will be uniform across the county, for implementation from April 2021	production workshop
How records are captured and shared is fragmented with logistical/clinical	Implementation of a Multi-Disciplinary Team (MDT and the learning from this.	Continue Early Years mapping
barrier to info sharing especially sharing across boundaries of Health/ Education/ Social Care	Ensuring all children and young people get an Autism / ADHD assessment and then exploring what we do about the gaps (with IP4).	Educational Psychology Service

Priority – Extending inclusive best practice in schools (IP6) – Lead: Amelia Walker

Inspection conce	rn	Priority 6 is···
Too many children and young people not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area		Theme 2
IMPROVEMENT HEA	Action/Milestone Status	
All activity is focused on key outcome of securing 'hearts and minds' ac fragile signs of commitment to a share	10 9 8 7 6	
IMPACT – the 'so wh	nat?'	
Too early for impact to be felt by YP and families in education settings, howe parents and reassurance that 'thing		1 6.1 6.2 6.3 6.4 6.5 6.6
Dur Improvement Progres	s & Impact	Measures
 Our Improvement Progress & Impact What we have achieved so far Schools stepping up – leading from the front on IP6.1 Inclusion Inquiry and IP6.3 Inclusive Practice Strengthened communications to schools on the wider SEND Improvement Programme, with focus on progress and next steps for IP6 'Inclusion Inquiry' Panel established and meeting regularly, launch plan developed, comms drafted and awaiting sign offs Data set commissioned and a dashboard demo delivered to the to IP6 Steering Group and Associations with feedback provided Whole Education presentation to schools supported by Associations. Commitment secured from secondaries - primaries in train Initial consultation on partnership reform completed. School survey on partnership structures drafted. Links have been made with IP1 to identify opportunities for joint working around inclusive pupil voice and participation in Somerset. External support we have received The Panel managing and driving the Inclusion Inquiry includes 3 external experts acting as 'critical friends', including Prof Mel Ainscow who is recognised as an authority on the promotion of inclusion and equity in education 		 Reduction in level of persistent absence by primary pupils with an EHCP to above national level Reduction in level of persistent absence by secondary pupils with an EHCP to above national Increase in P8 for pupils with EHCPs in KS4 Increase in pupils with SEND in EET to above national level Next Steps Launch the Inclusion Inquiry Finalise recruitment to 'Whole
Main Barriers/Concerns	Mitigation	Education' programme to commence in September
Impact of funding pressures to High Needs and the deficit reduction expectations, plus a lack of capacity within the school system to engage in partnership working	Urgent work being undertaken to develop a collaborative approach	Finalise development of 'phase 1'

plus a lack of capacity within the school system to engage in partnership working ahh Children's Commissioning Team leading piece of work on Early The role of Early Help in underpinning this and other areas of the WSoA is key Help as a cross cutting interdependency.

dashboard

Conduct schools survey on partnership structures

Priority – Improving the consistency of our practice (IP7) – Lead: Shona Turnbull-Kirk

Inspection concern

Poor assessment and meeting of need caused by inconsistent practice leading to poor outcomes for children and young people with SEND

IMPROVEMENT HEADLINE

Breakthrough addition of NHS number of Local Authority system 'Thank you Somerset'

IMPACT – the 'so what?'

No direct impact for service users yet, but NHS number being on the plan will enable effective communication with health services at annual reviews. Clear pathways for C&YP when accessing health services support the local offer and increase knowledge. Children and young people that have LD and or ASD will be discussed prior to reaching crisis stage. This enables services to support the CYP and wider family

Our Improvement Progress & Impact

What we have achieved so far

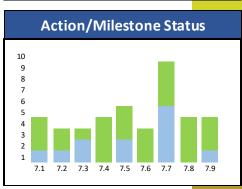
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- Dynamic database has been established, enabling risk sharing across the system.
- A review of Therapies service delivery within Somerset has been completed, highlighting opportunities for service delivery improvement to provide a better experience for families
- Local Offer now includes more info on health pathways and has a page dedicated to raising awareness of the 14+ Annual Health Check
- Public Health Nursing have put a system in place to report and address missed or late notifications.
- 'Section 23' pilot has been completed and findings are being reviewed with a view to rolling out across the wider health community.
- Public Health Nursing have their core offer in place and are delivering their school readiness programme online
- An amended, co-produced App C (for Health advice contributions to assessment) is in use, supported by targeted training provided by the Deputy DCO – early observations indicate improving quality of contributions.

Barriers/Concerns	Mitigation & Change Control	professionals wri contributions
Ability to profile take up of Annual Health Checks to support targeted awareness raising; plans for increasing take up of AHCs do not ensure quality of outcome	Reset of milestones in IP7.8 to amend approach to improving uptake of AHCs and include appropriate focus on ensuring good health outcomes	Development of profiles'

Priority 7 is…

Theme 3



Measures

- Increase in proportion of schools meeting stat compliance for publication of information on website
- Children with completed ASQ-3 at the 2 year review who achieve score above cut-off (no concerns)
- Increasing update of LD AHC currently 28% (in line with target projection)

Next Steps

Presentation of recommendations for Therapies services Ongoing, targeted support for to professionals writing health contributions Development of schools 'health profiles'

Priority – Improving the timeliness of assessment (IP8) – Lead: Claire Merchant-Jones

Inspection	n concern	Priority 8 is…
Poor timeliness of the assessment, writing and	Theme 3	
IMPROVEMEN Staff are feeling confident and happy with the work the confidence and satisfaction in EH IMPACT – the There has been consistent improvement of timeliness in issuir progress was being hampered despite issuing over 1000 EHC p	Action/Milestone Status	
	.6% and February performance now at over 50%	Measures
Our Improvement	Progress & Impact	Parent carers and YP expressing satisfaction regarding stat
 What we have achieved so far Additional staff now in post and inductions underway, increasing of 'Initial conversation' with families now routinely offered as part of Introduction of weekly tribunal meetings- improving robustness of Training and development resources being co-produced alongside 	assessment • Numbers of assessments completed within stat timescales – was on track at 45%; temp dip to 17% in Jan while backlog cleared,	
 Reporting on timeliness of advice submission in underway and wil SEND Statutory Team staff have completed EHC Plan Writing train Backlog has been reduced significantly, with temporary knock on 	Next Steps Development of key online learning resources to support understanding of the assessment process	
 footing for achieving the targeted improvements in performance External support we have received CDC 'Delivering Better Outcomes' training October 2020 included 	Commence issuing of performance report to all statutory advice providers from April 1st highlighting timeliness of submission and number of CYP this impacts on.	
Barriers/Concerns	Mitigation	Continued/consistent improvement in
Appointment/induction and support for new staff may mean that Operational Managers from SEND Statutory Team are focussing their capacity on developing the team .	Monitoring of management time and prioritising Ip7,8 and 9 across the leadership team.	20-week performance Continued/consistent improvement in 20-week performance

Priority – Improving the quality of our EHCPs (IP9) – Lead: Paul Shallcross

Inspection concern

The wide variances in the quality of education, health and care plans caused by weaknesses in joint working

IMPROVEMENT HEADLINE

Understanding the quality of our EHC plans

IMPACT – the 'so what?'

As with all QA work, the impact is often indirect. However, we would expect to see service users benefiting over coming months by observing increasing quality in a number of key areas - plan writing, initial contact with families, consistency, via clearer practice standards and supervision. From April onwards, service users will have an opportunity to provide feedback on the EHCP process

Our Improvement Progress

What we have achieved so far

Page

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- Addition of new staff members has increased capacity within Quality Assurance team to support SEND improvement
- Two audit cycles completed: 20 re. initial contact with families and 13 on quality of EHCPCs
- The terms of reference and membership of a Multi-Agency Audit Group has been agreed. Grade descriptors and audit tool are under consultation
- EHC Plan writing training has been commissioned and rolled out across SEND casework team
- Policy development work underway, including supervision and practice standards
- Increased skills and confidence within the SEND Team to quality assure the work of their team
- Improved understanding in SEND Team about specific areas for ongoing improvements in EHCPs
- As SEND case workers implement the recommendations of QA findings families should increasingly have a more positive experience of the EHCP process

Barriers/Concerns	Mitigation	messages
Capacity and impact on SEND casework team as the focus of much improvement work	Additional support being offered by QA team at present whilst changes in SEND team embed.	Develop o practice

Action/Milestone Status 10 9 8 7 6 5 4 3 2 9.1 9.2 9.3 9.4

Priority 9 is…

Measures

- EHC plans have taken into consideration the views of the YP and parent carers (where avail
- Results of QA show gradual improvement in quality of contribution and quality of overall plans

Next Steps

Multi-Agency Audit Group to complete first cycle of audits of contributions

Develop work around improving annual reviews of EHCPs

Develop our assessment evaluation process and analysis of key messages from feedback

