

Report to the NHS Somerset Clinical Commissioning Group on 25 March 2021

Title: Special Educational Needs and Disability (SEND) – Written Statement of Action (WSoA)	Enclosure J
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Version Number / Status:	[1.0]
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Summary and Purpose of Paper

SEND Services across the Local Area (Somerset County Council & Somerset Clinical Commissioning Group) were inspected by OFSTED (Office for Standards in Education) and CQC (Care Quality Commission) in March 2020. The Inspection Report was published on 27 May 2020.

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 particularly challenging due to the constraints of virtual working required as a result of Covid-19.

The Written Statement of Action was approved for publication by Inspectors on 30 November 2020 and was published on 1 December 2020. The accompanying progress report outlines early progress against the nine improvement priority areas agreed within the WSoA.

Recommendations and next steps

The WSoA is monitored on a monthly basis through the SEND Improvement Board (SIB) consisting of lead and senior officers from health, education and children’s social care alongside representatives for those with lived experience from across the Local Area. Terms of Reference and monitoring reports presented to the SIB are published on the Local Offer website and can be accessed [here](#). The WSoA contains nine improvement priorities (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 cross cutting work across the WSoA.

Early progress has seen the following key improvements:

- Increasing the capacity of the SEND Casework Team
- Schools Led Inquiry into inclusive practice
- Increased capacity of the SENDIAS service
- Training the workforce
- Services have signed-up to involving parents and children in the design of services
- Relaunch of Early Help Processes in Schools
- Work with the Institute of Public Care (IPC) and Oxford Brookes University to understand the improvements required within Joint Commissioning.
- Reduction in the number of incidents of missed health notifications
- Redesigned guidance to ensure workers take a graduated response to interventions with families, ensuring families with SEND are treated fairly.
- Launch of a pilot 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
- A single point of contact for parents seeking SEND advice, support and guidance from the Local Authority has been established

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 Covid-19 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/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 and the move to a unitary local authority, will need to be carefully managed to maintain progress across the WSoA.

The Governing Body is asked to endorse the paper noting progress against objectives and the monitoring arrangements including the potential for escalation.

This report was presented to the Health and Wellbeing Board on 19 March 2021.

Impact Assessments – key issues identified

Equality	The Equality Act 2010 sets out the legal obligations that CCGs and others have when supporting children and young people with special educational needs and/or disability. In addition to this public bodies must have regard to the provisions set out by the public sector equality duty and must have regard to the need to eliminate discrimination and promote equality of opportunity.
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Quality	Children and young people will receive the support they need to achieve agreed outcomes			
Privacy	No issues identified.			
Engagement	<p>Co-design and co-production is expected across all IP areas to ensure activity meets the needs of the local area. A co-production framework and toolkit are being developed to ensure partners are able to meet this expectation and, more importantly, that the voice of the children and young people with SEND and their families are being heard and used to develop services.</p> <p>Through the work within IP2 the local area is seeking to develop 'culture carriers' with good knowledge and understanding of SEND issues and the ability to pass on their knowledge to all staff within the local area organisations. The WSOA was written in collaboration the Somerset Parent Care Forum and wider stakeholder engagement.</p>			
Financial / Resource	The CCG has increased the financial allocation to support SEND and recent business case submission			
Governance or Legal	None			
Risk Description	<p>A detailed joint risk register is being developed alongside the detailed action plan to support the Written Statement of Action. The risk register is monitored and updated on a monthly basis at Children's Executive Group (CEG). Current risks:</p> <p>323 - Children with ASD/ADHD may not receive a diagnosis: reduced to 9 and 431 - Education Health and Care plans for children accurately and timeless: reduced to 12.</p>			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	4	3	12	

Monitoring Report

Summary of local area progress against Written Statement of Action

Julian Wooster and Becky Applewood



Our aim today

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...

