



## **SEND Written Statement of Action for Special Educational Needs and Disabilities (SEND)**

**Dated: June 2018**

### **This Written Statement of Action has been approved and endorsed by:**

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Making Changes Together (Parent Carer Network). The Integrated Steering Group for Children

*Margaret W. Whellans*

*G. Findley*

24th April 2018

## Introduction

County Durham benefited from a Joint Local Area SEND Inspection which considered how well the 2014 SEND reforms have been implemented across the Local Area since their coming into practice. The inspection team focussed on how Durham assesses and meets the needs of children and young people who have special educational needs and/or disabilities and reported on strengths and areas for development.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the Care Quality Commission (CQC) and took place between 27 November 2017 and 1 December 2017.

## Context

This action plan has been developed in response to her Majesty's Chief Inspector (HMCI) who has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice, the HMCI has determined that:

- There are fundamental weaknesses in the local area's strategic leadership and governance which have resulted in the disability and special educational needs reforms being implemented too slowly.
- Leaders have an inaccurate view of the effectiveness of the local area. The analysis and use of performance information to tackle weaknesses in education, health and care outcomes is poor and there has been a lack of rigorous quality assurance and monitoring to inform decision-making
- Poor strategic planning and joint commissioning arrangements have led to unacceptably long waiting lists for access to services, delays to treatment for some conditions, and variability of experience for children and young people who have SEN and/or disabilities
- The local area does not have an embedded approach to strategic co-production with designated representatives of parents, children

The action plan will be reviewed and updated on a regular basis. It will be formally evaluated against progress updates and a RAG rating will be applied 6 months from publication and each 3 months thereafter.

The action plan is developed in line to a Local Area response to the 2014 SEND reforms that is guided by the following vision, commitment and principles which have been coproduced with young people who have SEND, and their families.

## **Vision**

In County Durham, we want all children and young people with special educational needs and/ or disabilities (SEND) to be given every opportunity to take control of their lives, be as independent as possible and achieve their full potential in life.

## **Commitment**

We will focus attention on services which prevent, delay or reduce needs from escalating, working alongside our families to focus on maximising inclusion, confidence and independence.

This will require a co-ordinated, personalised, creative and flexible approach to providing and commissioning services.

## **Principles**

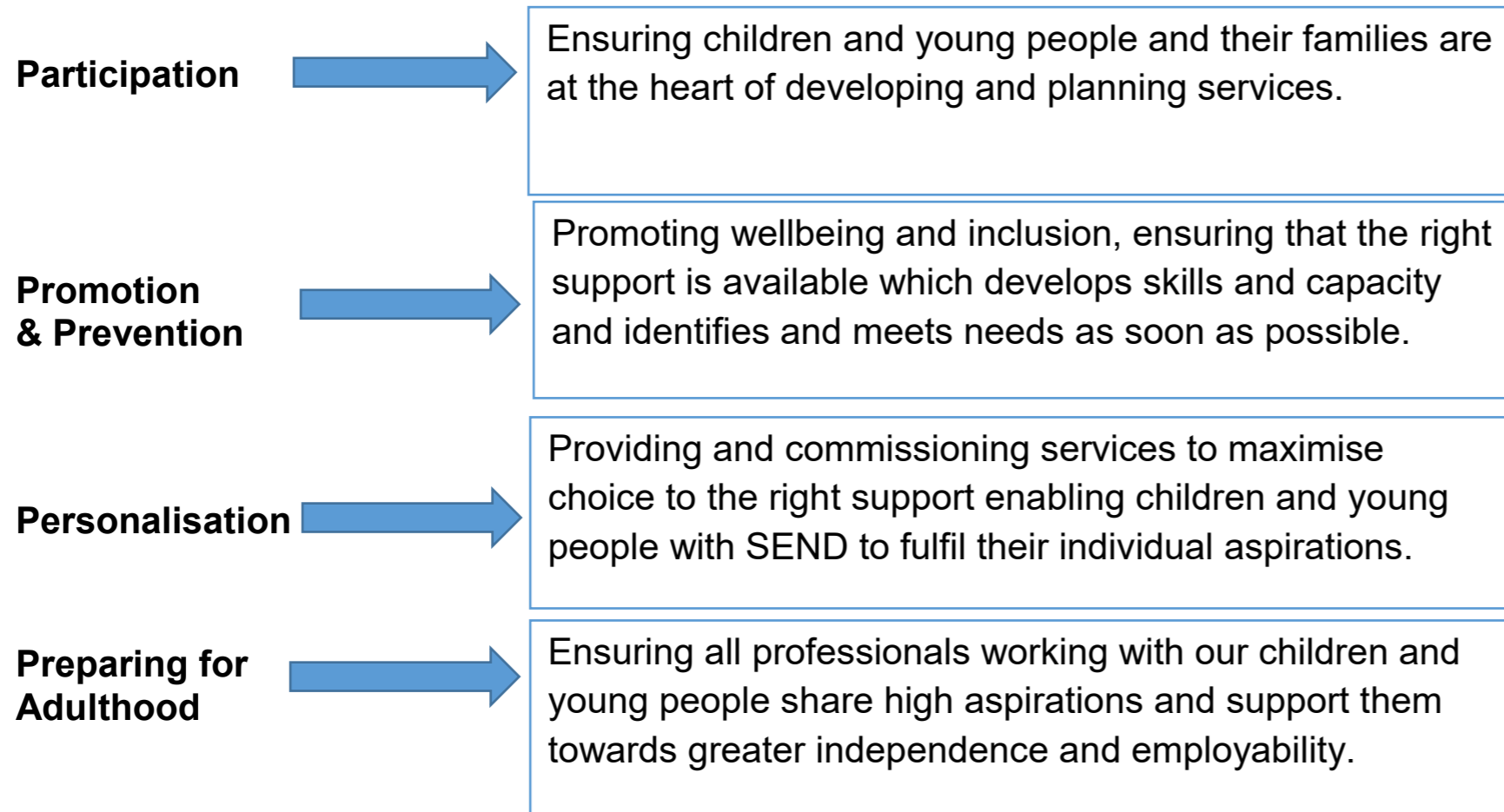
We are committed to working in partnership and putting our families at the heart of everything we do. We will embrace the principles that underpin the SEND Code of Practice 2014 in respect of having regard to:

- The views wishes and feelings of the child or young person, and the child's parents
- The importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
- The need to support the child or young person, and the child's parents, in order to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

# Shared Vision in Durham

Our shared vision in County Durham is for all children and young people with SEND to have every opportunity to take control of their lives, be as independent as possible and achieve their full potential. To achieve this we are committed to:

## “Participation, Promotion, Prevention, Personalisation and Preparing for Adulthood”



# Glossary of terms

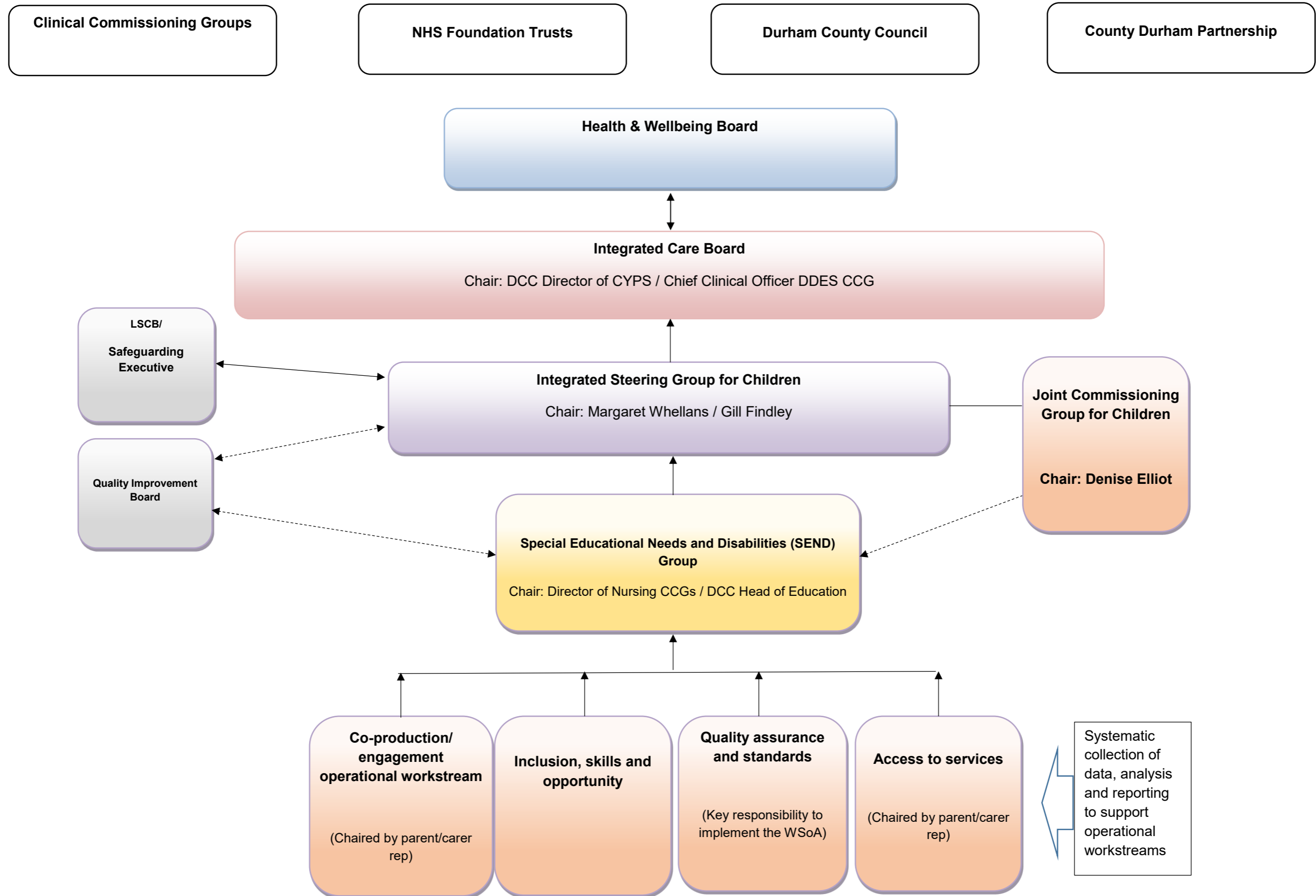
## Abbreviations list

Abbreviation	In full	Definition
AA	Autism alliance	Strive to support, raise awareness and increase understanding of Autism Spectrum Conditions throughout the UK to allow all affected by autism to lead productive and fulfilling lives.
ASD	Autism spectrum disorder	A condition that someone is born with that affects their ability to communicate and interact with the world around them.
CAMHS	Child Adolescent Mental Health Service	CAMHS are the NHS services that assesses and treat young people with emotional, behavioural or mental health difficulties.
CCG	Clinical Commissioning Group	A group of GP practices in a particular area that work together to plan and design health services in that area.
CDC	Council for Disabled Children	Umbrella body for the disabled children's sector bringing together professionals, practitioners and policy-makers.
COL	Communities of learning	Group of people who share common academic goals and attitudes, who meet semi-regularly to collaborate on classwork.
DCC	Durham County Council	Unitary in local authority of County Durham (excluding Darlington, Hartlepool and Stockton-on-Tees).
DCO	Designated Clinical Officer	Designated professional with key responsibilities to support the CCG in meeting statutory responsibilities for children and young people with SEND
DFE	Department for Education	Department of Her Majesty's Government responsible for issues affecting people in England up to the age of 19, including child protection and education.
DMO	Designated Medical Officer	Designated professional with key responsibilities to provide oversight across all health professionals delivering healthcare to individual disabled children, young people and those with special education needs.
EHCP	Education, health and care plan	EHC plans identify educational, health and social needs and set out the additional support to meet those needs for children and young people aged up to 25 who need more support than is available through special educational needs support.
EY	Early years	A framework for children up to the age of five, setting out six key areas of learning around which activities should be based.
FE	Further education	Education in addition to that received at secondary school, that is distinct from the higher education offered in universities and other academic institutions.
GP	General practitioner	A physician whose practice is not oriented to a specific medical specialty but instead covers a variety of medical problems in patients of all ages.
HNR	High needs review	An independent review commissioned by Durham County Council in 2017 from the National Development team for Inclusion (NDTi), to review SEND provision for children and young people who receive additional support funded by the high needs block of the dedicated schools' budget.

Abbreviation	In full	Definition
IPC	Integrated personalised commissioning	Integrated Personal Commissioning (IPC) is a nationally led, locally delivered programme that is supporting healthcare empowerment and the better integration of services across health, social care and the voluntary and community sector.
KPI	Key performance indicator	A key performance indicator (KPI) is a type of performance measurement.
LA	Local authority	An administrative body in local government.
LGA	Local Government Association	An organisation which comprises local authorities in England and Wales seeking to promote better local government; it maintains communication between officers in different local authorities to develop best practice.
LSCB	Local Safeguarding Children's Board	Organisations which will designate particular, named people as their LSCB member so that there is a consistency and continuity in membership. Members will be those with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation.
MCT	Making changes together	Durham's Representative Parent Carer Forum - Making Changes Together was set up in County Durham so parents and professionals can work together to improve services for children and young people with additional needs.
NDTi	National Development Team for Inclusion	Not for profit organisation working to enable people at risk of exclusion, due to age or disability, to live the life they choose.
NECS	North of England Commissioning Support	NECS is the organisation that provides a range of services and solutions for GPs and CCGs, to improve outcomes for patients and local community healthcare
NE12	North East SEND peer network	A network of the 12 NE LA's lead Officers for SEND and partners from NNPCF, Public Health England, Mott MacDoanld, National Development Team for Inclusion.
NHS	National Health Service	Publicly funded healthcare system.
NNPCF	National Network of Parent Carer Forums	Funded by central government and made up of Parent Carer Forums of which there is one in almost every local authority area in England.
OT	Occupational therapy	Practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them.
PCF	Parent carer forum	Group of parents and carers of disabled children who work with local authorities, education, health and other providers to make sure the services they plan and deliver meet the needs of disabled children and families
PHB	Personal health budget	An amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG).
QA	Quality assurance	Maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production.

Abbreviation	In full	Definition
QUIB	Quality Improvement Board	Newly established integration board for children and young people that reports to Integrated Children's Steering Group
RPIW	Rapid process improvement workshop	Involves key process participants focusing on solving a narrowly scoped process improvement opportunity.
SALT	Speech and language therapy	Field of expertise practiced by a clinician who specializes in the evaluation, diagnosis, and treatment of communication disorders, cognition, voice disorders, and swallowing disorders.
SCAT	Social and Communication Assessment Team	This refers to the multiagency team of professionals involved in diagnostic and support services for children and young people with ASD
SEF	Self-evaluation framework	Looking at progress, development and learning to determine what has improved and what areas still need improvement. Usually involves comparing a "before" situation with a current situation.
SEMH	Social, emotional and mental health needs	A type of special educational needs in which children/young people have severe difficulties in managing their emotions and behaviour.
SEN	Special Educational Need	Referring to children who have learning problems or disabilities that make it harder for them to learn than most children of the same age.
SEND	Special Educational Needs and Disability	
WSOA	Written statement of action	A written statement to be submitted to identify how concerns will be remedied.

# Governance Structure





<b>Key to postholders</b>		
AA	Alison Ayres	Commissioning Manager, Mental Health
CA	Chris Affleck	Investing in Children, eXtreme
MB	Michael Brown	Marketing and Communications Business Partner (Children's Services)
EC	Elaine Chandler	SENDIASS Manager; Joint Chair of Quality Assurance and Standards sub group
GC	Gail Cobb	Communications and Engagement Team, NHS North of England Commissioning Support (NECS)
TCB	Teri-Corsan Bland	SEND and Inclusion Officer DCC
PD	Paul Donnelly	Business Intelligence Manager, NECS
DE	Denise Elliott	Head of Commissioning DCC; Chair – Joint Commissioning for Children
GF	Gill Findley	Director of Nursing – Durham Dales, Easington and Sedgfield CCG and North Durham CCG; Joint Chair of SEND group.
MG	Mark Gurney	Strategic Manager, Child Protection, Disability – CYPS, DCC
BH	Becky Haynes	Commissioning Manager, DDES CCG
PH	Phil Hodgson	Head of Education (interim), DCC; Joint Chair of SEND group.
KL	Kim Lawther	Designated Clinical Officer, Joint Chair of Quality Assurance and Standards sub group
GO'N	Gill O'Neill	Consultant in Public Health; NE Deputy Faculty Adviser, Adult and Health Services
AP	Andrea Petty	Strategic Manager, Partnerships DCC
MS	Mark Smith	Strategic Commissioning Manager, CYPS, DCC
PS	Paul Shadforth	LANO; Strategic Manager SEND and Inclusion; Chair of Inclusion, Skills and Opportunities sub group; Joint Chair of Quality Assurance and Standards sub group
LT	Lisa Twigger	Senior Commissioning Support Officer, Provider Management, NECS
MW	Margaret Whellans	Director of Children's Services DCC