Develop our portfolio of good practice

Summary How we work together	 Agreement on use of NHS number to provide holistic picture of involvement and support a 'tell it once' approach – gaining national recognition How we work together Next steps Complete and launch Co-production Framework Development of our Local Offer to further improve user Creating our system of 'Culture Carriers' Next steps Identify SEND 'leaders' & culture carriers and areas of acute resource competition/scarcity Co-produce our plan for 'Culture Carriers' 		riers' ✓ Getting the nationally r framework our system and Next steps arcity • Deliver our of SEND Strate • Create a live system roles • Refresh the	 Our Joint Working Arrangements (IP3) Getting the Groundwork in place, such as a nationally recognised developing outcomes framework and a system to effectively measure our system benefits Next steps Deliver our Outcomes Framework and overarching SEND Strategy Create a live document on our local offer to clarify system roles and responsibilities Refresh the SEND Charter Align 'whole system' QA principles with IP4 QA 		
Strategic	Our Joint Commissioning Arrangements (IP4) Co-producing a joint work plan with the system to ensure comm 	issioning is meeting system need		al Pathway, specifically Autism (IP5)		
planning a of e services	 Next steps Agree 'road map' and commence implementation of recommendation Complete refresh of Strategic Needs Assessment Refresh the Joint Commissioning Strategy Complete 'heat map' of current local area Therapy services Publish Personal Budgets Policy 	 parts of Somerset Next steps Further develop the Assessment part of the pathway Hold post-assessment co-production workshop Continue Early Years mapping Educational Psychology Service 				
Inclusive	 Extending inclusive best practice in schools (IP6) ✓ All activity is focused on key outcome of securing 'hearts and minimate Next steps 	inds' across the school community				
schools	 Launch the Inclusion Inquiry Finalise recruitment to 'Whole Education' programme to commence in Finalise development of 'phase 1' dashboard Conduct schools survey on partnership structures 	n September		Improving the quality of our EHCPs (IP9) ✓ We understand the quality of		
Inclusion services			h the work they do s to support	 our EHC plans Next steps Fully establish multi-agency audit group Develop work to improve annual EHCP reviews Develop our assessment 		
			Performance reports for statutory advice providers highlighting timeliness of submission and numbers of CYP affected			

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Somerset SEND Local Area Standard Statement of Action (WSoA) Review Meeting Report

16th March 2020

1.	General update on progress or areas of significant impact on the local area
1.1	SEND Services across the 'Local Area' - Somerset County Council (SCC) & Somerset Clinical Commissioning Group (SCCG) were inspected by OFSTED (Office for Standards in Education) and CQC (Care Quality Commission) in March 2020. The Inspection Report was published on 27 th May 2020.
1.2	The inspectors found that SEND Services across the local area required significant improvement across nine areas and determined that a Written Statement of Action (WSoA) for improvement was required. Following publication of the report, work commenced on co-producing the WSoA, which was uniquely challenging due to the constraints of virtual working required as a result of Covid-19.
1.3	The WSoA was approved for publication by Inspectors on 30 th November 2020 and was published on 1 st December. The full WSoA is available on the <u>Local Offer website</u> . It is highly ambitious but must be in order to address the shortcomings in the system and to improve the offer for children and young people with SEND, and their families.
1.4	The WSoA is monitored monthly through the SEND Improvement Board (SIB) comprising members from across the local area. Terms of reference and monitoring reports presented to the SIB are published on the Local Offer website. The WSoA contains nine Improvement Priority (IP) areas linked to the nine areas of weakness. Each IP area has a responsible lead from different parts of the system who reports on the progress of their area and any linked work cutting across the WSoA.
1.5	We are actively engaging and listing to children and young people with SEND and their families across all activity in the WSoA. As outlined within IP1 and our presentation we are holding regular listening and co- production events and are ensuring the voice of our young people and the Somerset Parent Career Forum is heard every month at the SIB. In addition, we produce a regular SEND Newsletter for the local area, publish it on the Local Offer website and hold question and answer webinars for young people, parents and staff.







1.6	To oversee development and delivery of the WSoA, the SIB was
	refreshed, both in terms of its membership and work, to be certain we
	focused on improvement against the priority areas.
	We did this to gather regular feedback from young people and families
	and to ensure effective challenge and collective responsibilities by all
	members. In addition, the local area has implemented a Children's
	Executive Group (CEG) to allow speedy joint resource allocation,
	decision-making and issue resolution to facilitate delivery of WSoA.
	There have been seven SIB meetings since the inspection. Its work
	programme has included:
	 Review and endorsement of the WSoA.
	 Reporting arrangements and adoption of joint SCCG/SCC risk.
	register and approach for the SEND Local Area.
	 A change control process has been put in place.
	 Individual priority area 'checkpoints' for:
	 Endorsement of recommendations for improving
	engagement of families and increasing feedback and
	leadership commitment to supporting key engagement
	events.
	 Approval of interim Multi-Disciplinary Triage (MDT) solution
	as a first step to improving the autism pathway.
	 Agreement to proceed with implementing the Institute of
	Public Care and Oxford Brooks University
	recommendations for improved joint commissioning.
	 Spotlight on conversations covering IP1 (young people & families'
	engagement), IP2 (leadership & culture), IP4 (joint commissioning)
	and IP5 (autism pathway).
	Understanding the lived experience including: "I laster relieved to a live of the self
	 "Unstoppables" feedback - experiences in education,
	language around SEND (reminding professionals to be
	mindful of the terminology they use).
	 Review of individual family case studies.
	Member reports from NHS providers, Public Health and schools
	representatives outlining what is going well, what is not going as
	well, and what they feel what would help make it better.
1.7	This report and the accompanying presentation outline early progress
	against the nine improvement priority areas agreed within the WSoA and
	the impact this progress is having (where possible at this early stage) on
	our children and young people with SEND and their families. Progress





	has been broken down in detail by each of the IP Areas. Some examples
	are as follows:
	• IP1: Families feel heard and are starting to see the impact of this
	work. As an area we have a clearer understanding of the barriers
	to engagement allowing us to support practitioners by providing
	them with the tools they need.
	 IP2: Leaders are working with and listening to children, young
	people and families.
	 IP3: We resolve problems together and using data more
	effectively.
	• IP4: Children, young people their families and practitioners feel the
	benefit of better commissioning.
	IP5: Parents and carers value MDT Triage, now rolled-out across
	most parts of Somerset.
	IP6: 'Hearts and minds' work with schools shows early signs of
	commitment: we know more needs to be done.
	• IP7: A breakthrough in data management using NHS numbers will
	make assessment easier, clearer and more consistent.
	IP8: Consistent improvement of timeliness in issuing Education
	Health and Care Plans (EHCP) over the past year, and backlog
	cleared.
	 IP9: Better quality assurance in place - service users expected to
	feel the benefit in coming months including through giving
	feedback.
1.8	Challenges and risks to the delivery of the WsoA have been identified
	and mitigating action agreed. Some of the high-level challenges are as
	follows:
	 Capacity issues linked with the COVID19 pandemic and the
	ambitious nature of the WSoA may restrict the ability of the Local
	Area to deliver SEND improvement effectively and within the
	timeframe agreed.
	 There is a risk that the local area is unable to deliver the
	expectations of children, young people with SEND and families as
	outlined in the WSoA.
	 Maintaining a robust engagement and communication plan to
	ensure continued engagement across the Local areas.
	 The need to develop the SEND system knowledge required to
	deliver the level of change required for WSoA.
	• The ongoing organisational change, such as the Integrated Care
	System (ICS) and the move to a unitary local government in







		•	aged to maintain progress				
1.9	 across the WSoA. Improvement across the Local Area relies on those milestones agreed within WSoA and wider work which has also been identified as required by the local area. This includes: Relaunch of Early Help Processes in Schools. Launched an app called 'MeeTwo', which provides peer support for young people experiencing mental health difficulties. Mental Health Trail Blazer projects have been launched in pilot areas supporting pupils with emotional health and wellbeing. Increased capacity of the SENDIAS (Special Educational Needs and Disabilities Information Advice and Support) service. Redesigned guidance to ensure workers take a graduated response to interventions with families, ensuring families with SEND are treated fairly. A single point of contact for parents seeking SEND advice, support and guidance from the local authority has been established. Please see supporting exemptions report for progress against all milestones agreed within the WSoA and for exceptions listed below. 						
_	WSoA Actions/timescale check						
2.							
2. 2.1	Actions behind (or at	risk of becoming behin					
			nd) schedule? Mitigation/remedial action				
	Actions behind (or at	risk of becoming behin	Mitigation/remedial				







		necessarily meet	and planning to ensure
		families' needs.	user engagement is being developed.
IP5.1.6	Embed and extend the established interim solution which uses a multi-agency triage process to assess referrals into the neuro- developmental and Autism Spectrum Disorder (ASD)/ Attention Deficit Hyperactivity Disorder (ADHD) pathway to identify those children requiring autism assessments to ensure consistency and equity across Somerset. (Due - April 2021)	Lack of data is impacting the ability to baseline and build targets/metrics into planning, redesign, and monitoring.	Additional funding is being released to implement county wide MDT Triage to ensure consistency of offer.
IP6.1.2	Inquiry evidence gathering and site visits which build upon the recent Scrutiny inquiry into the impact of exclusions is completed. (Due - April 2021)	Identification and recruitment of external expertise to SEND Panel took longer than expected, with knock on impact to commencement of inquiry.	Engagement activities, communications and data collection systems are being finalised. Supporting communications drafted and awaiting approval.
IP6.3.1	Schools' associations have recruited schools to peer network programmes to raise the profile and quality of SEND provision across localities through a supporting process of self-evaluation action planning and peer coaching (Overdue - December 2020)	Time required for schools to consider options, against backdrop of Covid-19 response, together with adoption of 'Whole Education' peer review programme which is recommended to run in line with academic year. The most suitable option is for programme to launch in September 2021.	Continuing promotion of 'Whole Education' programme to maximise schools sign up. Business Case to be developed to support county-wide costs Change request to be raised to re-set remaining milestones and timelines for IP action 6.3 in line with the 'Whole Education' peer review programme.