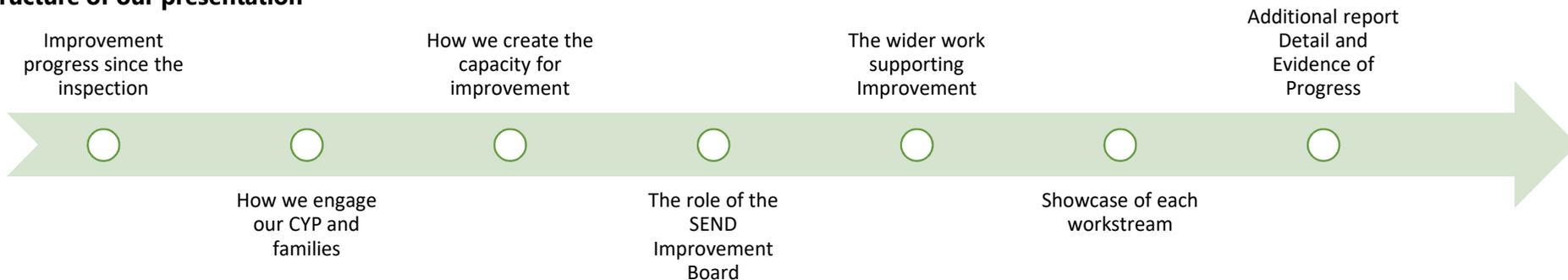
- **How** we have begun to deal with the concerns raised by the Inspectors
- **How** we work as a system, especially with children, young people and their families
- **How** we deal with challenges:
 - Barriers to improvement
 - Risks and issues
 - Managing change
- **Where** improvement is happening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

What will we tell you today?

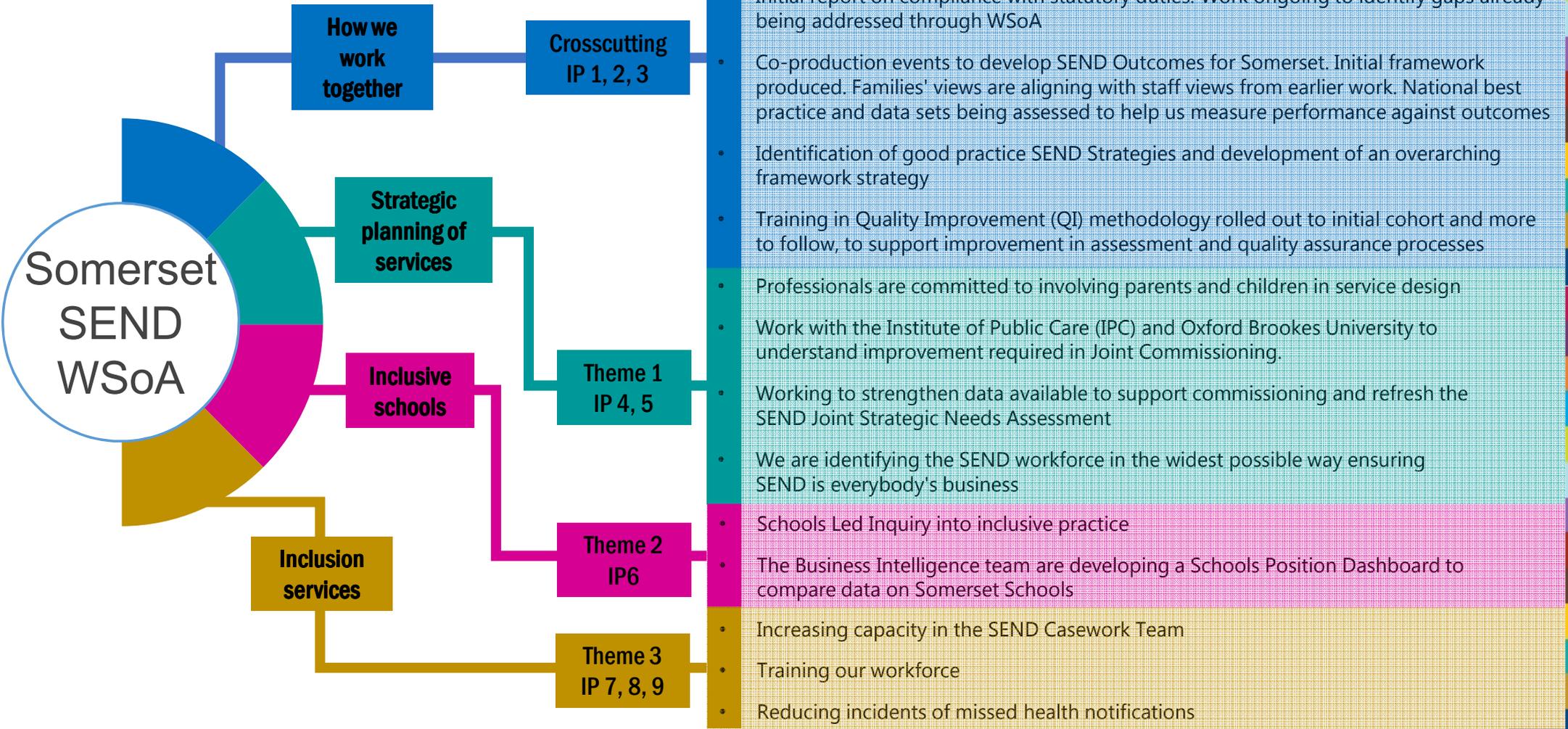
We will tell you about the work we are doing and the impact it is having...