<b>WSOA Area ONE: There are fundamental weaknesses in the local area's strategic leadership and governance which have resulted in the disability and special educational needs reforms being implemented too slowly.</b>						
<b>ACTIONS</b>	<b>INTENDED OUTCOMES</b>	<b>Key Tasks What are we doing?</b>	<b>Key Task Lead Who's doing it?</b>	<b>Timescales By when?</b>	<b>Progress Update What do we know has happened?</b>	<b>Evaluation How do we know it's made a difference?</b>
<p><b>1.1</b> Partners to revise the Local Area SEND Strategy and overarching vision in line with current self-assessment and local area inspection findings.</p> <p>The revised SEND Strategy will be made available on the Local Offer website.</p>	<p>Systematic cross-service communication in place, July 2018.</p> <ul style="list-style-type: none"> <li>Children/young people/families are fully aware of the strategy and implicit entitlements;</li> <li>Professionals across the Local Area report they are fully clear about their roles in relation to SEND reforms;</li> <li>Service users find the answers they need readily and in one place, and navigate the system with ease;</li> <li>Users understand how to challenge and influence the agenda in relation to children and young people with SEND in the Local Area.</li> </ul>	<p>1. Document co-produced with partners including parent representatives; signed-off by Integrated Steering Group for Children</p> <p>Monitored by SEND Group.</p> <p>2. Integrated Children's Steering Group to endorse implementation plan objectives within SEND strategy and agree potential resource implications.</p> <p>3. Cross-service communications plan to be completed, ensuring public awareness is raised.</p> <p>4. Local area awareness of SEND strategy to be checked through service-user and partner sampling; reported back to SEND Quality Improvement Board</p>	<p>SEND Group</p> <p>Co-production/ engagement operational workstream</p> <p>Integrated Children's Steering Group</p> <p>MB/GC</p> <p>Quality assurance and standards operational workstream</p>	<p>End July 2018</p> <p>SEND Group first monitoring date – Dec 2018</p> <p>July 2018</p> <p>End July 2018</p> <p>July – Oct 2018</p>	<ul style="list-style-type: none"> <li>Revision process of Strategy document is well advanced, involving Co-production engagement operational workstream, led by PS. SEND Group is actively monitoring the revision process (Task 1).</li> <li>First meeting of Integrated Children's Steering Group, 19<sup>th</sup> March 2018. Time frame for production of Strategy agreed (Task 1).</li> <li>Michael Brown DCC and Gail Cobb CCG tasked as communications leads to develop an appropriate action schedule. Work underway (Task 3).</li> <li>Meeting schedule agreed between local authority lead officer and Making Changes together parent carer forum group to discuss SEND strategy and Written Statement of Action (20/02/18, 6/3/18, 25/04/18) (Task 1).</li> </ul>	<p>The work undertaken re: Task 1 has active representation from health, education and social care, and parents. The completed and revised strategy will be in use in all agencies; staff and parents will be aware of it as evidenced by an audit 6 months after launch (January 2019) showing that &gt;80% staff in the SEND service are both aware of and using the strategy.</p> <p>The completed strategy document includes the tell-it-once principle explicitly as a standard qualitative measure; subscribed to by all partners. Service user response and partner sampling evidence on this element will feed directly into monitoring reports in preparation (Task 4)</p>

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ACTIONS	INTENDED OUTCOMES	Key Tasks <i>What are we doing?</i>	Key Task Lead <i>Who's doing it?</i>	Timescales <i>By when?</i>	Progress Update <i>What do we know has happened?</i>	Evaluation <i>How do we know it's made a difference?</i>
1.2 Establish new strategic leadership governance and accountability framework	<p>All partners fully clear about the governance and accountability structure in relation to children and young people with SEND in the Local Area.</p> <ul style="list-style-type: none"> <li>Professionals know who they are accountable to for their actions and performance;</li> <li>Professionals and all partners, including children, young people and families, have access to a clear framework that enables them to raise their concerns and air views at the appropriate forum, in line with the principle of 'tell-it-once'.</li> <li>Consequently, views and opinions of service users directly influence policy decisions.</li> </ul>	<ol style="list-style-type: none"> <li>Convene Integrated Children's Steering Group, answerable to the Integrated Care Network Board, with structure agreed by all partners.</li> <li>Convene leadership groups for Operational partnership working and Joint Commissioning.</li> <li>Map alignment with wider agendas e.g. Transforming Care, and CAMHS transformation, IPC, etc. to ensure fluent communication and reduced overlap. Explicit emphasis on 'Tell it once'.</li> <li>Establish Quality Improvement Board.</li> <li>Set up and task (x4) work stream groups in line with action plan priorities.</li> <li>Draft terms of reference for each level of the leadership framework, agreed by all partners prior to Integrated steering group executive sign-off and publication on the Local Offer.</li> </ol> <p><i>[SEE priority indicators below, section 2.2]</i></p>	<p>Integrated Care Board</p> <p>Integrated Steering Group</p> <p>Strategic Manager Partnerships DCC</p> <p>Integrated Steering Group</p> <p>SEND Group</p> <p>SEND Group</p>	<p>Completed March 2018</p> <p>Completed March 2018</p> <p>Completed March 2018</p> <p>Completed May 2018</p> <p>All groups in operation – June 2018</p> <p>31<sup>st</sup> July 2018</p>	<ul style="list-style-type: none"> <li>Structure diagram completed and shared with partners pending final revisions – 22/02/18 (Tasks 1/2/3).</li> <li>Further revisions to structure, prior to sign-off. Integrated Steering Board: first meeting – 19/03/18. (Tasks 1/2/3).</li> <li>Pre-meetings of Local Area SEND group 22/02/18 and 23/03/18. (Task 2). Meetings of Joint Commissioning Group for Children (Task 2).</li> <li>Quality Assurance and Standards Operational Work-stream Initial Meeting 5<sup>th</sup> March 2018 (Task 5/6)</li> <li>Full meeting schedule for Operational Boards, QIB and work-streams finalised, w/c: 26/03/18 (Task 5).</li> <li>Local Area Score Card produced, priority indicators agreed Nov 2017. Monitoring, enquiry and support response to outlying schools in place. (Task 3)</li> <li>New Provisions Fund investing in secondary nurture provision to improve parental confidence in mainstream provision. (task 3)</li> <li>Investment in an accelerated 5 day SCAT assessment process, reducing waiting times and increasing parental satisfaction. (task 3)</li> <li>SEND awareness training provided to all CYPS staff to improve early identification of SEND in practice. Recording mechanism for SEND Status in place in all CYPS service areas. (task 3)</li> <li>QIB established. (Task 4). QIB monitoring all operational workstreams and reporting to Integrated Steering Group (first report – July 2018).</li> <li>WsoA shared with PCF for contribution 29<sup>th</sup> March meeting scheduled with PCF 25<sup>th</sup> April 2018 with PCF determining representation and functions of Co-Production Work-stream. (Task 5)</li> </ul>	<p>The agreed SEND governance arrangements are in place and parents are now using the new arrangements to raise their concerns and to challenge our implementation of the reforms. The Quality Improvement Board will be the group that ensures this continues to happen going forward.</p> <p>New governance and operational groups have wider service-user representation. Revised governance structures, TOR, minutes of meetings and updated action plan ensure greater clarity.</p> <p>Education, social care and health issues raised by families are now more rapidly escalated through acknowledged channels [example – SCAT waiting times].</p>