		Associations are collating expressions of interest, though	
		costs are yet to be agreed.	
IP6.3.2	(Peer network) Participant schools complete online self- evaluation and action planning. (Due - April 2021)	Impacted by delay to IP6.3.1	Change request to come to SIB.
IP6.3.3	Quality assurance support for participant schools is available to check action plans reflect statutory requirements and best practice. (Due - August 2021)	Impacted by delay to IP6.3.1	Change request to come to SIB.
IP6.3.4	Learning from across the programme is analysed and shared across the school system. (Due - December 2021)	Impacted by delay to IP6.3.1	Change request to come to SIB.
IP8.1.1	Statutory Assessment information and workforce development learning resources are created and made available online. (Due - April 2021)	Recruitment of Officer is underway but unlikely to be in post until May 2021.	We are identifying pre- existing training materials that can be stood up more quickly than new resources. Work is also underway to test requirements to inform prioritisation of training and what is important to developing confidence across teams. This will help understanding of expected completion date.
IP8.4.1	Performance reporting is in place for statutory advices Educational Advice (App B), Educational Psychology (App D), Social Care (App E)	Developing the Capita reports, to report on submissions via the Professionals Portal, has been more technically challenging than	Business Support Application Team and Information App Support teams are prioritising this area of work. All statutory reports are expected to







anticipated with each report needing to be	be available by end of March. The impact of
on an agency by	this overall will not be significant to the project.
agency basis.	
	report needing to be individually developed

3.	Supp	upport received in this reporting period							
	IP Area	Provider	Support/Activity	Impact/Outcomes from the activity					
3.1	IP1	Independent Provider of Special Education Advice (IPSEA)	IPSEA engagement and training event for parents completed. IPSEA are now producing a report and the supporting wider parent survey is currently open.	Information and skills for parents to build confidence in local area practice.					
3.2	IP2	NHS England Leadership Academy	Gained funding from NHS Leadership Academy for two elements of a leadership and culture programme. One element for the hierarchical top leaders and one element for approximately 100 individuals ('Culture Carriers') system wide.	Coproduced content that is shared and understood. Network events to build resilience. Commonality of vision, behaviours and increase in engagement will provide a better experience for service users and their families. Reduction in blame culture and increase in joined-up approach.					
3.3	IP3	South West Academic Health Science Network (SWAHSN) and Somerset	Facilitated support to train individuals and project groups to Bronze and Silver level in QI Methodology. Training is available for professionals across the system and is	Too early to demonstrate impact across the SEND system, but coaching is also available for anyone wishing to use the methodology to manage their improvement work within the WSoA work.					







		Quality Improvement (QI) Faculty	available on a regular basis to ensure availability.	Elements have of the training have been used to understand the problems we are trying to solve in some areas, such as Customer Journey Mapping in IP5.
3.4	IP4	Institute of Public care (IPC) and Oxford Brookes University	An independent review of joint commissioning in Somerset with a focus on the SEND system.	Based on the results of the independent review of joint commissioning, an analysis of options, preferences and recommended ways forward is completed and potential implications for other areas of joint commissioning such as community health, public health, children and adult social care, schools, mental health and wellbeing are identified across the system.
3.5	IP6	SEND Panel – external expertise	The panel is managing and driving the inquiry - agreeing terms of reference, scope, comms, timetable etc, and will be helping to review and collate the evidence. Critical friends are supporting and reviewing at different points in time who are national experts.	We will have developed an evidence-based understanding of what good inclusive practice looks like that is school- driven, detailed, specific and relevant to the size, type and phase of school.





WSoA Strand Progress

IF	P Area 1	Work more closely with children and young people with SEND and their families to understand and learn from their experiences when formulating strategies to improve the area.
a)	The issue	es identified by Ofsted/CQC
		of focus on the experiences of children and young people with
	SEND and	d their families when formulating strategies to improve the area.
b)	Progress	on key actions
	•	ractitioners have contributed to help us better understand the
		rs to effective engagement with families. This will be used to
		nce the ongoing development of the coproduction framework and ipation toolkit. (linked to IP2)
	Throu	igh alignment of the IP1 group and the communications work we
		nproving our understanding of the opportunities that families have to their experiences.
	• The S	END Improvement Board receive monthly feedback and case
		es from families to ensure their experiences are at the forefront of r's minds. (linked to IP2)
	 Lister 	ning events with leaders have taken place focusing on the WSOA,
	ASD/	ADHD, EHCP, Therapies, Outcomes Framework. (Linked to all IP
). These events are influencing the shaping of those services and END Strategy. (IP1.4)
	• The L	ocal Offer has been and continues to be developed to provide
	inform	nation on the progress of the WSOA, ways to get involved and
	chang	ges that have resulted from feedback. (Linked to all IP areas)
	 Inform 	nation sharing agreements are in place and the NHS number is
		I with casework systems for Youth Justice, adult social care and
	Capita	a, with work underway for children's social care systems.
		tures are in place to effectively use the Local Offer to feedback to
	famili	es and practitioners on the Local Offer.
c)	•	r Children, Young People and Families
		ive engagement with families should improve as a result of a
		er understanding of the barrier and practitioners being provided with
		to support them to overcome these.
	it onc	lignment of IP1 and communications will enable us to support a 'tell e' culture where information collected is fed into various
	WOIKS	streams.







- Work undertaken in IP1.5 has created the foundation to build upon, to design a system which supports a tell it once approach at an individual level.
- Improvements to the local offer will enable families to access good quality information and advice which should improve their journey through the SEND system.
- Families are starting to feel heard and can see how they are an can influence the development of local services. Event topics have been directly influenced by subjects that are important to families, ie Education, EHCPs and Autism Spectrum Disorder.

d) Evidence that demonstrates this impact

- Feedback from parents has shown they are pleased to have had an opportunity to get involved through engagement events. We are also seeing new families getting involved.
- Feedback from engagement events has led to series of recommendations which all agencies have signed up to which will ensure all families involved are clear about their role in engagement events and how their feedback is used.
- Parents can see the direct impact that their involvement has had, for example new health pathways on the Local Offer (IP7) and clarity around vaccinations for unpaid carers.
- A quote from a parent:

"Thank you for the opportunity to speak to you in this way. just wanted to say that I am exhausted with the battle that it takes to look after my child with complex needs. After diagnosis (which can take years in this County for neurodevelopmental conditions) you are left with the grief of the diagnosis, which can really impact parents' mental health. No-one picks up parents, no-one offers anything, for us we didn't even get a leaflet... we were just left to fall apart and then because of that we find we have no energy to support our child effectively. When we all go home tonight, please remember the work you do and the changes you can make can really change lives. Parents in Somerset need support; support with mapped pathways, support post diagnosis and ongoing support."

- Q&A session feedback

e) Key next steps

• Coproduction Framework designed and launched. A significant amount of work has already taken place to ensure alignment across the area and shared use of language to describe involvement of families. (linked with IP6)







- Local Offer moves into discovery stage to identify improvement and align with SCC main website to improve functionality following user feedback. The 6-monthly auditing will support this development work. Further health pathways to be published including annual health checks and the refresh of the EHCP area is underway. (linked to IP7 & 8)
- "360 survey" is aligned to the WSOA and launched.
- Reports from previous events to be published and further engagement events planned, including ADHD/ASD, Inclusion Inquiry. (linked to all IP areas)

f) Areas of Concern / Barriers

• Communications and engagement work not being aligned across the plan has led to multiple events being scheduled in a short period of time which might impact on levels of engagement. This is further compounded by the speed of change required in the WSoA and how this could impact on effective engagement.