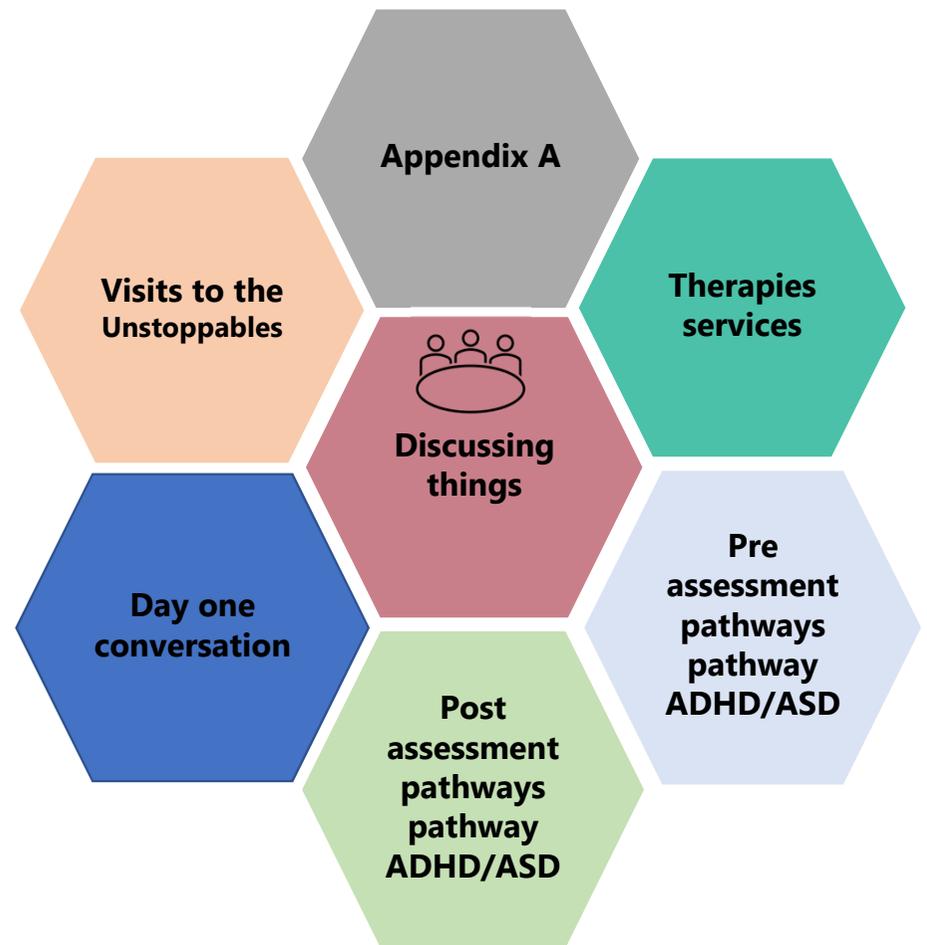
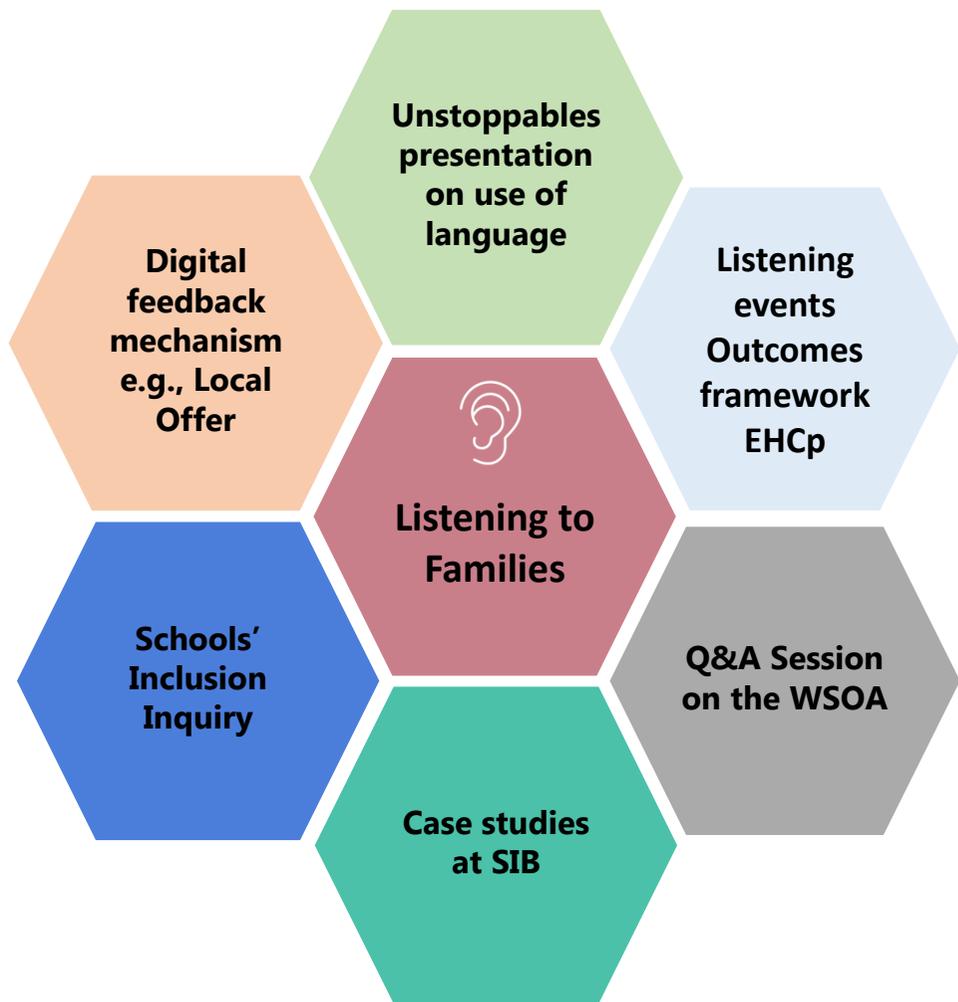
- ✓ **Families feel heard** and have a clearer understanding of the barriers. Practitioners are provided with tools they need (IP1)
- ✓ Leaders are **working with and listening** to children, young people and families (IP2)
- ✓ **We resolve problems together** and using data more effectively (IP3)
- ✓ 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)