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<b>1.3</b> Ensure informed democratic scrutiny and monitoring of SEND matters by multiple agencies	Those representing children/young people/families are well-sighted on the issues relating to SEND.  There is clear evidence that elected members and chairs of CCGs are taking part in the discussion, raising concerns where necessary and airing views that contribute to the development of policy.	1. Partners agree a cycle of reporting to elected members and senior executives in CCG governance structure.  2. Partners agree a cycle of reporting to Portfolio Holders for Children and Young People's Services and Adult and Health Services  3. Establish actions resulting from evidence gathered and submit these to scrutiny and accountability through QIB, leading to agreed targets for improvement/confidence measures.	Co-production/ engagement operational work stream  MW (Integrated Care Board)  Chairs of operational workstream subgroups	First report of SEND Group June 2018  First report of SEND Group due June 2018  Quarterly reports to Integrated Steering Group (first due June 2018.)	<ul style="list-style-type: none"> <li>✓ Work underway with partners through Co-production/ engagement operational work stream using LGA publication ("Impact one-year-on") as basis for overview and scrutiny recommendations. (Task 1)</li> <li>✓ Lead elected members identified and engaged in leading elements of key tasks (Task 1)</li> <li>✓ New governance structure, membership and TOR produced, identifying reporting responsibilities to include democratic scrutiny and monitoring. (Tasks 1/2)</li> <li>✓ CCG Chair has held patient congress to explore the views of parents and people with learning disabilities on services provided. (Task 3)</li> </ul>	Regular flow of multiagency reports to the Integrated Board, with updated action plans, providing clear evidence of how the voice of children, young people, parents/carers has informed decision making.  Increased evidence of challenge through appropriate governance routes by those representing the interests of children/young people/families, and timely responses demonstrating improvement of services.
<b>1.4</b> Clarify the role and function of Designated Clinical Officer (DCO) and the Designated Medical Officer (DMO)	Key roles are well recognised and used appropriately to improve the experience of service users, including around clarity of understanding about their entitlements and in the timeliness and quality of service response.  Health issues raised by families are more rapidly escalated through appropriate channels.	1. Devise new job descriptions, including hours allocated for DCO/DMO role respectively and agree with current post holders  2. Review the resourcing of tasks demanded of the roles and; work effectively with the Local Authority and partners in the local area to identify the health needs of children and young people who have SEN and/or Disability.  3. Through attendance at parent/carer forums, DCO/DMO to address health related issues raised by families.	Integrated Care Board  GF (SEND Group)  GF/KL	Completed March 2018  Report to QIB Sept 2018  Ongoing from March 2018	<ul style="list-style-type: none"> <li>✓ Liaison with NHSE to draw on work they are developing regionally re: roles of DMO/DCO (Task 1/2)</li> <li>✓ DMO/DCO attended MCT conferences x2 including delivery of Annual health check presentation (Task 3)</li> <li>✓ DCO attended MCT meeting 20<sup>th</sup> March to provide update on health related aspects of WSOA and receive feedback (Task 3)</li> <li>✓ DCO and CCG representative attended MCT conference (May 2018) to provide feedback on therapies review (Task 3)</li> <li>✓ DMO and DCO attended the patient congress (22/05/18) to explore views of parents and people with learning difficulties on services provided.</li> </ul>	Greater clarity about roles and duties (inc. tasks and resourcing) supports more strategic communication across the local area: supports organisations to operate the tell-it-once approach.  DMO/DCO attendance at MCT (PCF) meetings and conferences; health related issues raised have been taken back to respective operational work streams and promptly escalated as necessary.  Evidence of changes made as a direct result of service users and stakeholders engaging through forums emerging through reporting structure (SEND Group).  Parents are accessing the DCO/DMO for appropriate support, and professionals are clear about the roles. This will be evidenced by an audit of professionals at 6 months and 12 months after the roles agreed. These audits will demonstrate improved understanding of the roles.

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1.5 Better engage leaders across all settings to ensure performance indicators are accurately captured and providers of services are SEND compliant	<p>Improved leadership understanding and awareness at every level directly positively affects the experience of service users.</p> <ul style="list-style-type: none"> <li>• More opportunities are generated for all partners, demonstrated through feedback at front-line and through strategic reporting.</li> <li>• A more cohesive system reduces to a very low number instances where service users report contradictory or confusing information or guidance.</li> </ul>	<p>1. Target leaders of local settings to further engage in the SEND reforms, including:</p> <ul style="list-style-type: none"> <li>- school leaders including governors;</li> <li>- principals of FE colleges and boards of trustees or equivalent;</li> <li>- managers of EY settings.</li> <li>- Health providers – GPs, 0-19 staff, Acute providers, CAMHS.</li> </ul> <p>2. Audit of current communications mechanisms and levels of engagement; establish new targets to assess and monitor these.</p> <p>3. Define more explicit and relevant SEND inclusion and health key performance indicators within revised performance dashboard</p> <p>4. Undertake SEND audit for providers in health to establish baseline understanding of statutory responsibilities and to ensure standard operating procedures are in place.</p> <p>5. Ensure findings from all activities/audits above are translated into recommendations as necessary and reported through strategic leadership structure to secure improvements.</p>	<p>Access to Services Operational Work stream</p> <p>QIB to monitor</p> <p>SEND Group</p> <p>SEND Group</p> <p>SEND Group</p>	<p>Quarterly reports submitted to Integration Board (first one due July 18<sup>th</sup>)</p> <p>September 2018</p> <p>Dashboard in use from September 2017</p> <p>To be completed by December 2018</p> <p>Ongoing from September 2018</p>	<ul style="list-style-type: none"> <li>✓ Outcomes of local area inspection and summary of actions relating to written statement of action shared with head teachers (School Forum; Primary Briefings, special school briefing, Durham Association of Secondary Heads) – Jan/Feb 2018. Updated June 2018 (Task 1/3)</li> <li>✓ High Needs Review schools engagement, Feb 2018. (Task 1)</li> <li>✓ Working group set up with meetings (December 2017/January 2018/April 2018) to define a Quality Health Framework to engage all schools and settings, with explicit SEND components. Due to roll-out September 2018. (Task 3)</li> <li>✓ Work underway identifying suitable schools and settings to extend current nurture provision, predominantly on secondary school sites. (Task 1)</li> <li>✓ April 2018: review of SEMH provision; review of residential special school provision.</li> <li>✓ Health Send System audit circulated 14<sup>th</sup> March to providers of health services, deadline for completion 30<sup>th</sup> April 2018. Respective action plans will be monitored and challenged at CCG Quality Review Groups. The outcome of the audit determining services requiring additional support and training regarding SEND and EHCP report writing. (Task 4)</li> </ul>	<p>Multiagency performance indicators on revised Dashboard and incorporated in quarterly reports escalated to Integrated Children's Board.</p> <p>Reduction in the number of exclusions and improvement in waiting times for access to health services</p> <p>Increased understanding, support, challenge and compliance of SEND reforms in the Local Area (see 2.3)</p>



WSOA Area TWO: Leadership have an inaccurate view of the effectiveness of the local area. The analysis and use of performance information to tackle weaknesses in education, health and care outcomes are poor and there has been a lack of rigorous quality assurance and monitoring to inform decision-making.						
ACTIONS	INTENDED OUTCOMES	Key Tasks <i>What are we doing?</i>	Key Task Lead <i>Who's doing it?</i>	Timescales <i>By when?</i>	Progress Update <i>What do we know has happened?</i>	Evaluation <i>How do we know it's made a difference?</i>
<p><b>2.1</b> Devise a scorecard to capture Key Performance information across Education, Health and Care</p> <p><i>(This will include information relating to exclusions and waiting times)</i></p>	<p>Improved focus of school leaders and other professionals on all children and young people with SEND, with the following additional features:</p> <ul style="list-style-type: none"> <li>• Accurate information based against tested benchmarking.</li> <li>• Service leaders will have the information they need to make decisions necessary at an individual case level to improve services, including timeliness of response.</li> <li>• Children and young people report that they are more aware of their individualised needs being understood and considered in decision-making that affects them.</li> </ul>	<ol style="list-style-type: none"> <li>1. Identify and agree key performance indicators (KPIs) for SEND across Education, Health and Care, including waiting times for services, exclusions and out-of-county placements.</li> <li>2. Publish all KPIs to appropriate reporting groups, across all partners, with a report-update schedule agreed.</li> <li>3. QIB to provide performance challenge to areas that are underperforming.</li> <li>4. Review of scorecard to ensure its consistent use and contribution to a stronger dataset; trends in provision understood by all partners, and directly influencing joint commissioning.</li> </ol>	<p>Quality assurance and standards operational work-stream</p> <p>SEND Group</p> <p>QIB</p> <p>Quality assurance and standards operational work-stream</p>	<p>End May 2018</p> <p>End May 2018</p> <p>June 2018 onwards</p> <p>End November 2018</p>	<ul style="list-style-type: none"> <li>✓ Draft scorecard circulated to SEND Strategy and Accountability group (Nov. 2017); feedback received and Scorecard developed in line with this. (Task 1).</li> <li>✓ Amended score card in use. (Tasks 1/2).</li> <li>✓ KPI's identified in Education at a school level, incl SEND needs identification trends, progress, attainment, attendance and exclusion (Task 1).</li> <li>✓ KPIS's agreed in health including waiting times (Task 1)</li> <li>✓ KPI's identified in Social Care Practice including the identification of SEND in Early Help, CiN, Child Protection and Looked After Teams (Task 1)</li> <li>✓ KPI's identified in the EHCP process including 20 week compliance, response compliance from Education, Health and Care Partners (Task 1/2)</li> <li>✓ QIB established as part of new Governance and Accountability Framework ensuring that commissioning/service planning is influenced by performance outcomes. (Task 3/4)</li> <li>✓ Multi-point scrutiny offered through separate Education, Health and Care frameworks. (Task 4)</li> </ul>	<p>Partners use data within scorecards to challenge other agencies at the QIB and in other meetings. This will be documented within the meeting minutes.</p> <p>The scorecard contains relevant information to enable teams to monitor and evaluate performance against the reforms.</p>