Benefit	ID	IP Ref	Current Baseline	Value (Target)	Units of Measurement	Delivery Date	Date of Latest Measur e	Latest Measure	RAG Rating	Latest Measure Notes	Owner
Number of CYP and Parent Carers reporting that services are meeting the needs of the child or young person	62	1	17.00	50.00	minimum %	31 July 2022				360 survey - annual survey, first results due in July 2021	Ruth Hobbs
Number of CYP and Parent Carers reporting that the feel staff work closely with them	171	1	19.00	100.00	%	31 July 2022				360 survey - annual survey, first results due in July 2021	
Number of CYP and Parent Carers reporting their feedback has been used to make service improvements	63	1	12.00	100.00	minimum %	31 July 2022				360 survey - annual survey, first results due in July 2021	Ruth Hobbs
Number of CYP and Parent Carers reporting their views are listened to	61	1	23.00	100.00	minimum %	31 July 2022				360 survey - annual survey, first results due in July 2021	Ruth Hobbs

g) Measures (data) to support progress across IP Area







IP Are	ea 2	Further improve leadership capacity across area services.
a)	The issu	es identified by Ofsted/CQC
		of leadership capacity across area services.
b)	 Scopenga enga diagyour Gain leade leade Carr We a of de 	s on key actions bing of workforce carried out to understand the scale of agement required for skills audit – our workforce 'bubbles ram'. This has been fed into survey design and questions for ag person/parent carer and practitioner surveys. (IP2.1) hed funding from NHS Leadership Academy for two elements of a ership & culture programme. One element for the hierarchical top ers and one element for approximately 100 individuals ('Culture iers') system wide. These sessions will start from the Autumn 2021. are currently co-producing the content. Sessions will run with a mix elegates from across the system to build a network and wider erstanding and appreciation of each other's roles and
	resp that and Impr also • Bron	onsibilities within the SEND system in Somerset. It is anticipated some projects of work will come from the Culture Carriers elements that these will be reported on back to the Somerset SEND ovement Network (SSIN) and via the CEG and SIB. Potential to have project sponsors via the top leader's group. (IP2.1 and IP2.2) are Quality Improvement (QI) training established, being used with the project groups (2 so far) and is now part of our ongoing offer.
c)	 To d is wi what who in im famil subs Copu build enga famil appr Shar 	or Children, Young People and Families ate there has been no shared understanding or agreement of who thin the SEND workforce across Somerset, where they are and t they can offer. This knowledge will ensure all involved understand is in the system and what they offer/bring to it, resulting aproved solutions being found for young people and their lies. The regular surveys will enable benchmarking and sequent improvements to be tracked. (IP2.1) roduced content that is shared and understood. Network events to agement will provide a better experience for service users and their lies. Reduction in blame culture and increased joined-up roach. (IP2.1 and 2.2) red QI knowledge/systems and projects being set up as ovement projects. (IP2.3)
d)	 SEN of th 	e that demonstrates this impact D workforce data mapping completed and informing membership e SEND Improvement Network (SSIN). (IP2.1)
		nethodology capability and capacity is established to support ied learning across the WSoA. Evidence demonstrates that the







higher the level of engagement across a workforce the better the experience is received from service user. (IP2.3)

e) Key next steps

- Establish and use the SSIN session in April 2021 to socialise the leadership and culture work further and share the workforce 'bubbles diagram' to agree final sign off. (IPs 2.1.4, 2.2.4 and 2.2.6)
- Use the network created via SSIN and the bubbles diagram to focus on establishing our skills shortages and vacancies information required in IP2.1.5 and areas of acute resource competition or scarcity in IP2.2.2. (IP's 2.1.4, 2.1.5 and 2.2.2)
- Support the finalisation of the IP1 survey to benchmark current data and feedback. (IP2.1.2)
- Continue to co-produce and plan for Culture Carriers development roll out from September 2021. (IP's2.2.6 and 2.2.4)
- Agree content and approach to senior leader's development based on coproduction of Culture Carriers work. (IP's 2.2.6 and 2.2.4)

f) Areas of Concern / Barriers

• Ability for the SEND workforce to be released to attend various workforce development programmes, QI etc due to work pressures, exacerbated by COVID, vaccination and testing programmes and lockdown.

Children, young people and their families report there is a shared understanding across the workforce of different statutory responsibilities	65	2	30.00	50.00	minimum %	31 Ju 202				360 survey - annual survey, first results du in July 2021	e Melissa Fairhurst
Feedback from staff indicating that multi- agency work feels less fragmented	64	2	9.00	100.00	%	31 Ju 202				360 survey - annual survey, first results du in July 2021	e Melissa Fairhurst
WSoA Theme		Benefit Owner		Benefit Category		Improvement Priority Area		Measure / indicator of success		Target Timescale	
Cross Cutting (Priority 1, 2 & 3)	Melissa Fairhurst/ Marianne King			Leadership & Commissioning			2	Consistent and routine use of data to assess performance and identify areas for improvement: - Quarterly Local Area Performance Report (shared with CEG & SIB) - SEND Improvement 'Benefits' Report (shared with CEG & SIB) - Shared NHS/LA dashboard (including SEND)		Apr-21 Apr-21 Apr-21	
Cross Cutting (Priority 1, 2 & 3)	Melissa Fairhurst/ Marianne King			Culture & Practice		,		Joint workforce development planned published		Apr-21	
Cross Cutting (Priority 1, 2 & 3)	Melissa Fairhurst/ Marianne King			Culture & Practice			2		a Whole SEND System Quality e Principles Published	Aug-21	
Cross Cutting (Priority 1, 2 & 3)		ssa Fai	irhurst/ N King	/larianne	Leadershi & Commissio	•		2	SEND Lea published	dership Programme finalised and	Aug-22

g) Measures (data) to support progress across IP Area







IP Area 3		Continue to strengthen and embed partnership working across						
2)	Tho	Education, Health and Social Care issues identified by Ofsted/CQC						
a)		ak partnership working between services across education, health and						
	care							
	oure							
b)	Pro	gress on key actions						
57	•	Progression key denotes Progressing with the compliance against the Code of Practice, cross referencing this with the WSoA and clarifying roles and responsibilities. Seen as good practice nationally and our template is being used by other local authorities. (IP3.1) Progressing audit of current arrangements for joint funding. (IP3.1) CEG meeting on a monthly basis to ensure appropriate escalation process for risks, issues and resources. Effectiveness to be reviewed in April 2021. (IP3.2) Shared SEND risk register in place and monitored through the CEG. (IP 3.2) Review of the Somerset SEND joint strategic needs assessment and introduction of a benefits system to improve and automate reporting capabilities. (IP3.2) Co-production events and engagement with families and professionals underway. On track for completion by end of April 2021. (IP3.4) Progressing families' and professional engagement in development of the Outcomes Framework. Although at an early stage, families' views are aligning with the staff views from the Council for Disabled Children						
	•	(CDC) work. We have looked a best practice nationally and are considering the data sets that will be needed to measure performance against the agreed outcomes. (IP3.4)						
c)	-	act for Children, Young People and Families						
		We will have a better agreed Local Area understating of the needs of our						
		children, young people with SEND and their families. We will have measurable outcomes agreed to ensure we know we are						
		delivering the right services in the right way at the right time.						
	• \	We have a system for tracking our benefits and measures to ensure we know that the work we are doing is making the difference we expect.						
d)	Evio	dence that demonstrates this impact						
	• \ k	We are measuring performance against the data available on a monthly basis and are strengthening our approach through our refreshed Somerset SEND Joint Strategic Needs Assessment (JSNA).						
	• /	Area development session with the Delivering Better Outcomes Team DBOT) to understand best practice and co-produce a plan to develop a ramework. We will ensure the framework is measurable.						
	6	The views of parents and practitioners (including area leaders) are aligned for the outcomes framework, evidencing an improved understanding of what is important to families.						
_								





- Benefits Management System is in place and measuring improvement over time against our key measures.
- Addressing our data gaps has been slow but we expect progress with the addition of the NHS number on local authority systems and improved partnership working.

e) Key next steps

- Alignment of 'whole system QA principles' (IP3.3) with joint commissioning quality assurance activity (IP4) and development of practice standards (IP9).
- Completion of an overarching SEND strategy as an umbrella document for all other strategies agreed within the WSoA.
- A measurable outcomes framework.
- Creating a live document available on the local offer to ensure clarify of system roles and responsibilities.
- Refresh the SEND charter as a protocol for making changes to services in line with relevant legislation.
- Progress the creation of a Memorandum of Understanding agreeing how we will work together and for the creation of joint posts.

f) Areas of Concern / Barriers

• Chasing inputs to complete self-evaluation against Code of Practice (Self Evaluation Framework - SEF) and mapping areas of noncompliance against WSoA is taking longer than expected due to capacity constraints but is still on track.

g) Measures (data) to support progress across IP Area

WSoA Theme	Benefit Owner	Benefit Category	Improvement Priority Area	Measure / indicator of success	Target Timescale
Cross Cutting (Priority 1, 2 & 3)	AD Inclusion	Leadership & Commissioning	3	Protocol for delivery service changes in line with relevant legislative frameworks is co-produced and published	Apr-21
Cross Cutting (Priority 1, 2 & 3)	AD Inclusion	Leadership & Commissioning	3	Publication of the SEND Outcomes Framework	Apr-21
Cross Cutting (Priority 1, 2 & 3)	AD Inclusion	Leadership & Commissioning	3	Publication of the SEND strategy	Aug-21
,					







	aa 4	Improve joint commissioning error concerts to ensure their
IP Are	ea 4	Improve joint commissioning arrangements to ensure they meet area needs, improve outcomes and achieve cost efficiencies
a)	Poor joi	ues identified by Ofsted/CQC nt commissioning arrangements that limit leaders' ability to meet eds, improve outcomes and achieve cost efficiencies.
b)	 Way print Agreat a Recain Department Reviewed Esta Oute Opting Lool Comment Initia 	es of working agreed, and shadow budget process agreed in ciple. The presentation to CCG Governing Body on the 25 th February 2020 development session to brief on joint commissioning. Tommendation for a route map for joint commissioning implemented ecember 2020, as per recommendation by Institute of Public Care Oxford Brookes University. The of SEND Joint Strategic Needs Assessment (JSNA) in progress. Tablished shared data report 'one version of the truth'. Toome framework co production on Local Offer. Tooms review to improve initial health assessments for Children ked After (CLA). A paper will be presented to the IP4 Joint tomissioning sub-group on 25 th March 2021. Al review of Children and Young People Therapies and joint working to production on the termination of the truth of the termination of the truth of the termination of the termination of the truth of the termination of terminati
c)	Server	for Children, Young People and Families vices working together resulting in less duplication and an improved erience for children, young people and families. re will be less confusion around where to access support.
d)	 An in with Base an a com com adul acro SCO delive social apprigiont Qua our s and reco 	ce that demonstrates this impact Independent review of joint commissioning in Somerset is concluded a supporting report. ed on the results of the independent review of joint commissioning, nalysis of options, preferences and recommended ways forward is pleted and potential implications for other areas of joint missioning such as community health, public health, children and t social care, schools, mental health and wellbeing are identified ss the system. CG, SCC and schools are working to identify and align contracts that ver services to SEND children and young people provided by health, al care and education to enable joint reviews and a collaborative roach. This will allow further understanding of overlaps and gaps and review to ensure better use of resources and better joint working. rterly contract reviews of quality and performance with providers and service users to understand the impact of service delivery, identify inform service delivery and opportunities and any appropriate very measures. This includes assessing the impact and benefit of commissioning.