Structure of our presentation



Improvement progress since inspection





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 (CEG) 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



General Questions



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

Inspection concern
 The lack of focus on the experiences of children and young people with SEND and their families when formulating strategies to improve the area

IMPROVEMENT HEADLINE
Parents can see the direct impact that their involvement has had and we are seeing new families getting involved.

IMPACT – the ‘so what?’

- 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 e.g. new health pathways on the Local Offer (IP7) clarity around unpaid carers vaccinations.
- We are seeing new families getting involved and have received positive feedback that parents are valuing the opportunities to meet.

Our Improvement Progress & Impact

What we have achieved so far

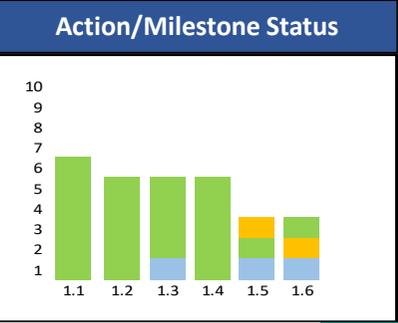
- Outputs from engagement events have been used to support service development and shape the Outcomes Framework for Somerset and SEND Strategy (IP3), service developments and joint commissioning (IP4&7) and development of the Autism pathway (IP5) NHS Number now being used to link casework information across Adult Social Care, Children’s Services, Youth Justice and Health (with IP7)
- Families and practitioner feedback influencing the ongoing development of the coproduction framework and participation toolkit
- Improved understanding of opportunities for families to share experiences
- Increase awareness at Board level of impact on YP and families through regular sharing of case studies and YP presentations
- Improved information available to families and mechanisms for sharing feedback through ongoing development of the Local Offer

External support we have received

- IPSEA training has supported parent carers in their understanding of SEND law, helping SEND Statutory Team in managing expectations

Barriers/Concerns	Mitigation
Misalignment of Comms and Engagement work across the WSoA, compounded 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.	Alignment of IP1 and Comms & Engagement teams and implementation of single route for planning and managing SEND communications and engagement activity.

