

## WORKING DRAFT

### Accelerated Progress Plan for an Area following the judgement by Ofsted/CQC that sufficient progress had not been made against the weaknesses outlined by the Inspection

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| <b>Name of the Local Area</b>                    | Lancashire   |
| <b>Date of Inspection</b>                        | Notification 24 March 2020<br>Inspectors on site 9 - 12 March 2020   |
| <b>Date of Publication of the Revisit report</b> | Delayed due to CoViD-19 – PUBLISHED 05/08/20   |
| <b>Accountable Officers from the LA and CCG</b>  | Edwina Grant OBE, Executive Director of Education and Children's Services, Lancashire County Council (Lancashire SEND Partnership Board Vice Chair)<br><br>Dr Julie Higgins, Joint Chief Officer with responsibility for SEND, BwD and East Lancs Clinical Commissioning Group (Lancashire SEND Partnership Board Chair) |
| <b>DfE and NHSE Advisers</b>                     | Cath Hitchin, SEN and Disability Professional Adviser, Department for Education (DfE)<br><br>Glenn Harrison, Senior Clinical Manager NHS England and NHS Improvement – North West Lancashire and South Cumbria   |

## Governance and Accountability

| <b>Governance and accountability structures and processes</b>   |   |   |  |
|---|---|---|--|
| <p>The Partnership governance arrangements are driven by the SEND Partnership Board to ensure the delivery of improvement and the assessment of progress, including this Accelerated Plan. This is supported by the SEND Operations Group which drives delivery, monitors progress and ensures coherence across the delivery groups, which in turn involve a range of partners aligned to the local priorities. The Health and Wellbeing Board is the accountable body; the Board has recently established a sub-committee for SEND to scrutinise progress on the implementation of the Plan and the associated Key Performance Indicators.</p> |   |   |  |
| Board/Group   | Chair/Vice Chair  | Accountability  | Connectivity   |
| Health and Wellbeing Board  | County Cllr Shaun Turner<br>County Cllr Phillippa Williamson<br><br>Chief Officer East Lancashire CCG and AO for CCGs,<br>Dr Julie Higgins (SEND health representative) | HWBB is the lead accountable body for the SEND Improvement work | Chair of HWBB<br>HWBB and SEND Partnership Board member<br>HWBB Board member and Chair of SEND Partnership Board |
| SEND Partnership Board  | Chief Officer of East Lancs CCG and AO for CCGs,<br>Julie Higgins (Chair)<br>Executive Director of Education and Children's Services,<br>Edwina Grant (Vice Chair)      | Health and Wellbeing Board<br>Joint Committee of CCGs           | Cabinet lead member SEND Partnership Board<br>AO for CCGs reports to all CCG Chief Officers through JCCCG        |
| SEND Operations Group   | Director of Education and Skills, Sarah Callaghan<br>Chief Operating Officer, Morecambe Bay CCG, Hilary Fordham   | SEND Partnership Board  | Members of SEND Partnership Board<br>CCG COO reports to CCB  |
| Delivery Groups   | Multi-agency partners work collaboratively in Delivery Groups to action the accelerated progress plan and the broader SEND improvement plan                             | SEND Operations Group   | Members of SEND Operations Group and SEND Partnership Board  |
| <p>This governance structure requires the Chair and Vice Chair of the SEND Partnership Board to report to the Health and Wellbeing Board and the Joint Committee of CCGs on progress with delivery of the Improvement Plan and the Accelerative Progress Plan.</p>  |   |   |  |

Additionally, the sub-committee of the Health and Wellbeing Board, Council's Cabinet, the Council's Scrutiny Committee and the Collaborative Commissioning Board review and challenge progress.

There is interconnectivity with the Children and Young People's Partnership and the Children and Young People's Commissioning Network, both of which consider children and young people's needs including, but not solely, those with SEND e.g. development of Early Years, CAMHSs and exclusions. SEND improvement is also a regular agenda item on the Boards of the NHS CCGs. **Add sub-committee to diagram if agreed.**



Exception reporting is used throughout the governance structure, using the RAG rating system. Data and information are shared with leaders to support both their assessment of the impact of actions on the lived experience of children and young people with SEND, and to inform on-going decision-making. The wider Improvement Plan, of which this Accelerated Progress Plan is a part, is being currently being reviewed by the SEND Partnership Board to ensure continuous progress with and priorities. This broader plan covers the ongoing priorities identified in the original inspection report, the actions in this Accelerated Progress Plan, and other areas for improvement which our own review processes have identified.