WSOA Area TWO: Leadership have an inaccurate view of the effectiveness of the local area. The analysis and use of performance information to tackle weaknesses in education, health and care outcomes are poor and there has been a lack of rigorous quality assurance and monitoring to inform decision-making.						
ACTIONS	INTENDED OUTCOMES	Key Tasks <i>What are we doing?</i>	Key Task Lead <i>Who's doing it?</i>	Timescales <i>By when?</i>	Progress Update <i>What do we know has happened?</i>	Evaluation <i>How do we know it's made a difference?</i>
<p><b>2.2</b> Improve analysis of needs and outcome trends for children and young people with SEND across Education Health and Care, and use these more explicitly to inform commissioning.</p>	<p>Children, young people and families experience quicker and more effective services because the commissioning of these more directly reflects the relevant local picture.</p> <p>Commissioning budgets are used effectively, with the result that overlong waiting times and other negative experiences reduce over time due to more resource in the system.</p>	<p>1. Identify resources from Education, Health and care to fund an audit, leading to publication of an annual SEND Education, Health and Care needs and outcomes analysis.</p> <p>2. Undertake the audit to ensure that current and future needs are identified.</p> <p>3. Use outcomes to inform joint commissioning, with improved experiences recorded in areas of identified need.</p> <p>4. Publish the needs and outcomes analysis on the Local Offer, highlighting improvements and areas still requiring development.</p> <p>5. Monitoring of priority indicators (outcomes) through performance Local Area score card, priority indicators include:</p> <p>5% reduction in out of county placements 2018-19 10% reduction in out of county placement 2019-20 15% reduction in out of county placement 2020-21</p> <p>90% of EHCP's being completed within 20 weeks</p> <p>Monitoring, enquiry and support (as required) response for all schools outside County average for FTEEx and PEx for young people with SEND.</p> <p>Monitoring, enquiry and support response for all schools that have over 2 (repeat) FTEEx of children with SEND over a term or 3 within a year.</p> <p>Reduction in waiting time for therapeutic services including Speech and Language Therapy Physiotherapy and Occupational Therapy) to 6 weeks</p> <p>Reduction in waiting time to Social Communication Assessment Team to 12 weeks</p> <p>0.1% of population, increased uptake of Personal Health Budgets by 2018/19.</p> <p>SEND status known in all CYPS newly opened case load loads, including Early Help, Young people who have offended, Children in Need, Child Protection, Looked After.</p> <p>Participation in Education, Employment or Training – 85% or better.</p> <p>Known destination of learners at post-16: 97%.</p> <p>Volume of supported internships increased by 10% annually over a period of 3 years.</p>	<p>SEND Group</p> <p>SEND group</p> <p>Joint Commissioning Group for Children</p> <p>SEND group</p> <p>Integrated Steering Group to monitor</p>	<p>Audits to commence Sept 2018</p> <p>Sept 2019</p>	<p>✓ Work underway to match System knowledge of Children and Young (Task 1)</p> <p>✓ Progress work with NHS Digital to establish health activity related specifically to the SEND cohort, to improve effective commissioning. (Task 1)</p> <p>✓ Progress with new Social Care System. (Task 1)</p> <p>✓ High Needs Review (HNR) conducted and concluded with NDTi (Oct 17 to Jan 18), published on Local Offer including Review of out-of-area placements. (Task 4)</p> <p>✓ Work with stakeholders to reduce number of exclusions. (Task 3)</p> <p>✓ Work with stakeholders and parent groups to reduce the high number of out-of-county placements (Task 2/3)</p> <p>✓ Review of Social Communication and Interaction Needs (incl Autism) concluded Oct. 2017 - recommendations and actions to be addressed in Quality Assurances and Standards subgroup and Access to Services Subgroup</p>	<p>Needs analysis in Local Area Planning determining strengths and gaps in the Local Offer (commissioning and service planning), with prompt/timely action taken to address areas requiring improvement. This will be seen in the minutes of meetings and in actions that have been taken to improve services.</p> <p>Needs identification and response published on the Local Offer.</p>

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ACTIONS	INTENDED OUTCOMES	Key Tasks <i>What are we doing?</i>	Key Task Lead <i>Who's doing it?</i>	Timescales <i>By when?</i>	Progress Update <i>What do we know has happened?</i>	Evaluation <i>How do we know it's made a difference?</i>
2.3 Establish a quality assurance process for education health and care plans	<p>As the quality of EHCPs improve, children and young people with EHCPs, and their families, report on their more positive experiences.</p> <p>Providers of services work more consistently to higher standards, and service users are clearer about their entitlements, including understanding when and in what ways these fall short.</p> <p>Strategic oversight of an improved QA process ensures swift action is taken in the event of shortcomings.</p>	<ol style="list-style-type: none"> <li>1. Co-produce a SEND support Quality Assurance (QA) template, through the Communities of learning.</li> <li>2. Conduct a benchmarking of SEND support assessment across all COLs</li> <li>3. Develop integrated quality assurance processes for EHCPs, led by-weekly multiagency panels with clear terms of reference.</li> <li>4. Formalise escalation processes through the Quality Assurance and Standards Workstream for EHCPs that do not meet quality standards</li> <li>5. Ensure providers of services have standard operating procedures in place relating to SEND and internal QA processes to meet statutory requirements of EHCPs by undertaking a Health System SEND Audit.</li> <li>6. Health Provider workforce development to be determined by Health SEND System Audit</li> <li>7. Providers in health to keep monthly tracking information of EHCP requests for information, to ensure internal QA systems and processes are in place; monitored by DCO to ensure themes for improvement are identified.</li> <li>8. Ensure timely and accurate reporting to strategic leadership on quality of EHCPs.</li> </ol>	<p>Quality assurance and standards operational work-stream</p> <p>SEND Group</p> <p>Quality assurance and standards operational work-stream</p> <p>DMO</p> <p>DCO</p> <p>SEND Group</p>	<p>Completed April 2018</p> <p>Completed April 2018</p> <p>May 2018</p> <p>July 2018</p> <p>From July 2018</p> <p>Oct 2018</p> <p>Quarterly</p>	<ul style="list-style-type: none"> <li>✓ As a result of the co-produced multi-agency QA exercise, a revision of the EHCP template has taken place (incl. greater emphasis on PfA outcomes) - Jan 2018)</li> <li>✓ Multi-agency meeting – (05/03/18) to formalise and review quality checks of information requested and provided through the EHC needs assessment.</li> <li>✓ Comprehensive, multiagency EHCP report on x 20 case files sampled in February 2018 to be presented at Quality Board.to ensure findings shared and recommendations agreed</li> <li>✓ EHCP audit group to be replaced by weekly multiagency EHCP quality assurance panels to all new EHCP – meeting 24<sup>th</sup> April 2018 to discuss planning.</li> <li>✓ Sample of EHCPs externally monitored by DfE/NHS England (May 2018)</li> </ul>	<p>System approach to quality assurance ensures that the production of new EHCPs is informed by accurate needs assessment that leads to measureable improvements in outcome planning.</p> <p>The quality of EHCPs as measured in the quality assurance panels shows improvement.</p>
2.4 Establish a process for quality assurance of services accessed by SEND patients to ensure consistent service and inform commissioning decisions	<p>Providers of services work more consistently to higher standards, and service users are clearer about their entitlements, including understanding when and in what ways these fall short.</p> <p>Children, young people and families will experience quicker and more effective services</p> <p>Strategic oversight of an improved QA process ensures swift action is taken in the event of shortcomings.</p>	<ol style="list-style-type: none"> <li>1. Monthly reports from CCG business intelligence unit to be provided to Integrated Children's Steering Group covering priority areas, including waiting times.</li> <li>2. An escalation process to be set up to address issues in services that do not meet required standards.</li> <li>3. Systematic data analysis will support decision making, and inform joint commissioning.</li> <li>4. Development of a new 'customer-insight' approach to measuring the value and outcomes of services from a service-user perspective.</li> </ol>	<p>Joint Commissioning Operational workstream</p> <p>Co-production workstream</p>	<p>May 2018</p> <p>June 2018</p>	<ul style="list-style-type: none"> <li>✓ Escalation plan for children's therapy services (SALT, OT and Physiotherapy), CaMHS and Mediquip are currently being drafted and agreed with CCG leads and contract managers to ensure clear routes and contact points are in place for concerns to be raised.</li> <li>✓ NECS BI are developing reports for use across Durham, Darlington and Tees CCGs to provide commissioners with assurance around the quality of services.</li> <li>✓ Engagement with the Institute for Customer Services and 'Deliberata' to design a more modern service-user driven needs analysis. Project proposal with 'Deliberata'.</li> </ul>	<p>Parents and children/young people report that the process of obtaining an EHCP has led to improved outcomes and services. This will be evidenced by feedback from parents and a reduced number of concerns/complaints.</p>