Priority 1 is...
 Crosscutting



Measures

- CYP & parent carers reporting staff work closely with them
- CYP & parent carers reporting their views are listened to
- CYP & parent carers reporting their feedback has been used for service improvement

Next Steps

- Complete and launch Co-production Framework
- Development of the Local Offer to further improve user experience & interactions
- Complete and run refreshed ‘360’ survey to measure families’ experience
- Further engagement events to inform the ADHD/Autism pathway and schools ‘Inclusion Inquiry’

Priority – Our Leadership Capacity (IP2) – Melissa Fairhurst

Inspection concern	
The lack of leadership capacity across area services	
IMPROVEMENT HEADLINE	
Co-producing development options for our leaders and our 'Culture Carriers'	
IMPACT – the 'so what?'	
Elements have of the QI training have been used to understand the problems we are trying to solve in other areas	
Our Improvement Progress & Impact	
<p>What we have achieved so far</p> <ul style="list-style-type: none"> Funding has been agreed from NHS Leadership Academy for two elements of a leadership & culture programme – one for the top leaders and one for approx. 100 "culture carriers" across the Somerset system. Sessions are planned to start from Autumn 2021 and will support networking, building trust and wider understanding of roles and responsibilities. Our understanding of the scope of the workforce supporting CYP with SEND, required for skills audit and vacancy mapping, is increasing through development of a workforce map based on HSE "bubbles" diagram. This will inform the 'culture carriers' work. 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 (within IP1) to facilitate more regular 'temperature checks' and feedback <p>External support we have received</p> <ul style="list-style-type: none"> 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. 	
Barriers/Concerns	Mitigation & Change Control
Limitations in available workforce data have required a different approach to mapping the SEND workforce and understanding its scope	Different 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
Ability for SEND workforce to be released for workforce development due to work pressures, exacerbated by COVID 19 response	Guidance on redeployment of SEND staff and commitment from leadership to support release of staff

Priority 2 is...

Crosscutting

Action/Milestone Status

Milestone	Status
2.1	9
2.2	6
2.3	3

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 and areas of acute resource competition/scarcity

Co-produce our plan for 'Culture Carriers' development & senior leaders development

Finalise and agree bubbles map of SEND workforce to inform other areas of the programme

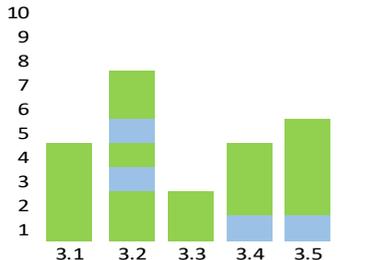
Priority - Our Joint Working Arrangements (IP3) – Vikki Hearn

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 monitor local area improvement	
IMPACT – the ‘so what?’	
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	
<p>What we have achieved so far</p> <ul style="list-style-type: none"> 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 <p>External support we have received</p> <ul style="list-style-type: none"> 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	Mitigation
Chasing inputs to complete self-evaluation against Code of Practice (Self Evaluation Framework) and mapping areas of non-compliance against WSoA taking longer than expected due to capacity constraints but is still on track	Setting up a spreadsheet to make this light work in the future and to ensure we cross reference and update as we complete work through the WSoA

Priority 3 is...

Crosscutting

Action/Milestone Status



Category	Green	Blue	Total
3.1	4	0	4
3.2	2	1	7
3.3	2	0	2
3.4	3	1	4
3.5	4	1	5

Measures

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 with IP4 and IP9 QA activity

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

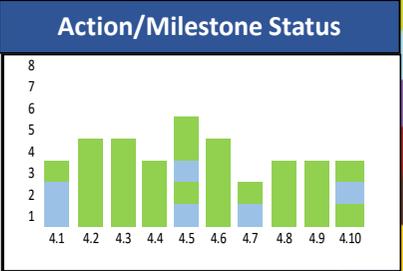
Inspection concern
Poor joint commissioning arrangements that limit leaders' ability to meet area needs, improve outcomes and achieve cost efficiencies

IMPROVEMENT HEADLINE
Developing a joint work plan with the system to ensure commissioning is meeting local area need
IMPACT – the 'so what?'
An improved experience for children, young people and families. Services are commissioned to work together with reduced duplication and less confusion around where and how to access support.