- A review of joint financial resources is completed, and the findings shared with senior leaders. Mechanisms have been identified to support and manage resources within a single local area system.
- Patient stories, coproduction events, listening events, compliments.

e) Key next steps

- Personal Budget Policy by April 2021.
- Joint commissioning Strategy April 2021.
- Heat Maps current therapy service June 2021.
- Needs assessment of children who experience trauma.

f) Areas of Concern / Barriers

- Ability to review service contracts is potentially constrained by COVID19 imperatives.
- Workforce to deliver changes.
- Pausing of interlinked ICS joint commissioning work may constrain work within IP4.
- Learning from complaints.
- Mapping private therapy activity in schools.

g) Measures (data) to support progress across IP1









WSoA Theme	Benefit Owner	Benefit Category	Improvement Priority Area	Measure / indicator of success	Target Timescale
Theme 1: Strategic Planning of Services (Priority 4 & 5)	Debbie Rigby	Leadership & Commissioning	4	Agreed road map for joint commissioning	Mar-21
Theme 1: Strategic Planning of Services (Priority 4 & 5)	Debbie Rigby	Leadership & Commissioning	4	A clear understanding of our use of resources with fair and transparent resource allocation across the SEND system	Apr-21
Theme 1: Strategic Planning of Services (Priority 4 & 5)	Debbie Rigby	Leadership & Commissioning	4	Commissioning Guidance Toolkit is published to support service users' and teams	Aug-21
Theme 1: Strategic Planning of Services (Priority 4 & 5)	Debbie Rigby	Leadership & Commissioning	4	A heat map of local services to support review of where our services are and where they are needed is published	Aug-21
Theme 1: Strategic Planning of Services (Priority 4 & 5)	Debbie Rigby	Leadership & Commissioning	4	A refreshed SEND Strategic Needs Assessment is published outlining the required areas of focus	Apr-21
Theme 1: Strategic Planning of Services (Priority 4 & 5)	Debbie Rigby	Leadership & Commissioning	4	There is an effective and robust joint commissioning strategy in place, and published on the Local Offer	Jul-21
Theme 1: Strategic Planning of Services (Priority 4 & 5)	Debbie Rigby	Leadership & Commissioning	4	Relevant commissioning activity can evidence joint commissioning and a focus on outcomes achieved through robust monitoring and reporting processes	Mar-21







IP Ar	roa 5	Improving our neurodevelopmental Pathways, specifically
	eaJ	autism.
a)	The issu	ues identified by Ofsted/CQC
	An ineffe	ective assessment pathway for autistic spectrum conditions.
ь)	Drogros	s on key actions
b)	-	analysis of pre-assessment pathway and early help. Outputs inform
		commissioning.
	•	esign of pre-assessment nearly completed including significant
		gement from education settings. Publication due April 2021.
		eholder engagement and co-production events including
	•	
		unty wide interim MDT Triage solution to support a holistic test and approach to referrals, to be in place by April 2021.
		ling opportunity has been launched, with decisions supported by in n peer reviews.
		w referral form - the 'Next Steps' form - has been designed to
		ort the route to an assessment for autism and/or ADHD. 'Test and n' to begin April 2021.
	 Spec 	ific focus and prioritisation given to fluid transition points between
	•	ssessment and assessment pathway, to create a complete and
	holist	ic pathway.
c)	Impact f	or Children, Young People and Families
•,	-	
		argest provider is now accepting additional referrals via MDT Triage
		nanaging increasing demand.
	•	
	арри	
d)	Evidend	e that demonstrates this impact
		erset Foundation Trust (Taunton) has had a Multi-Disciplinary
	•	
	•	80 referrals received 86% were accepted for ASD/ADHD
		ssessments: 48% Assessed - of those 33% resulted in a diagnosis,
		5 5
c) d)	 enga A coulearn Fund depti A new supp Learn Spect pre-a holist Impact ff Signi Our I and r Feed fully a asses approx Evidence Some Triag 30 assis For V pathy 18 assis For V pathy 18 assis For V pathy 18 assis 	gement from parents, carers and children and young people. unty wide interim MDT Triage solution to support a holistic test and approach to referrals, to be in place by April 2021. ling opportunity has been launched, with decisions supported by in a peer reviews. w referral form - the 'Next Steps' form - has been designed to ort the route to an assessment for autism and/or ADHD. 'Test and a' to begin April 2021. ific focus and prioritisation given to fluid transition points between assessment and assessment pathway, to create a complete and tic pathway. For Children, Young People and Families ficant increase in access to pathway for two-thirds of the County. argest provider is now accepting additional referrals via MDT Triage managing increasing demand. back surveys indicate that parents and carers may not have been aware of the MDT Triage referral pathway, but highly value the ssment their child received and are very supportive of the bach. te that demonstrates this impact erset Foundation Trust (Taunton) has had a Multi-Disciplinary te (MDT) Team in place since April 2020. 69 Referrals received, 62% referral triaged (41% accepted for ssessment, 59% not appropriate for ASD/ADHD pathway and gnposted. /irgin Care (East Mendip) the MDT Triage is already part of referral way. 80 referrals received 86% were accepted for ASD/ADHD







• Detailed evaluations and patient surveys are being embedded as part of a Plan-Do-Study-Act (PDSA) cycle.

e) Key next steps

- Continue to build on current work to support development of Assessment part of the pathway.
- Continue coproduction workshops and engagement events.
- Current focus on post-assessment offer for ASD and ADHD, and what is working well and where gaps exist.
- Continue Early Years mapping.
- Use outputs to inform joint commissioning.
- Educational Psychology Service.
- Continual review.
- Interim bids and peer review.

f) Areas of Concern / Barriers

- Lack of baseline data available impacts our ability to build milestones or effective metrics into planning. New data reporting arrangements are being designed and implemented and will be reviewed six months from implementation in April 2021.
- Lack of clarity of services available. Also, how they are resourced is not clear of often part of block contracts.
- Relationship between ASD assessment providers is strained which is a barrier to releasing benefits of working collaboratively.
- Reliance on vulnerable services lack parenting support and/or lack of support for children and young people with mental health needs
- Several Early Help services are traded services.
- Digital barriers: how records are captured and shared is fragmented. Logistical and clinical barriers to information sharing exist, especially across boundaries of health, education, social care, local authority.







g) Meas	g) Measures (data) to support progress across IP Area									IP Area			
Increase in the percentage of referrals into the assessment pathway which result in an assessment for ASD or ADHD	71	5	11.00	50.00	%	31 December 2021				On Health Dashboard, awaiting data		Kate Staveley	
Percentage of parents/carers of children and young people with SEND answering 'Quite confident' or Very confident' to the question Do you feel confident in how to access support in relation to your child's behavioural needs?'	68	5	32.00		96	31 July 2023				360 survey - annual survey, first results d in July 2021	lue	Kate Staveley	
Percentage of parents/carers of children and young people with SEND answering 'Yes' to the question 'Do you feel able to access the most suitable education for your child with autism or ADHD needs?'	69	5	32.00		96	31 July 2023				360 survey - annual survey, first results d in July 2021	due	Kate Staveley	
Reduction in number and percentage of referrals into the diagnosis pathway that originate from primary care	70	5	100.00	40.00	%	01 October 2022				Data due end of Jan, escalated by Health 23/2/21	1 ¹	Kate Staveley	
Waiting times for those identified as requiring an ASD/ADHD diagnosis (i.e. in line with NICE guidelines; assessment to begin within 3 months of the MDT team agreement that the child needs an assessment to the assessment being started)	72	5	26.00	12.00	weeks	30 June 2021		Target taken from WSoA				Kate Staveley	
WSoA Theme		Bonofi	it Owner	Bond	efit Category	Improv	vement	Moas	uro / ii	ndicator of success	Та	rget	
Theme 1: Strategic Planning of Services (Priority 4 & 5)			Staveley		re & Practice		y Area 5	Interi	m mul	ti-agency triage solution is in the entire local area		escale pr-21	
Theme 1: Strategic Planning of Services (Priority 4 & 5)		Kate S	Staveley	Famili	CYP & es' Experience	e [5	pre-as neuro	ssessm -deve	of a co-produced ASD/ADHD eent pathway (as part of a opmental pathway) for I young people	(as part of a Apr-2 hway) for		
Theme 1: Strategic Planning of Services (Priority 4 & 5)		Kate S	Staveley	Famili	CYP & es' Experience	9	5	asses devel	ublication of a co-produced ASD/ADHD ssessment pathway (as part of a neuro- evelopmental pathway) for children and bung people			g-21	
Theme 1: Strategic Planning of Services (Priority 4 & 5)		Kate S	Staveley	Famili	CYP & es' Experience	9	5	post-a neuro	assessi -deve	of a co-produced ASD/ADHD nent pathway (as part of a opmental pathway) for I young people	De	ec-21	