**Area of weakness identified in the original inspection****1. Leaders had an inaccurate understanding of the local area.**

Leaders have a better view of strengths and weaknesses across the partnership. Recently, more comprehensive and reliable datasets are informing area plans, such as the early years strategy. However, it has taken a considerable length of time to reach this point and there is still much more to do.

Following the 2017 inspection, action plans did not clearly indicate how leaders would measure success in resolving each of the significant weaknesses identified by inspectors. Also, leaders did not set out step-by-step targets to help them check how well their plans were progressing at key points. This has made it hard for leaders to know whether actions are on track and effective. For example, there was and still is no system in place to collect the views of parents and carers at the point of service delivery. This means that leaders and managers do not find out how well new systems and services are working quickly enough. They rely on the results of the online personal outcomes evaluation tool (POET) survey. These results are published annually, which is too infrequent to be the only measure of parental views, given the pace of change. Consequently, leaders do not always know whether their actions have made the positive difference for children, young people and their families that was intended.

| <b>1. Leaders had an inaccurate understanding of the local area</b>   |  |               |            |
|---|--|---------------|------------|
| Actions designed to lead to improvement   |  |               |            |
| <b>Area Lead – Sarah Callaghan</b>  |  |               |            |
| Action 1  | Responsible officers                     | By When       | Action RAG |
| 1.1 Establish a lead for data quality across the partnership and key co-ordinators within the council and health to manage the data flow  | Sally Richardson LCC<br>Zoe Richards CCG | October 2020  |            |
| 1.2 Review project and action plans to ensure they have step-by-step targets that illustrate progression towards the agreed measures of success   | Sarah Callaghan<br>Zoe Richards          | October 2020  |            |
| 1.3 Develop a consistent, accessible, and meaningful data dashboard for the partnership, informed and shaped by CYP and parent carers, to inform leaders about the measures of success for each area of improvement | Zoe Richards                             | November 2020 |            |
| 1.4 Present the performance report recurrently to the SEND Partnership Board for check and challenge  | Sarah Callaghan<br>Zoe Richards          | November 2020 |            |
| 1.5 Review the on-going use of the POET survey, including the frequency of analysis and reporting, making recommendations for future use  | Sally Richardson<br>Zoe Richards         | November 2020 |            |
| 1.6 Implement systems for securing feedback from parent carers at the point of service delivery, so that leaders are assured current information is used to support decision-making                                 | Sally Richardson<br>Zoe Richards         | January 2021  |            |
| 1.7 Implement a range of feedback reporting mechanisms across the partnership to significantly improve the sharing of current views and experience of parent carers   | Sally Richardson<br>Zoe Richards         | January 2021  |            |
| 1.8 Ensure that feedback from parent carers about service effectiveness contributes recurrently to each delivery group meeting and SEND Partnership Board.  | Sally Richardson<br>Zoe Richards         | January 2021  |            |

| 1. Leaders had an inaccurate understanding of the local area.  |   |     |   |     |  |     |
|--|---|-----|---|-----|--|-----|
| Impact measures and milestones to be achieved  |   |     |   |     |  |     |
| <p><b>We know we have achieved sufficient progress when ...</b> 100% of leaders confidently and consistently describe each of the 5 areas of improvement, with a shared understanding, giving examples that demonstrate progress.</p> <p><b>We know this has made a positive impact on the lived experience of children and young people with SEND when ...</b> 70% of parent carer feedback tells us that SEND services are good or better.</p> |   |     |   |     |  |     |
| KPI reference  | By 3 months   | RAG | By 6 months   | RAG | By 12 months   | RAG |
| 1  | <p>100% of leaders confidently and consistently describe the 5 areas of improvement with examples that demonstrate progress</p> <p>70% of parent carer feedback tells us that services accessed for SEND are good or better.</p>            |     |   |     |  |     |
| 1.1  | <p>Data leads are in place for LCC and for Health, and Data QuIP is established</p> <p>Data dashboard developed and agreed</p> <p>Implement the Partnership Board 'quiz' to test leaders' knowledge and understanding of the local area</p> |     | <p>Data dashboard is being recurrently reported to SEND Partnership Board</p> <p>90% of leaders score 90% or more in the Partnership Board 'quiz'</p> |     | <p>100% of leaders can confidently describe the data dashboard and are using the data to challenge progress with improvements, and to inform decision-making</p> <p>90% of leaders score 90% or more in the Partnership Board 'quiz'</p> |     |
| 1.2  | <p>Review current feedback mechanisms</p>   |     | <p>Implement additional / new feedback mechanisms</p> <p>50% of parent carers who provide feedback tell us that SEND services are good or better</p>  |     | <p>70% of parent carers who provide feedback tell us that SEND services are good or better</p>   |     |

**Area of weakness identified in the original inspection****2. There were weak joint commissioning arrangements that were not well developed or evaluated.**

At the initial inspection, leaders had not evaluated the impact of their actions or taken into account the views and lived experiences of children and young people with SEND and their families. This contributed to weak arrangements for joint commissioning.