Our Improvement Progress
<p>What we have achieved so far</p> <ul style="list-style-type: none"> • Recommendations from the Institute of Public Care and Oxford Brookes University external review for joint commissioning were 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 draft shadow budget process • An approach to refreshing the Somerset Strategic Needs Assessment (SNA) has been agreed and the refresh is underway • There is now a single, shared SEND dashboard providing "one version of the truth" (remaining data gaps being addressed through IP3) • Feedback from families and practitioners has informed an initial review of CYP Therapies to understand the scale of opportunity for more joint working and better models of service delivery (supporting improvement in IP7) • An options review is underway to improve initial Health Assessments for Children Looked After (CLA) <p>External support we have received</p> <ul style="list-style-type: none"> • The Institute of Public Care (IPC) and Oxford Brookes University were commissioned to undertake an independent review of joint commissioning in Somerset, with a particular focus on SEND.

Barriers/Concerns	Mitigation
Availability of health activity specific to SEND	NHS number now being used on EHCP which will enable interoperability with Health system data.
Ability to review provider contracts while Covid-19 directives remain in place	Operational meeting with providers to review activity

Priority 4 is...
Theme 1



Measures
<ul style="list-style-type: none"> • 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
Complete 'heat map' of current local area therapies services
Publish Personal Budgets Policy

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

Inspection concern
The ineffective assessment pathway for autistic spectrum conditions

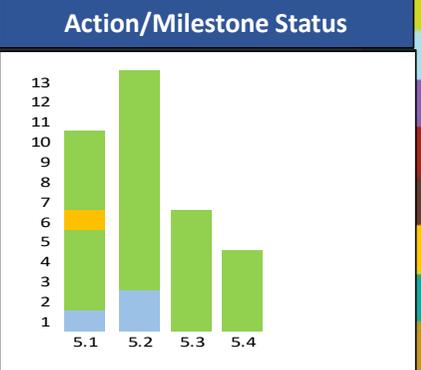
IMPROVEMENT HEADLINE
A functioning MDT Triage solution on track for April 2021

IMPACT – the ‘so what?’
Feedback from parent/carers following MDT Triage shows they have highly valued the assessment their child received and are very supportive of the approach.

Our Improvement Progress & Impact
<p>What we have achieved so far</p> <ul style="list-style-type: none"> • Redesign of pre-assessment pathway nearly completed (including significant engagement from education settings) – publication due April 2021. (Outputs from the gap analysis of the pre-assessment pathway/early help will inform joint commissioning.) • A county wide interim MDT Triage solution to support a holistic test and learn approach to referrals – in place by April 2021 • Funding opportunity has been launched, decisions supported by in depth peer-reviews • A new ‘referral form’ i.e. the ‘Next Steps form’ has been designed to support the route to an assessment for autism and/or ADHD. Pilot to begin April 2021 • Specific focus and prioritisation given to fluid transition points between pre-assessment and assessment pathway

Main Barriers/Concerns	Mitigation
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
How records are captured and shared is fragmented with logistical/clinical barrier to info sharing especially sharing across boundaries of Health/ Education/ Social Care	Implementation of a Multi-Disciplinary Team (MDT and the learning from this. Ensuring all children and young people get an Autism / ADHD assessment and then exploring what we do about the gaps (with IP4).

Priority 5 is...
Theme 1



Measures
<ul style="list-style-type: none"> • CYP & parent carers reporting confidence in accessing support • Increase in % referrals resulting in assessment for ASD or ADHD <ul style="list-style-type: none"> - SFT (Taunton) currently 41% - VC (Mendip) currently 86%

Next Steps
Further develop the Assessment part of the pathway
Hold post-assessment co-production workshop
Continue Early Years mapping
Educational Psychology Service

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

Inspection concern
Too many children and young people not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area

IMPROVEMENT HEADLINE
All activity is focused on key outcome of securing ‘hearts and minds’ across the school community. We are seeing clear but still fragile signs of commitment to a shared programme of reform.

IMPACT – the ‘so what?’
Too early for impact to be felt by Children, Young People and families in education settings, however, external experts on ‘Inquiry’ Panel is seen as a positive by parents and reassurance that ‘things will be different’.

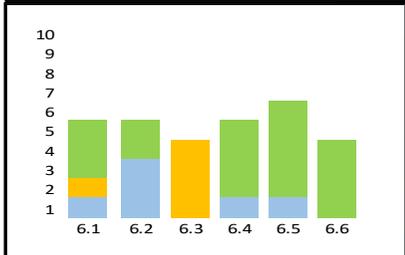
Our Improvement Progress & Impact
<p>What we have achieved so far</p> <ul style="list-style-type: none"> Schools stepping up – leading from the front on IP6.1 Inclusion Inquiry and IP6.3 Inclusive Practice Strengthened communications to schools on the wider SEND Improvement Programme, with focus on progress 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. <p>External support we have received</p> <ul style="list-style-type: none"> 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

Main Barriers/Concerns	Mitigation
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 to managing education finance
The role of Early Help in underpinning this and other areas of the WSoA is key	Children’s Commissioning Team leading piece of work on Early Help as a cross cutting interdependency.