IP A	rea 6	Extend inclusive practice in schools across the local area
" ~		and in turn reduce exclusion rates which mean too many
2)	The issues	children & young people are not accessing education
a)	Too many ch	identified by Ofsted/CQC hildren and young people not accessing education because of rtionate use of exclusion and poor inclusive practices across
b)	Progress or	n key actions
	 Inquiry an Commun SEND Im steps for Inclusion develope made wit Dataset of to IP6 Ste and 6.2) Whole-eo 	Inquiry Panel established and meeting regularly, launch plan d, launch communications drafted and awaiting sign off. Links h IP1 for joint engagement events with families. (IP6.1) commissioned and a dashboard demonstration delivered to the eering Group and Associations with feedback provided (IP6.1 ducation presentation to schools supported by Associations.
	Initial cor partnershReview a	ons collating expressions of interest across phases. (IP6.3) isultation on partnership reform completed. School survey on hip structures drafted. (IP6.4) and analysis completed on inclusive pupil voice and participation set. Links made with IP1 to identify opportunities for joint (IP6.5)
c)	 Very earl change o 	Children, Young People and Families y on in the programme of work which is focused on large scale over time. Impact for children, young people and families not to be evidenced or measurable at this stage.
d)	 As above 	at demonstrates this impact - service user impact not expected to be evidenced or ble at this stage.
e)	 IP6.3 - W signed up 	eps aunch of the Inclusion Inquiry, plus joint listening event with IP1. /hole education costs agreed, with triads agreed and schools o to a programme to commence in September. urvey on partnership structures to be issued to schools.
f)	 Impact of expectati Lack of c 	Incern / Barriers funding pressures to High Needs and the deficit reduction ons. apacity within the school system to engage in partnership where partnership posts have been cut, COVID19 is absorbing







leadership and staffing capacity and small rural primary schools operate in a highly constrained context.

g) Measures (data) to support progress across IP Area

Benefit	ľ	DI	P Ref	Curre Baseli		Value Target)	Units of Measureme		Date of Latest Measu re	Latest Measure	RAG Rating	Latest Measure Notes	Owner	
An increase in proportio of schools who meet statutory compliance for publication of information on their websites		81	6	70.0	2 00	95.00	%	31 October 2023				Based on PCF audit of schools websites, next audit results due April '21		
Increase in P8 for pupils with ECHP's in KS4 to a level comparable to similar areas	1	09	6	-1.4	6 -	-1.00	%	31 December 2023				Schools data Am Values should be negative rather than positive. Wa		
Increase in proportion o pupils with EHCPs meeting expected standard in Reading, Writing and Maths at KS to a level above nationa	2	78	6	7.40	0 1	10.00	%	31 December 2023				Target taken from WSoA An Wa		
Increase in pupils with SEND who are in education, employment or training to above the national level		79	6	81.8	iΟ ε	89.00	%	31 December 2023				Target taken from WSoA A W		
Reduction in the level of persistent absence by primary pupils with EHCPs to a level above national	Ĩ	76	6	32.6	50	18.00	%	31 Decembe 2023	r			Target taken from WSoA Am Wa		
Reduction in the level persistent absence by secondary pupils with EHCPs to a level above national		77	6	33.9	90	22.00	%	29 Decembe 2023	r			Target taken from WSoA Amel Walke		
Benefit	ID	IP Re		rent eline	Value (Target)		its of Deli rement Da	very Date of L ite Measu		test RAG asure Rating		Latest Measure Notes		
Reduction in the number of C&YP with a Permanent Exculsion (EHCP)	240	6	3.	00	1.00	Studen	ts 31/12	2/21 1/12/2	0	1	Exclusi	Exclusion as per Send Performance Scorecard, Baseline pre COVID, Sep 20		
Reduction in the number of C&YP with a Permanent Exculsion (Non SEND)	238	6	7.	00	1.00	Studen	ts 31/12	2/21 1/1/2	1	1	Exclusi	Exclusion as per SEND Performance Scorecard Baseline Pre COVID, Sep 201		
Reduction in the number of C&YP with a Permanent Exculsion (SEN Support)	239	6	5.	00	1.00	Studen	ts 31/12	2/21 1/1/2	1	1	Exculsi	Exculsion as per Send Performance Scorecard, Baseline pre COVID, Sep 201		
Reduction in the number of C&YP with Fixed Term Exculsions (EHCP)	243	б	30	.00		Studen	ts 01/12	2/21 1/1/2	1	43	Exclusi	Exclusion as per Send Performance Scorecard, Baseline pre COVID, Sep 201		
Reduction in the number of C&YP with Fixed Term Exculsions (Non SEND)	241	6	258	3.00		Studen	ts 01/12	2/21 1/1/2	1	8	Exculsi	on as per Send Performance Scorecard, Baseline pre CO	VID, Sep 2018	
Reduction in the number of C&YP with Fixed Term Exculsions (SEN Support)	242	6	227	7.00		Studen	ts 01/12	2/21 1/1/2	1	50	Exclusi	Exclusion as per Send Performance Scorecard, Baseline pre COVID, Sep 20		





IP A	rea 7	Drive out inconsistency in our practices which at times
		causes unsatisfactory assessment and means we are not
		meeting the needs of some families
a)	Poor assess	dentified by Ofsted/CQC ment and meeting of need caused by inconsistent practice por outcomes for children and young people with SEND.
b)	 Good col support of Working national g Dynamic Review of to CEG v The local its own p Work is t SEND Er improved Public He missed of Section 2 wider hea Public He delivering deliver fa Amended being deliver 	 h key actions laboration with IP5 and shared knowledge of a workplan to collecting detailed activity and evidence in one place. with Council for Disabled Children and Somerset influencing guidance for NHS number being on EHCP's, supporting IP1.5.2. database has been established. of therapy teams within Somerset and paper is being presented vith recommendations in April 2021. l offer is starting to be populated with health pathways and has age for raising awareness for the Annual Health Check. aking place with Somerset Parent Carer Forum (SPCF) and ngagement Team to consider technical layout options on the Local Offer due to launch later this year. ealth Nursing have a system in place to report and address r late notifications. 23 pilot is being reviewed and planning to roll this out to the alth community. ealth Nursing have their core offer in place and currently g their school readiness programme online, long term plan is to ice to face. d, co-produced 'App C' is in use, along with targeted training is livered by the Deputy Designated Clinical Officer (DCO). Due to yed in March 2021.
c)	No direct No direct No direct Cl Cl he Cl As se	Children, Young People and Families impact for service users yet, however HS number being on the plan will enable effective ommunication with health services at annual reviews. ear pathways for children and young people when accessing ealth services support the local offer and increase knowledge. hildren and young people that have learning disabilities and/or SD will be discussed prior to reaching crisis stage. This enables ervices to support the children and young people and their mily.
d)	 There is some endo Initial article 	hat demonstrates this impact no formal evidence of impact available yet, but we have seen couraging signs at this stage: itial observations of the 'App C' are that the health contributions e improving, observation at Statutory panel. ealth pathway link available on the Local Offer.







- The Children with Disability Council thanked Somerset for breaking through the NHS number issue.
- Somerset currently have no children and young people in residential units and therefore it is difficult to evidence impact at this time.

e) Key next steps

- Continuing the programme of work detailed in IP7.
- Deputy DCO to continue targeting professional support for writing health contributions.

f) Areas of Concern / Barriers

- The Annual Health Check has amended some of their milestones to focus on quality whilst promoting the uptake.
- Covid remains a factor and worry for meaningful engagement and delivery by some IP action leads.