WSOA Area TWO: Leadership have an inaccurate view of the effectiveness of the local area. The analysis and use of performance information to tackle weaknesses in education, health and care outcomes are poor and there has been a lack of rigorous quality assurance and monitoring to inform decision-making.						
ACTIONS	INTENDED OUTCOMES	Key Tasks <i>What are we doing?</i>	Key Task Lead <i>Who's doing it?</i>	Timescales <i>By when?</i>	Progress Update <i>What do we know has happened?</i>	Evaluation <i>How do we know it's made a difference?</i>
2.5 Benchmarking of SEND reform implementation	The Local Area is aware of its position in relation to other areas when reviewing and evaluating the effectiveness of its functioning; it uses this understanding to challenge all partners in order to improve aspects of provision and leadership, and to identify where peer learning opportunities will inform and improve its decision making.	<ol style="list-style-type: none"> <li>1. To complete and report the CDC diagnostic checklist results, and conduct 6 monthly reviews.</li> <li>2. Undertake peer challenge using the NE SEND peer network.</li> <li>3. Share good practice and facilitate discussions regionally within NHSE</li> <li>4. Report on SEND reform implementation to Integrated Children's Steering Group and agree action where self-evaluation identifies deficit areas.</li> </ol>	<ol style="list-style-type: none"> <li>1, Quality Assurance and Standards Work Stream</li> <li>2. Quality Assurance and Standards Workstream</li> <li>3. SEND Group</li> <li>4. DMO and SEND Group</li> </ol>	<p>6 monthly</p> <p>Dec 2018</p> <p>6 monthly</p>	<ul style="list-style-type: none"> <li>✓ Outcomes of High Needs Review, and Social Communication and Interaction (incl Autism Spectrum Disorder) therapies review have been reported to inform a revised SEF for the Local Area.</li> <li>✓ Detailed WSoA response to the SEND inspection outcome letter covering all identified areas of development.</li> <li>✓ Engagement with regional peer network to enable improved local benchmarking; (additional support to be commissioned from the DfE (Cath Hitchin) and Council for Disabled children).</li> <li>✓ Arranged contact with Leeds Local Area to determine effective ways to engage with user experience</li> <li>✓ NHSE SEND support group established including representation from regional DCO/DMOs– SEND Bulletins/briefings made available. .</li> </ul>	<p>Accurate understanding of the effectiveness of the local area in comparison to identified benchmark areas reported through QIB and responses to challenge taken up and addressed in a timely manner.</p> <p>Peer review shows a positive benchmarking position.</p>

<b>WSOA Area THREE: Poor strategic planning and joint commissioning arrangements have led to unacceptably long waiting lists for access to services, delays for treatment for some conditions, and variability of experience for children and young people who have SEN and/or Disabilities.</b>						
<b>ACTIONS</b>	<b>INTENDED OUTCOMES</b>	<b>Key Tasks <i>What are we doing?</i></b>	<b>Key Task Lead <i>Who's doing it?</i></b>	<b>Timescales <i>By when?</i></b>	<b>Progress Update <i>What do we know has happened?</i></b>	<b>Evaluation <i>How do we know it's made a difference?</i></b>
<b>3.1</b> Establish clear governance procedures for commissioning services for children and young people with SEND	<p>Children, young people and families experience quicker and more effective services because the commissioning of these is more tightly governed, leading to more effective processes.</p> <p>Questions and challenges are raised sooner and with more effect, so that solutions are more immediately forthcoming.</p> <p>In the event that commissioning budgets go further, waiting times and other negative experiences would begin to reduce and would continue to do so over time due to more resource in the system.</p>	<p>1. Co-production, with families, and delivery of a Joint Commissioning Plan</p> <p>2. Performance management framework to be set up for all commissioned contracts covering KPI in all areas including:</p> <ul style="list-style-type: none"> <li>- accessibility to service,</li> <li>- service user experience, and</li> <li>- outcomes</li> </ul> <p>3. Develop, as co-production with families, an escalation plan for all commissioned services to monitor contracts.</p>	<p>Joint Commissioning Group for Children</p> <p>Joint Commissioning Group for Children</p> <p>Quality assurance and standards operational work-stream</p>	<p>Sept 2018 Review – Sept 2019</p> <p>Sept 2018</p> <p>Sept 2018</p>	<p>✓ Update of current Joint Commissioning Plan Review begun. (Task 1)</p> <p>✓ Improvements in the interface between health commissioning and children's commissioning written into the Governance Framework; joint Commissioning Operational Partnership Board set up. (Task 1)</p>	<p>An established Joint Commissioning Operational Partnership board determining good strategic commissioning and the review of contract impact, reports regularly to QIB and Integrated Children's Steering Group.</p> <p>Altered contractual arrangements (for example with Mediquip) mean most commonly ordered products/equipment are now more easily available via local "buffer stores".</p> <p>Services are commissioning via the commissioning group; commissioned services are more systematically reviewed and in line with the needs assessment.</p>

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<b>ACTIONS</b>	<b>INTENDED OUTCOMES</b>	<b>Key Tasks <i>What are we doing?</i></b>	<b>Key Task Lead <i>Who's doing it?</i></b>	<b>Timescales <i>By when?</i></b>	<b>Progress Update <i>What do we know has happened?</i></b>	<b>Evaluation <i>How do we know it's made a difference?</i></b>
<b>3.2</b> Review children's therapy services (SALT, Occupational Therapy (OT) and Physiotherapy) across Health and Education to ensure robust services in place to meet need and reduce waiting times	Waiting times reduce to an acceptable level, as determined by national and regional benchmarking. Service user experience improves and this is reported back through the Access to Services workstream group.	<ol style="list-style-type: none"> <li>1. Performance data on waiting times for therapy services will be made available throughout the Governance Structure.</li> <li>2. Qualitative feedback will be sought from service users and their families</li> <li>3. Monitoring through scorecard analysis ensuring contract performance maintains local area KPIs; where performance falls below contract standards the Integrated Steering Group provides challenge and escalation to the Joint Commissioning Group,</li> <li>4. Work in hand to ensure services are equitable across County Durham, with revised paediatric contracts, and better investigation of parental concerns about equipment.</li> <li>5. Clear advice on the Local Offer to families about accessing services and equipment.</li> <li>6. Escalation plans for children's therapy (SALT, OT and Physiotherapy) services, CAMHS and Mediquip to ensure they are appropriately monitored at contract meetings.</li> </ol>	<p>Quality assurance and Standards workstream</p> <p>Access to Services workstream</p> <p>Access to Services workstream &amp; Joint Commissioning Group</p> <p>Joint Commissioning Group</p> <p>Co-production/ engagement workstream</p> <p>Access to Services &amp; Chair of Joint Commissioning Group</p>	<p>June 2018</p> <p>Sept 2018</p> <p>June 2018</p> <p>July 2018</p> <p>July 2018</p> <p>June 2018</p>	<ul style="list-style-type: none"> <li>✓ Joint review of therapies conducted - action plan produced in line with recommendations.</li> <li>✓ A two day rapid improvement event took place in October 2017 whereby stakeholders were invited to discuss the three children's therapies, Speech and Language (SALT), Occupational Therapy (OT) and Physiotherapy.</li> <li>✓ A number of themed action plans have been produced as a result of the rapid improvement event and are being progressed. Action plans have been reviewed and updated at two Task and Finish Groups held on the 15 November 2017 and 9 January 2018.</li> <li>✓ A specific engagement work plan, led by the CCGs, is in place and in the process of implementation.</li> <li>✓ Escalation plan for children's therapy services (SALT, OT and Physiotherapy), CAMHS and Mediquip currently being drafted and agreed with CCG leads and contract managers to ensure clear routes and contact points are in place for concerns to be raised.</li> <li>✓ As part of the contracting process, the service specification has been undergoing review to be varied into the appropriate provider's main contract.</li> <li>✓ Work begun on access to equipment and therapy provision in schools, joint commissioning of therapy services.</li> </ul>	<p>Commissioned therapy providers meet KPIs. Service user confidence improved in the Local Offer measured through systematic consultation and review.</p> <p>Clear improvements in equitable access to paediatric therapies across Co Durham reported by users.</p> <p>Children's physiotherapy contract now changed enabling open access for children/young people/families across Durham and Darlington.</p> <p>There is equitable access to children's physiotherapy for children across the county.</p>