A well-established group of commissioners from across the partnership work well together now. They have made sure that they are better informed about children and young people's needs. Effective co-production is helping commissioners to decide what services they need to provide and where they need to provide them. Commissioners are now prioritising some of the more pressing issues, such as re-designing the short breaks offer and improving the speech and language therapy (SALT) service.

However, these arrangements are not sufficiently well developed or evaluated. At the initial inspection, inspectors found weaknesses in the services for consumables, such as continence products. Twenty-eight months later, families still struggle to get these consumables. Furthermore, there remains inequitable special school nursing provision and gaps in specialist children's nursing services. Children and young people's access to public health nursing in special schools is not well understood and therefore not routinely used. Commissioners are currently reviewing these services. But it is unacceptable that some children, young people and their families have not had access to these important healthcare services for over two years.

| <b>2. There were weak joint commissioning arrangements that were not well developed or evaluated.</b>   |                                |               |            |
|---|--------------------------------|---------------|------------|
| Actions designed to lead to improvement   |                                |               |            |
| <b>Area Lead – Hilary Fordham, Dave Carr</b>  |                                |               |            |
| Action 2  | Responsible officers           | By When       | Action RAG |
| 2.1 Review the local area joint commissioning arrangements against the Children and Families Act 2014, setting out how each is being delivered                            | Dave Carr<br>Hilary Fordham    | November 2020 |            |
| 2.2 Specify and share the public health nursing arrangements for special schools  | Claire Platt                   | December 2020 |            |
| 2.3 Implement an evaluation process to assess the effectiveness of jointly commissioned services  | Dave Carr<br>Hilary Fordham    | December 2020 |            |
| 2.4 Secure good quality data from a range of sources to inform joint commissioning decision-making e.g. JSNA; EHCP's; feedback from parent carers, SENDIAS, DCOs          | Dave Carr<br>Hilary Fordham    | December 2020 |            |
| 2.5 Review and address the specific inequalities in special school nursing provision  | Dave Carr<br>Hilary Fordham    | March 2021    |            |
| 2.6 Review and address the specific inequities in specialist children's nursing services  | Hilary Fordham<br>Kirsty Hamer | June 2021     |            |
| 2.7 Agree and implement consistent policy arrangements for the provision of continence services, ensuring appropriate services can be accessed in all areas of Lancashire | Hilary Fordham/Steve Flynn     | March 2021    |            |



| <b>2. There were weak joint commissioning arrangements that were not well developed or evaluated.</b>   |  |     |  |     |  |     |
|---|--|-----|--|-----|--|-----|
| <b>Impact measures and milestones to be achieved</b>  |  |     |  |     |  |     |
| <b>We know we have achieved sufficient progress when ... 70% of those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service</b> |  |     |  |     |  |     |
| <b>We know this has made a positive impact on the lived experience of children and young people with SEND when ... 70% of parent carer feedback tells us that SEND services are good and better</b>         |  |     |  |     |  |     |
| KPI reference   | By 3 months  | RAG | By 6 months  | RAG | By 12 months   | RAG |
| 2   | 70% of those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service<br>70% of parent carer feedback tells us that SEND services are good or better. |     |  |     |  |     |
| 2.1   | There is a clear written explanation of the local area joint commissioning arrangements set against the Children and Families Act 2014 which is published on the Local Offer website   |     | 90% of leaders score 90% or more in the Partnership Board 'quiz' (aligned to Action 1)   |     | 100% of senior leaders responsible for commissioning can accurately describe the local area joint commissioning arrangements |     |
| 2.2   | Identify those special schools without a named public health school nurse  |     | 100% of special schools informed of public health school nurse   |     |  |     |
| 2.3   | Establish a mechanism to bring together and jointly review data and intelligence that will be used to assess the effectiveness of jointly commissioned services  |     | Commissioning Dashboard including data and intelligence that highlights the effectiveness of jointly commissioned services is recurrently reported to the Joint Commissioning Network, and SEND Partnership Board as appropriate |     |  |     |