g) Measures (data) to support progress across IP Area







Cross Cutting (Priority 1, 2 & 3)Shona Turnbull- KirkCYP & Families' Experience7Joint education, health and care pathways published for the SEND category of needApr-21Cross Cutting (Priority 1, 2 & 3)Shona Turnbull- KirkCulture & Practice7Dynamic Risk Register established and processes for review embeddedDec-20Cross Cutting (Priority 1, 2 & 3)Shona Turnbull- KirkCulture & Practice7Dynamic Risk Register established and processes for review embeddedDec-20Cross Cutting (Priority 1, 2 & 3)Shona Turnbull- KirkCulture & Practice7Section 23 process finalised, rolled out and embedded across all early year's practitioners, reducing the potential numbers of 0-5 who may have SEND not receiving appropriate assessment and supportAug-21Cross Cutting (Priority 1, 2 & (Priority 1, 2 &Culture & Practice7Reduction in number of incidents relating to: - Not being informed when an expectant mum moves into the area - Not being informed ofJun-21	WSoA Theme	Benefit Owner	Benefit Category	Improvement Priority Area	Measure / indicator of success	Target Timescale
(Priority 1, 2 & 3)Turnbull- KirkCulture & Practice7Dynamic Risk Register established and processes for review embeddedDec-20Cross Cutting (Priority 1, 2 & 3)Shona Turnbull- KirkCulture & Practice7Section 23 process finalised, rolled out and embedded across all early year's practitioners, reducing the potential 	(Priority 1, 2 &	Turnbull-		7	, , , , ,	Apr-21
Cross Cutting (Priority 1, 2 & 3)Shona Turnbull- KirkCulture & Practice7embedded across all early year's practitioners, reducing the potential numbers of 0-5 who may have SEND not receiving appropriate assessment and supportAug-21Cross Cutting (Priority 1, 2 & (Priority 1, 2 &Shona Turnbull- Culture & Practice7Reduction in number of incidents relating to: - Not being informed when an expectant mum moves into the area - Not being informed ofJun-21	(Priority 1, 2 &	Turnbull-	Culture & Practice	7	, 0	Dec-20
Cross Cutting Shona - Not being informed when an expectant (Priority 1, 2 & Turnbull- Culture & Practice 7 - Not being informed of Jun-21	(Priority 1, 2 &	Turnbull-	Culture & Practice	7	embedded across all early year's practitioners, reducing the potential numbers of 0-5 who may have SEND not receiving appropriate assessment	Aug-21
3) Kirk stillbirth/miscarriage - Safeguarding information not being shared when needed	0		Culture & Practice	7	to: - Not being informed when an expectant mum moves into the area - Not being informed of stillbirth/miscarriage - Safeguarding information not being	Jun-21





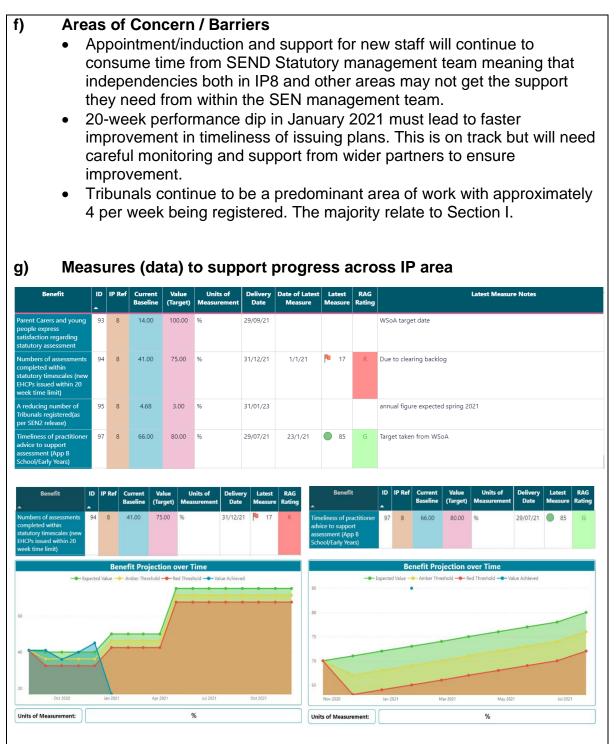


IP A	rea 8	Carry out assessment, writing and publication of Education, Health and Care Plans more swiftly
a)	Poor ti	sues identified by Ofsted/CQC meliness of the assessment, writing and publication of education, and care plans.
b)	 Add cap 'Init ass Intr def Tra info Rep trac All \$ 	ess on key actions ditional staff now in post and inductions underway, increasing pacity within SEND Statutory Team. ial conversation' with families now routinely offered as part of sessment and annual review - uptake is high and feedback is good. oduction of weekly tribunal meetings - improving robustness of ence and agreeing to concede at an earlier point in the process. ining and development resources being co-produced alongside the ormation and advice sections of the Local Offer. borting on timeliness of advice submission in underway and will be on ck for 31 st March 2021. SEND Statutory Team have completed EHCP writing training.
c)	 The EH was We tem Feb 	t for Children, Young People and Families ere has been consistent improvement of timeliness in issuing of CP's over the past year but with the ongoing backlog the progress is being hampered despite issuing over 1000 EHCP in 2020. took the opportunity in January/February 2021 to clear the backlog – aporary impact on 20-weeks measure: January 16% however oruary performance now at over 50% with prediction being that this continue to improve at pace over the coming months.
d)	 Imp 100 Inci in re 	The that demonstrates this impact broved 20-week performance. 0% of phased transfers complete by 15 th February. Trease in compliments received from families and from school sector elation to new plans. Iff expressing satisfaction in writing plans themselves.
e)	 Cor the incl Issu 202 	ext steps Intinued focus on key training and development needs in relation to Statutory SEND processes across the partnership agencies uding parents and carers. Use a performance report to all statutory advice providers from 1 st April 21 highlighting timeliness of submission and number of children and ang people this impacts on.











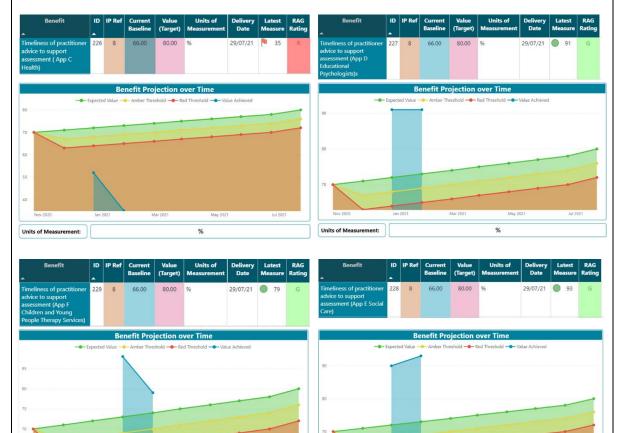
65

Units of Measurement:





Benefit	ID	IP Ref	Current Baseline	Value (Target)	Units of Measurement	Delivery Date	Latest Measure	RAG Rating	Latest Measure Notes
Timeliness of practitioner advice to support assessment (App C Health)	226	8	66.00	80.00	%	29/07/21	P 35	R	
Timeliness of practitioner advice to support assessment (App D Educational Psychologists)s	227	8	66.00	80.00	%	29/07/21	91	G	
Timeliness of practitioner advice to support assessment (App E Social Care)	228	8	66.00	80.00	%	29/07/21	93	G	
Timeliness of practitioner advice to support assessment (App F Children and Young People Therapy Services)	229	8	66.00	80.00	%	29/07/21	79	G	



Units of Measurement:

%

%







IP Ar	ea 9	Improve the quality of professional advice to ensure
		consistency of high quality Education Health & Care Plans
a)	The wide v	s identified by Ofsted/CQC variances in the quality of education, health and care plans weaknesses in joint working.
b)	 Access Addition Two au quality Multi-A meeting Plan wit casewood 	on key actions to benefits system and SEND Scorecard confirmed. nal capacity for quality assurance service achieved and in post. dit cycles completed: 20 for initial contact with families and 13 on of EHCPs. Feedback provided to the SEND team on findings. gency Audit Group terms of reference and members agreed and gs ongoing. Grade descriptors and audit tool under consultation. riting training commissioned and rolled out across SEND ork team. development work underway, including supervision and practice rds.
с)	 As with we would observe initial co and sup From A 	• Children, Young People and Families all quality assurance work, the impact is often indirect. However, ald expect to see service users benefiting over coming months by ng increasing quality in a number of key areas - plan writing, ontact with families, consistency, via clearer practice standards bervision. April onwards, service users will have an opportunity to provide ck on the EHCP process.
d)	Eviden	that demonstrates this impact ce will emerge from developing quality assurance activity at a and multi-agency level.
e)	Develo contribuDevelo	steps pment of multi-agency audit group. p work around improving annual reviews of EHCPs, including the utions of families. pment of assessment evaluation process and analysis of key ges from feedback.
f)	 Capaci 	Concern / Barriers ty and impact on SEND casework team as the focus of much ement work.

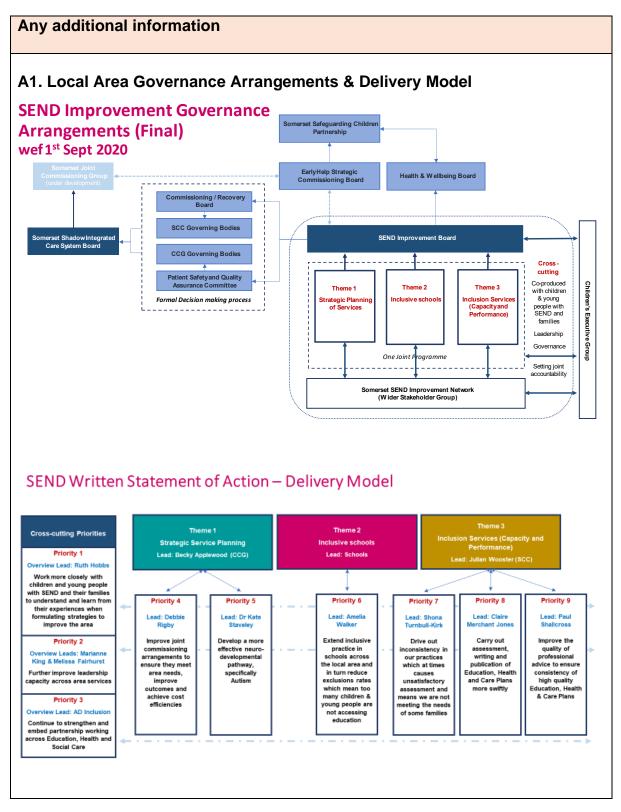




Benefit		IP Ref	Current Baseline	Value (Target)	Units of Measurement	Delivery Date	Latest Measure	RAG Rating	Latest Measu	re Notes
EHC plans are drafted with clear views submitted by the child/ young person	98	9		100.00	%	31/12/21			Baseline due end	Jan 21
Results of quality assurance (QA) processes that include dip reviews (audit of a specific area of practice) and more comprehensive audits show a gradual improvement in the quality of EHCPs and contributions		9							Baseline due end	Jan 21
WSoA Theme	nefit /ner	Benefit	Category	Improver Priority		Measur	e / indicato	or of suc	cess	Target Timescale
Theme 3: Inclusion Services (Priority 7, Shallo 8 & 9)		ul Culture & Practice ross		9	•	Training and development plan that is sust reflects audit findings				Dec-21











A2. Written Statement of Action – Change Control

The following changes have been considered either to correct typographical errors in the original document or in light of presenting challenges which have required us to rethink our approach to delivering or measuring the impact of the agreed improvement actions.