<b>WSOA Area THREE: Poor strategic planning and joint commissioning arrangements have led to unacceptably long waiting lists for access to services, delays for treatment for some conditions, and variability of experience for children and young people who have SEN and/or Disabilities.</b>						
<b>ACTIONS</b>	<b>INTENDED OUTCOMES</b>	<b>Key Tasks <i>What are we doing?</i></b>	<b>Key Task Lead <i>Who's doing it?</i></b>	<b>Timescales <i>By when?</i></b>	<b>Progress Update <i>What do we know has happened?</i></b>	<b>Evaluation <i>How do we know it's made a difference?</i></b>
3.3 Complete Autism pathway review to ensure children are not waiting excessively for assessment	Waiting times reduced to an acceptable level, as determined by national and regional benchmarking. All therapy services will be 90% compliant against referral to assessment – 6 weeks, referral to treatment – 12 weeks.  Service user experience improves and this is reported back through the Access to Services workstream group.	1. Immediate remedial response to address unacceptable waiting times in the SCAT assessment process  2. (RPIW) - Medium to long term system improvement to SCAT processes to be undertaken with all stakeholders  3. Action arising from the (RPIW) will be implemented by the Joint Commissioning Group for Children  4. New specification has been agreed for autism assessment service – children will start their assessment within 12 weeks of referral to the autism team.	Gill Findley  Alison Ayres  Joint Commissioning Group for Children  Donna Sweet	March 2018  March 2018  June 2018  July 2018	<ul style="list-style-type: none"> <li>✓ Short term and current funding has been reinstated and allocated to provide a rapid assessment response to reduce the current high volume of children on SCAT waiting lists.</li> <li>✓ Service user feedback to be gathered at the end of rapid assessment process</li> <li>✓ 3 day Kaizen Workshop completed; (30th, 31st January and 1st February).</li> <li>✓ CCG Executive in Common paper presented on 27 February 2018</li> <li>✓ recommendations approved</li> <li>✓ Waiting list initiative to be delivered by TEVV to bring waiting times down to acceptable level</li> <li>✓ Waiting list of 389 C/YP requiring assessment for ASD will be cleared by August 2019.</li> <li>✓ Additional resources have been allocated to address the increasing demand.</li> </ul>	Reduction in backlog of assessment waiting times.  Waiting times in line with Local Area KPIs  Family satisfaction levels increase
3.4 Provide families with information on how they can access services over and above the universal service offer – for example Personal Health Budgets (PHBs) & Short Breaks	Clear and systematic cross-service communications in place, fully reflected in the Local Offer, ensuring children/young people/families are more aware of access to discrete services and any entitlements they have.	1. Clear guidance information on Personal Health Budgets to be made available on Local Offer in consultation with families.  2. Recruitment to be made to Continuing Health Care team, to provide specialist understanding of PHBs for children.  3. Mediquip provision requires clarification, ensuring engagement with parents is undertaken regarding access to the service.  4. Wheelchair Service provision requires clarification, ensuring engagement with parents is undertaken regarding access to the service.  5. Publish the findings of the short breaks review including the co-produced methodology  6. Implement the Short Break Offer	Access to Services work stream  CCG / DCO  Access to Services work stream  Access to Services work stream  Access to Services work stream	July 2018  July 2018  May 2018	<ul style="list-style-type: none"> <li>✓ Access to Services work stream meetings dates arranged</li> <li>✓ Engagement with parents regarding equipment is included in the wider engagement plan for Children's Therapies as it is acknowledged that the same families will be accessing both services.</li> <li>✓ Training for frontline staff (social workers and health staff) to enable meaningful discussion around PHBs with families.</li> <li>✓ Flyers created to be left with parents to ensure they are aware that they can request assessment for Continuing Health Care at any time.</li> <li>✓ Improve knowledge and understanding of continuing healthcare offer amongst wider professionals eg, CAMHS</li> </ul>	Improved information on Local Offer about how to access equipment, in accordance with specialist advice from Occupational Therapists. Clearer advice now for families to know who to contact if they have problem (example: Mediquip advice leaflet).  Target for Personal Health Budgets has been achieved.  Identified lead officer for Personal Health Budgets in post, actively promoting Personal Health Budgets.  Families are aware of the Short Breaks Criteria and how to access leisure opportunities.

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<b>ACTIONS</b>	<b>INTENDED OUTCOMES</b>	<b>Key Tasks <i>What are we doing?</i></b>	<b>Key Task Lead <i>Who's doing it?</i></b>	<b>Timescales <i>By when?</i></b>	<b>Progress Update <i>What do we know has happened?</i></b>	<b>Evaluation <i>How do we know it's made a difference?</i></b>
3.5 Ensure a greater sufficiency of education placement and use of SEND provision in County Durham	Children/young people/families have greater levels of satisfaction in placements that affect them; there are fewer or no compromises in terms of placements because of increased sufficiency. Forward planning, using relevant local intelligence and data, maintains this over time.	<p>1. To formalise a mechanism for anticipating changes in demand and monitoring of trends for all SEND pupil placement planning, to ensure sufficiency of provision.</p> <p>2. To undertake a strategic review of placement options in Co Durham to identify ways of reducing high cost out-of-county placements over time.</p> <p>3. To undertake a measurement of baseline re: local mainstream SEND offer, and recommend improvements from this baseline to partners,</p> <p>4. To co-produce and promote to parents and carers the expectation of education placements, including benefits of local mainstream offer, during each age phase in Co Durham. Publish to Local Offer.</p>	<p>Inclusion, skills and opportunity workstream</p> <p>Inclusion, skills and opportunity workstream</p> <p>Inclusion, skills and opportunity workstream, reporting to the Integrated Steering Group.</p> <p>Inclusion, skills and opportunity workstream</p>	<p>Sept 2018</p> <p>December 2018</p>	<ul style="list-style-type: none"> <li>✓ High Needs Review Conducted and Action Plan in place (Task 2)</li> <li>✓ High Needs Review report published on the Local Offer (task 2.)</li> <li>✓ Special Provision Fund plan published on the Local Offer (task 2,)</li> <li>✓ Investment confirmed in nurture provision and a teaching skills base at King James the 1<sup>st</sup> School. Build planned for late 2018 (task 3.)</li> <li>✓ Special Educational Needs or Disability in Schools – A Guide for Parents and Carers co produced (task 4.)</li> </ul>	<p>Greater confidence in the Local Offer measured through systematic consultation and review.</p> <p>More young people educated in their local schools with their peers through increased parental confidence in the education offer.</p>