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|     |  |  | 100% of senior commissioners can confidently describe the Commissioning Dashboard and use it to provide evidence of the impact of jointly commissioned services  |  |  |
| 2.4 | Finalise service specification for special school nursing services                 |  | Agree arrangements for future provision of special school nursing services ensuring that appropriate special school nursing services are available to all maintained and academy special schools in Lancashire<br><br>Source provision against revised service specification |  | 80% of Special Schools provide positive feedback on the impact of new revised arrangements   |
| 2.5 | Review joint commissioning arrangements for specialist children's nursing services |  | Agree arrangements for future provision of specialist nursing services ensuring appropriate services can be accessed in all areas of Lancashire  |  | Source provision against revised service specification<br><br>Local Offer website provides up to date information on available services and how to access them<br><br>70% of parent carer feedback tells us the experience of the service was good |
| 2.6 | Review joint commissioning arrangements for continence services                    |  | Agree and implement consistent policy arrangements for the provision of continence services ensuring appropriate services can be accessed in all areas of Lancashire   |  | Source provision against revised service specification<br><br>Local Offer website provides up to date information on services available and how to access them   |

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|--|--|--|--|--|--|--|
|  |  |  | Local Offer website provides up to date information on services available and how to access them |  | 70% of parent carer feedback tells us the experience of the service was good |  |
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**Area of weakness identified in the original inspection****3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.**

There are now diagnostic pathways for ASD in place across the county, including in the north of the area. However, long waiting times in some areas are limiting the effectiveness of these pathways.

Professionals co-produced the pathway in the north with children, young people and parents. This approach means that this service reflects their needs. But, the partnership underestimated the demand for this service. The service has been swamped by four times the anticipated number of referrals and, as a result, children and young people are waiting too long for an initial appointment. There is often little communication with these families about how long they should expect to wait for an appointment. A new county-wide neuro-developmental pathway integrates assessment and support for autism and attention deficit hyperactivity disorder. This single diagnostic pathway provides some consistency, while allowing providers to respond to local needs. Behavioural, sleep and sensory workshops are offered to families when they are referred into the pathway. These sessions are valued highly by the parents who have attended. Unfortunately, few parents have taken up this offer of support to help them better meet their child's needs. Leaders are looking at other ways to provide this support that may better suit parents, such as offering different times and locations.

Across Lancashire, leaders have put in measures to assure themselves that pathways are compliant with National Institute for Health Care and Excellence (NICE) guidance. This is regularly monitored. However, long waiting times for an initial appointment, combined with too little communication with families, are creating frustration and anxiety for some families.

| <b>3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.</b>  |                      |               |            |
|--|----------------------|---------------|------------|
| Actions designed to lead to improvement  |                      |               |            |
| <b>Area Lead – Hilary Fordham</b>  |                      |               |            |
| Action   | Responsible officers | By When       | Action RAG |
| 3.1 Develop an ASD waiting time recovery plan  | Hilary Fordham       | October 2020  |            |
| 3.2 Commence implementation of rapid recovery plans for those areas with long waiting lists  | Hilary Fordham       | November 2020 |            |
| 3.3 Using established intelligence sources, undertake a demand analysis for ASD assessment and diagnosis   | Hilary Fordham       | November 2020 |            |
| 3.4 Improve the feedback loop with parent carers, and with children and young people, so that leaders and practitioners can support the ongoing improvements with the ASD pathway  | Hilary Fordham       | November 2020 |            |
| 3.5 Implement the triage approach so that CYP can be put onto the correct pathway as early as possible   | Hilary Fordham       | January 2021  |            |
| 3.6 Identify and implement ASD information, advice and support, which provides parent carers with: access to online triage systems; support videos, webinars and training; information leaflets; and links to existing online resources, so that they feel supported through the Local Offer during the waiting period | Hilary Fordham       | February 2021 |            |
| 3.7 Implement systems to communicate with parent carers to keep them informed about the length of wait, and to provide them with information, advice and support throughout the waiting period   | Hilary Fordham       | March 2021    |            |