Priority 6 is...

Theme 2

Action/Milestone Status



Measures

- 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 level
- 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 Education’ programme to commence in September
- Finalise development of ‘phase 1’ dashboard
- Conduct schools survey on partnership structures

Priority – Improving the consistency of our practice (IP7) – 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 guidance to include NHS numbers on EHCPs ‘Thank you Somerset’

IMPACT – the ‘so what?’
 No direct impact for service users yet, but NHS number being permitted 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

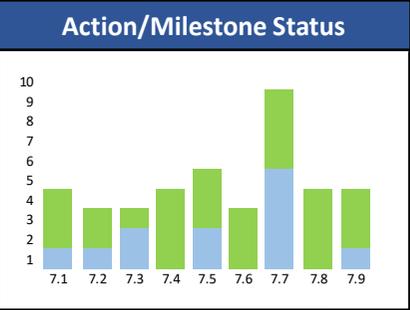
Our Improvement Progress & Impact

What we have achieved so far

- 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
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

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) – Claire Merchant-Jones

Inspection concern	
Poor timeliness of the assessment, writing and publication of education, health and care plans	
IMPROVEMENT HEADLINE	
Staff are feeling confident with the work they are completing and partners are expressing more confidence and satisfaction in EHC Assessment and Review process	
IMPACT – the ‘so what?’	
There has been consistent improvement of timeliness in issuing of EHC plans over the past year but with the ongoing backlog the progress was being hampered despite issuing over 1000 EHC plan in 2020. Took opportunity in January/February to clear backlog – temporary impact on 20-weeks January 16% and February performance now at over 50%	
Our Improvement Progress & Impact	
<p>What we have achieved so far</p> <ul style="list-style-type: none"> • Additional staff now in post and inductions underway, increasing capacity within SEND Statutory Team • 'Initial conversation' with families now routinely offered as part of assessment and annual review -uptake is high and feedback is good. • Introduction of weekly tribunal meetings- improving robustness of the process • Training and development resources being co-produced alongside the information and advice sections of the Local Offer • Reporting on timeliness of advice submission in underway and will be on track for March 31st • SEND Statutory Team staff have completed EHC Plan Writing training • Backlog has been reduced significantly, with temporary knock on impact to performance against 20 weeks, establishing a more secure footing for achieving the targeted improvements in performance <p>External support we have received</p> <ul style="list-style-type: none"> • CDC 'Delivering Better Outcomes' training October 2020 included staff across SEND Statutory Team 	
Barriers/Concerns	Mitigation
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.

Priority 8 is...												
Theme 3												
Action/Milestone Status												
<table border="1"> <caption>Action/Milestone Status Data</caption> <thead> <tr> <th>Item</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>8.1</td> <td>3.5</td> </tr> <tr> <td>8.2</td> <td>6.5</td> </tr> <tr> <td>8.3</td> <td>6.5</td> </tr> <tr> <td>8.4</td> <td>3.5</td> </tr> <tr> <td>8.5</td> <td>6.5</td> </tr> </tbody> </table>	Item	Status	8.1	3.5	8.2	6.5	8.3	6.5	8.4	3.5	8.5	6.5
Item	Status											
8.1	3.5											
8.2	6.5											
8.3	6.5											
8.4	3.5											
8.5	6.5											
Measures												
<ul style="list-style-type: none"> • Parent carers and YP expressing satisfaction regarding stat assessment • Numbers of assessments completed within stat timescales – was on track at 45%; temp dip to 17% in Jan while backlog cleared, 												
Next Steps												
Development of key online learning resources to support understanding of the assessment process												
Commence issuing of performance report to all statutory advice providers from April 1st highlighting timeliness of submission and number of CYP this impacts on.												
Continued/consistent improvement in 20-week performance												
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Priority – Improving the quality of our EHCPs (IP9) – Paul Shallcross

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

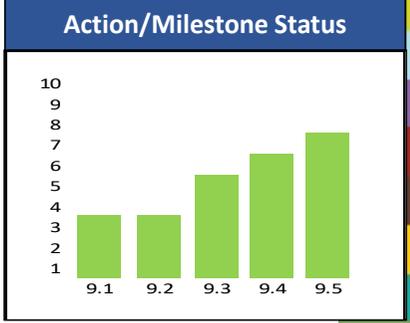
IMPROVEMENT HEADLINE
Working together across the partnership to understand and improve the quality of our EHC plans

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
<p>What we have achieved so far</p> <ul style="list-style-type: none"> • 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 EHCPs • 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

Barriers/Concerns	Mitigation
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.