WSOA Area FOUR: The Local area does not have an embedded approach to strategic co-production with designated representatives of parents, children and young people to inform strategic planning and secure improvements.						
ACTIONS	INTENDED OUTCOMES	Key Tasks <i>What are we doing?</i>	Key Task Lead <i>Who's doing it?</i>	Timescales <i>By when?</i>	Progress Update <i>What do we know has happened?</i>	Evaluation <i>How do we know it's made a difference?</i>
4.1 Embed a strategic and operational approach to co-production across the Local Area	<p>All activities relating to the SEND reforms and associated partner working are contributed to by the right people. No group or individual reports that they have been excluded from or overlooked in relation to policies made or work undertaken.</p> <p>In every instance where we develop a new service or resource, it has been authentically co-produced.</p>	<p>1. Work with 'Making Changes Together' to review a local area participation strategy, including co-production principles, to inform planning of new opportunities.</p> <p>2. Communication and engagement plan to be incorporated in therapies review.</p> <p>3. To draw up a programme of relevant co-production activities, and report this to the Integrated Children's Steering Group and the QIB.</p> <p>4. To co-produce a self-assessment tool to guide quality assurance of co-production practice across all partners in the local area.</p>	<p>Co-production / engagement operational work stream</p> <p>Co-production / engagement operational work stream</p> <p>Chair of – Co Production Group</p> <p>Co-production / engagement operational work stream</p>	<p>April 2018</p> <p>July 2018</p> <p>Sept 2018</p> <p>April 2018</p>	<p>✓ Draft 'Strategy for Co-production' completed by wide range of partners including parent groups, to inform revised approaches to participation, principles and good practice. (Task 1)</p> <p>✓ Specific engagement/co-production work plan regarding children's therapy services and ASD waiting times. (Task 1)</p> <p>✓ Workforce development in the principles of co- production and participation, under review by the co-production/engagement operational work stream, with peer support (Task 4)</p> <p>✓ Restructuring of Governance arrangements to ensure strengthened child and parent voice see section 4.3. and 4.4 (Task 3)</p>	<p>Implementation of the participation strategy evidenced through the programme of relevant co production activities including</p> <p>The communication engagement plan in therapies review leading to coproduced therapies services</p>



**WSOA Area FOUR: The Local area does not have an embedded approach to strategic co-production with designated representatives of parents, children and young people to inform strategic planning and secure improvements.**

ACTIONS	INTENDED OUTCOMES	Key Tasks <i>What are we doing?</i>	Key Task Lead <i>Who's doing it?</i>	Timescales <i>By when?</i>	Progress Update <i>What do we know has happened?</i>	Evaluation <i>How do we know it's made a difference?</i>
<p><b>4.2</b> Service users have the opportunity contribute to the assessment of the services that they receive</p>	<p>Children/young people and families have a clear understanding of the criteria and standards against which services are assessed, because these are transparently explained on the Local Offer. Consequently they can and do feedback strengths/weaknesses to those commissioning services. Service user representation on the various workstreams and boards/groups ensures this contribution as a minimum.</p>	<p>1. The Local Area to co-produce a set of service user (child and parent) questions to answer in response to provision received.</p> <p>2. All services will provide service-user satisfaction feedback.</p> <p>3. Identification of monitoring mechanism, against suitable/relevant targets, reported through Access to Services.</p>	<p>Quality assurance and standards workstream</p> <p>SEND Group to co-ordinate</p> <p>Access to Services workstream</p>	<p>August 2018</p> <p>From Sept 2018</p> <p>From Sept 2018</p>	<ul style="list-style-type: none"> <li>✓ Friends and Families test in every contract</li> <li>✓ Identification of admin resource to manage service-user satisfaction feedback and related monitoring.</li> <li>✓ Activity to generate first draft of service standards built into the Quality assurance and standards work stream's forward planning programme.</li> <li>✓ Ensure appropriate contact details are left with families so that they can request a re-assessment of continuing health needs when needs change. Specifically for families in receipt of personal budgets or direct payments where they employ their own staff.</li> <li>✓ A new community based short breaks offer co-designed in 2018 by partners including parents and carers: in operation from May 31<sup>st</sup>. Breaks have been commissioned in 5 areas as a direct result of consultation with parents and children/young people. Monitored through contract monitoring and sharing on Local offer, through requesting feedback monthly from users (take-up and satisfaction measures), contacting families through the Children and Young People's Network, and working through the MCT' forum.</li> </ul>	<p>Contract monitoring and service design are influenced by service user feedback.</p>

<b>WSOA Area FOUR: The Local area does not have an embedded approach to strategic co-production with designated representatives of parents, children and young people to inform strategic planning and secure improvements.</b>						
<b>ACTIONS</b>	<b>INTENDED OUTCOMES</b>	<b>Key Tasks <i>What are we doing?</i></b>	<b>Key Task Lead <i>Who's doing it?</i></b>	<b>Timescales <i>By when?</i></b>	<b>Progress Update <i>What do we know has happened?</i></b>	<b>Evaluation <i>How do we know it's made a difference?</i></b>
<b>4.3</b> Ensure that children's voice is heard and that direct action is taken to address the issues raised	Children and young people are directly involved in shaping future policy through active consultation (groups and face-to-face/ e-surveys) and through their role in co-production. They recognise and are acknowledged for their contributions to actions that are then implemented as part of the SEND strategy.  Young people with SEND contribute to the design and development of the countywide Pupil Survey ensuring their voice is heard and their views influence decision-making by leaders.	<ol style="list-style-type: none"> <li>1. All partners to commit to the Children and Young Peoples with SEND 'Promise'</li> <li>2. Provide a response to the Promise Document through the Inclusion, Skills and Opportunities Workstream</li> <li>3. All commissioned services to include the 'Promise'.</li> <li>4. See 4.2, above.</li> </ol>	<p>Integrated Children's Steering Group</p> <p>SEND Group</p>	<p>June 2018</p> <p>June 2018</p> <p>Sept 2018</p>	<ul style="list-style-type: none"> <li>✓ 'Children and Young Peoples Promise' agreed at strategic level as the foundation of future work in the Local Area responding to improving the quality of children's voice.</li> <li>✓ Young people's eXtreme Group engaged in process post-inspection, and committed to working with the Local Area to develop this aspect of the response.</li> <li>✓ LSCB working group, 'Empowering the Voice of the Child/Young Person', chaired by Head of Education. Meetings: 24<sup>th</sup> Jan 2018; 27<sup>th</sup> April 2018. Information update report to LSCB – 25<sup>th</sup> January 2018.</li> </ul>	Children and Young People are involved/engaged in Strategic Planning and are empowered to hold the Local Area to account. This will be evidenced by their contributions being noted in minutes and their engagement in processes such as co-design of services and resources.
<b>4.4</b> Improve the quality of parents' voice throughout the SEND Governance and Accountability Structures. Ensuring appropriate response to areas of concern	Parents are directly involved in shaping future policy, resulting from their contributions to co-production of all new services/resources.	<ol style="list-style-type: none"> <li>1. Develop with MCT opportunities for parent engagement in the new SEND Governance and Accountability processes including the Co Chairing of appropriate Workstreams and Boards</li> <li>2. Engage with a wider group of parents and carers, building on existing networks, and exploring new ones (such as special school parent/carer groups).</li> <li>3. Engage with hard-to-reach parent groups, such as those who electively home educate, Gypsy Roma Traveller groups etc.</li> <li>4. Provide cross agency analysis of child, parent and carer feedback</li> <li>5. See 4.2, above.</li> </ol>	PS (Co-production / engagement operational work stream)	<p>Mar 2018 – June 2018</p> <p>May 2018 – Jan 2019</p> <p>May 2018 – Jan 2019</p> <p>Quarterly</p>	<ul style="list-style-type: none"> <li>✓ Planning sessions booked in with Making Changes Together group (MCT), throughout April/May 2018.</li> <li>✓ National Network of Parent Carer Forums: March 6<sup>th</sup> 2018 – to support MCT group and local area in widening engagement.</li> <li>✓ Patient Congress session: 15<sup>th</sup> May or 22<sup>nd</sup> May – (CCG Engagement team).</li> <li>✓ Regarding the Children's Therapy Services review, engagement session with Investing in Children's Xtreme Group - 3 May 2018; MCT group attendance at conference on 17<sup>th</sup> May 2018.</li> <li>✓ Local Area response to parental request led by MCT providing parent/carer of children and young people with SEND drop-in surgeries. First drop-in session on Feb 27<sup>th</sup> 2018.</li> <li>✓ Gypsy Roma Traveller service working with families who have accessed children's therapy services to establish service user views.</li> <li>✓ LANO attended 'Getting the Most from Feedback' development session Edinburgh University, 20/04/18.</li> </ul>	<p>Parents and Carers fully involved in the Strategic Planning and Development of SEND Services across the Local Area, and report satisfaction in process and outcomes.</p> <p>All partners in the Local Area engage in a process of continual positive change determined by Service User Feedback</p>