Reference	Action	Description of Change Required	Description of Impact	Status
CR001	2.1	Refocussing of activity in IP2.1.4 to reduce reliance on data sets to scope workforce; resetting of delivery timescales to June	Requires realignment of IP2.1.5 & 2.1.7 (establishment of shared workforce 'leadership' development programme) to same June delivery	Approved
CR002	7.8	Inability to break down take up by age group requires a different approach, i.e. use of National Data for measuring take up and a 'test and learn' approach to identify ways to improve awareness and take up of Annual Health Checks (AHC) which now includes a quality assurance element	Evidence of improving health outcomes not expected until Year 2 (No impact identified to other areas of WSoA)	Approved
CR004	n/a	Change to correct target date for achievement of measure for 'Training & Development plan that is sustainable and reflects audit findings; date should have read December 2021 not 2020	(No impact identified to other areas of WSoA)	Approved
CR005	2.2	Extension of deadline to take full account of findings in IP2.1.5 on which this activity has a dependency	Work to mitigate against impact of competition for or scarcity of resource across provider organisations won't be completed until after April 2021 - delivery moves to May-August 2021 (No impact identified to other areas of WSoA)	Approved
CR006	n/a	Changes to wording of measures for IP9 to make more specific	No impact. Enhances the measures to enable tracking of improvement progress	Open







CR007	6.3	Time required for schools to consider options, against backdrop of Covid-19 response, together with adoption of 'Whole Education' peer review programme which is recommended to run in line with academic year requires review of milestones/ timescales for this action	To be confirmed - Change Request pending	Open			
NB. CR003 excluded as no longer required. <u>WSoA Change Control</u>							







A3 Programme Risks and Issues

A3.1 Risks (CC = current controlled risk score)

Statement of Risk/Issue	Owner	Mitigation/ Controls (* = incomplete)	CC
Local Area is unable to deliver SEND improvement effectively and within timeframe agreed	Julian Wooster/ Becky Applewood	 Preventative: 1. Joint governance arrangements for SEND. 2. Comms & Engagement plan. 4. IP2.1 & 2.2 Workforce strategy (hazard 7. & 8). 5. IP2.1 & 2.2 development plan (hazard 7. & 8). 6. SEND resources redeployment protocol ('critical' under redeployment criteria). 7. Data team gap analysis of Health data (at SEND level). 8. 'Soft' measures (as indicators of impact) collection and reporting protocol. Detective: 9. Monitor IP4.6 Performance. 11. IP3.1 Audit of arrangements for joint funding. 12. IP4.7 Review of joint financial resources. Collaborative: 13. IPO (delivery) group. 14. Comms & Engagement group (hazard 6, 7, & 8). 16. IP3.2 Managing joint programmes of work protocol. 	9
Inability to deliver the expectations of children, young people and families as outlined in the written statement of action	Ruth Hobbs	Preventative: 1. Actions in IP1.3 and 1.4 plans (identified to deliver expectations). 2. Engagement plan.	12







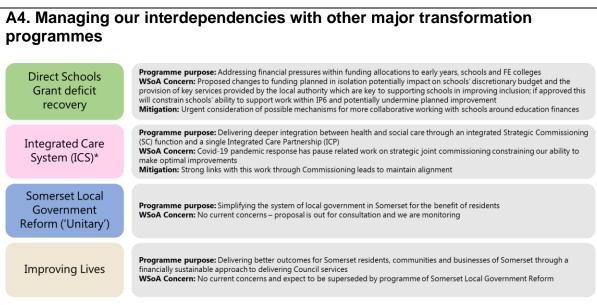
Inability to maintain engagement/communication may reduce commitment of school-based staff to the WSoA.	Amelia Walker	 Preventative: 1. Engagement plan in IP6.4 (hazard 1. 2. & 3.) 2. Outreach service 3. Peer-peer support for mainstream schools 4. Schools cell to help with the COVID situation has representation from across the Local Area. 	20
Inability to maintain behaviours required to deliver level of change required for WSoA	Melissa Fairhurst/ Marianne King	Preventative: 1. Workforce strategy and plan/ IP2 2. IP2.1 Blame culture analysis. 3. Hampshire legal interim support agreement for SEND Stat Team. Detective: 2. IP3.1 Self-evaluation against SEND Code of Practice 3. Regional Advisor support & challenge	12
Ongoing organisational change	Julian Wooster/ Becky Applewood	Collaborative: 1. Children's Executive Group. Detective: 2. Monitor the development of the ICS 3. Monitor Unitary programme.	9

A3.2 Issues (CC = current controlled risk score)

Statement of Risk/Issue	Owner	Mitigation/ Controls (* = incomplete)	сс
Inability to maintain digital collaboration between partners.	Alison Nation / Sarah Moore (ICT) Rebecca Martin / Kevin Caldwell (IG)	Professional Choices VMR	9







(* incorporating Fit for My Future & NHS Long Term Plan)

A5. Stakeholder Communications and Engagement

The following provides a summary of key communications & engagement activity undertaken since the Written Statement of Action was approved on 30th November 2020.

December 2020 – January 2021:

 Publication on Local Offer with supporting communications including letter to parents, members' briefing, staff briefing, schools' briefing and press/media.

Third Question and Answer Session aimed at professionals - 20th January 2021 (IP5):

- Pre-event comms via <u>Our Somerset</u>, SCC news bulletin to schools and NHS internal newsletters/intranets.
- Supported running the event.
- Post-event communications links to video and slides.
- Parent/Carer events:
 - 2x Question and Answer events with a WSoA focus 18th January 2021.
 - 2x EHCP and outcome focus engagement events 26th January 2021.
- Pre-Assessment Support Coproduction Event (16-17) focus on the ADHD and Autism pre-diagnostic pathway for young people aged 16 and 17.
- Reviewing how best to display WSoA workstream updates on Local Offer.

January 2021 – February 2021:

- IP6 communications to schools regarding update on WSoA and progress via schools' bulletin and Local offer:
 - IP6 Comms Detailed WSoA content uploaded to the Local Offer for information.





- IP6 Information Sheets. More visual summary of information onto the Local Offer webpage.
- SEND WSoA webinar event 10th February 2021 intended as a pre-cursor to the SSIN to socialise the WSoA and ensure people are familiar with it before we go into the interactive event in March. 36 people attended
- ADHD Post-Assessment Co-production Workshop 24th February 2021.
- Autism Post-Assessment Co-production Workshop 3rd March 2021.
- To gain a better understanding of the lived experience and what needs to be in place.
- Effectiveness measured by number and range of attendees, range and quality of feedback.
- Development of local offer WSoA information pages and supporting communications.
- To ensure effective communication of the WSoA progress across the area.
- Effectiveness measured by number of unique page visit.
- Publicity Content for Outcomes Framework Listening to Young People for Parents and Carers.
- Ongoing work to update the SEND Communications & Engagement Strategy and associated activity plans and other documents.
- Social media promoting SEND, surveys and Local Offer website.
- Local Offer ongoing work to update the website.
- Promoting SEND News through new channels including Next Door and PDnet Forum.
- IP6 Promoting NHS number now included on EHCPs.
- IP6.1 Working to support launch communications.

Forward Plan

- IP6.4 Survey to schools ask schools which services could be joined up in this way into a single 'partnership forum'. This part of the WSoA is examining the way in which services are offered / delivered and whether improvements could be made. There are lots of different services available and they all operate individually.
- IP6.1 Inclusion Inquiry communications. Enquiry Launch communications via Schools' bulletin and Parent Carer Leaflet on experiences of education in Somerset to maximise participation to gain a broad range of perspectives on inclusive practice across Somerset.
- SEND WSoA update to Health and Wellbeing Board on Thursday 18th March 2021.
- Somerset SEND Improvement Network 'leadership' event (late April 2021), to engage 'leaders' (key influencers) in driving improvement across area services.
- IP6.4 Working to support communications around standardisation of special school outreach to mainstream schools across Somerset.

Somerset SEND Improvement Board – Monitoring Meeting 16th March 2021