Priority 9 is...
Theme 3



Measures
<ul style="list-style-type: none"> • EHC plans have taken into consideration 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

I am writing this email today to highlight how positive our EHCP journey has been for our daughter.

I am sure that you usually get a lot of negative feedback and not so much praise but I feel it's important to give credit where its due.

... always communicated with myself in a timely manner and answering any questions freely and was very informative about the process as this was our first application. The draft plan ... wrote with ... took into account all of our daughters needs that was highlighted in reports, so much so my parental edits were minimal. Her understanding of SEN children to complete the plan must be very high and I was really impressed. On parent forums online somerset county council don't get a very good press and I was really worried I would have to really fight for my daughter with appeals and such, I always feel getting in with early intervention is so important with SEN children and is behind the drive to my daughter getting it right first time so to speak. I feel that all the assessments done in the EHCP process reflect our views and all of ...needs at this present time.

*...always kept me in the loop and was extremely helpful with anything I needed in relation to the plan or process **I really cannot praise or thank her enough for her effort and work for my daughter.***

Please ensure this email gets to all her managers to show the positive feedback of how hard she is working to make a difference in children's lives.

Feedback from parent received March 2021



Summary

How we work together

Our Children & Young People and their Families (IP1)

✓ **Parents can see the direct impact their involvement has had and we are seeing new families getting involved**

Next steps

- Complete and launch Co-production Framework
- Development of our Local Offer to further improve user experience & interactions
- Refresh our '360' survey of families' experience
- Further engagement events to inform the ADHD/Autism pathway and schools 'Inclusion Inquiry'

Our Leadership Capacity (IP2)

✓ **Co-producing development options for our leaders and our 'Culture Carriers'**

Next steps

- Identify SEND 'leaders' & culture carriers
- Identify our skills shortages, vacancies and areas of acute resource competition/scarcity
- Co-produce our plan for 'Culture Carriers' development and agree content and approach to developing our senior leaders
- Finalise 'bubbles' map of SEND workforce

Our Joint Working Arrangements (IP3)

✓ **Getting the groundwork in place, such as a nationally recognised developing outcomes framework and a system to effectively monitor local area improvement**

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 our SEND Charter
- Align 'whole system' QA principles with IP4 & 9 QA

Strategic planning of services

Our Joint Commissioning Arrangements (IP4)

✓ **Developing a joint work plan with the system to ensure commissioning is meeting local area need**

Next steps

- Agree 'road map' and commence implementation of recommendations for joint commissioning
- Complete refresh of Strategic Needs Assessment
- Refresh the Joint Commissioning Strategy
- Complete 'heat map' of current local area Therapy services
- Publish Personal Budgets Policy

Our Neurodevelopmental Pathway, specifically Autism (IP5)

✓ **A functioning MDT Triage solution on track for April 2021**

Next steps

- Further develop the Assessment part of the pathway
- Hold post-assessment co-production workshop
- Continue Early Years mapping
- Educational Psychology Service

Inclusive schools

Extending inclusive best practice in schools (IP6)

✓ **All activity is focused on key outcome of securing 'hearts and minds' across the school community**

Next steps

- Launch the Inclusion Inquiry
- Finalise recruitment to 'Whole Education' programme to commence in September
- Finalise development of 'phase 1' schools dashboard
- Conduct schools survey on partnership structures

Improving the quality of our EHCPs (IP9)

✓ **Working together across the partnership to understand the quality of our EHC plans**

Next steps

- Fully establish multi-agency audit group
- Develop work to improve annual EHCP reviews
- Develop our assessment evaluation process and analysis of key messages from feedback

Inclusion services

Improving the consistency of our practice (IP7)

✓ **Breakthrough guidance on including NHS number on EHC plans - 'Thank you Somerset'**

Next steps

- Present recommendations for therapies services
- Ongoing, targeted support for professionals writing health contributions
- Development of schools 'health profiles'

Improving the timeliness of assessment (IP8)

✓ **Staff feeling confident with the work they are completing**

Next steps

- Develop key online learning resources to support understanding of the assessment process
- Performance reports for statutory advice providers highlighting timeliness of submission and numbers of CYP affected