| <b>3. There was an absence of effective diagnostic pathways for autism spectrum disorders (ASD) across the local area and no diagnostic pathway in the north of the area.</b>  |   |     |   |     |  |     |
|--|---|-----|---|-----|--|-----|
| <b>Impact measures and milestones to be achieved</b>   |   |     |   |     |  |     |
| <b>We know we have achieved sufficient progress when ...</b> CYP have a timely diagnosis for neurodevelopmental needs and receive the subsequent support that meets their needs  |   |     |   |     |  |     |
| <b>We know this has made a positive impact on the lived experience of children and young people with SEND when ...</b> 70% of parent carers who tell us in feedback that the ASD / ND support their child or young person is receiving is good or better |   |     |   |     |  |     |
| KPI reference  | By 3 months   | RAG | By 6 months   | RAG | By 12 months   | RAG |
| 3  | 70% of parent carers who tell us in feedback that the ASD / ND support that their child or young person is receiving is good or better                      |     |   |     |  |     |
| 3.1  | Identify the baseline of current numbers on waiting lists   |     | Review of the impact of lockdown on waiting lists and support offered, and agree opportunities and processes for managing the waiting lists, including implementing a waiting list initiative |     | Reduction in numbers on waiting list – actual % difficult to identify as dependent on the on-going impact of the COVID situation<br><br>Increase in the support offered to parent carers                 |     |
| 3.2  | 100% of people who are on the waiting list have been sent first of 4 letters about the length of wait and what that might mean for them post-COVID lockdown |     | 100% of people on waiting list have been communicated with and have been informed of the support offer that is available to them whilst on the waiting list                                   |     | 100% of people on waiting list have been sent 3 letters if the CYP is still on the waiting list at 12 months, or have had their first appointment and have either had a follow-up, or have a date for it |     |
| 3.3  | Implemented a satisfaction rating   |     | 40% of parent carers tell us their experience was good or better  |     | 70 % of parent carers tell us their experience was good or better  |     |
| 3.4  | Mapped support offers with Parent Carer Forum<br>Communicated support offers on local offer, PCF website, newsletters, to professionals                     |     | 100% of parent carers offered support whilst on waiting list and after diagnosis  |     | 100% of parent carers offered support whilst on waiting list and after diagnosis<br>Evidence the % of parent carers who take up support offers   |     |

|     |  |  |  |  |  |
|-----|--|--|--|--|--|
|     | % of parent carers offered support whilst on waiting list and after diagnosis<br>% of parent carers who take up support offers |  | Evidence the % of parent carers who take up support offers   |  |  |
| 3.5 | 30% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better     |  | 50% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better |  | 70% of parent carers who tell us that the ASD / ND support that their child or young person is receiving is good or better |

**This area is difficult to put actual percentages to as the COVID situation has impacted on the ASD pathway, and we don't know how long that will continue for, or how long it will take to manage the increase in waiting list and the increase in referrals at this stage. Health partners will set a target prior to the submission of the plan to the DfE but this is as yet not agreed.**

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**Area of weakness identified in the original inspection****4. Transition arrangements in 0 to 25 healthcare services were poor.**

Inspectors reported that transition arrangements across Lancashire were 'splintered'. At that time, there was no evidence of a strategy to ensure that young people transitioned effectively into adult services.

There has been limited progress in resolving the weaknesses found at the initial inspection. While there has been some activity, this has been piecemeal. For example, there are well-developed plans to extend the delivery of the existing child and adolescent mental health service (CAMHS) to young people up to 19 years old. Also, the early years strategy sets out how young children, including those not in schools or settings, will be supported to be school ready.

However, there are still not enough commissioned services for young people up to the age of 25. There is limited effective joint working between children's and adults' services. This results in poor experiences for young people.

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| <b>4. Transition arrangements in 0 to 25 healthcare services were poor.</b>   |                      |               |            |
|---|----------------------|---------------|------------|
| Actions designed to lead to improvement   |                      |               |            |
| <b>Area Lead – Zoe Richards</b>   |                      |               |            |
| Action  | Responsible officers | By When       | Action RAG |
| 4.1 Develop and implement a joined up ICS strategy to support young people's transition through 0-25 healthcare services  | Zoe Richards         | November 2020 |            |
| 4.2 Identify the data required to monitor transitions across providers, and implement within providers through the Data Quality Improvement Project   | Zoe Richards         | December 2020 |            |
| 4.3 Agree and implement a set of protocols/healthcare model that secures effective joint working arrangements which support transition from children to adult services  | Zoe Richards         | January 2021  |            |
| 4.4 Review current service provision between children's and adult services, and identify gaps in commissioned services up to 25 years of age to inform the on-going development of commissioning arrangements | Zoe Richards         | February 2021 |            |
| 4.5 Implement mechanisms to share and disseminate learning from the implementation of transition arrangements across partnership  | Zoe Richards         | March 2021    |            |
| 4.6 Put arrangements in place for those young people whose needs are at a level that do not require specialist intervention, but may need support in how to manage their on-going condition                   | Zoe Richards         | July 2021     |            |

| 4. Transition arrangements in 0 to 25 healthcare services were poor.  |   |     |  |     |  |     |
|---|---|-----|--|-----|--|-----|
| Impact measures and milestones to be achieved   |   |     |  |     |  |     |
| We know we have achieved sufficient progress when ... CYP have a transitions plan in place and progress out of children's services to age and needs-appropriate services  |   |     |  |     |  |     |
| We know this has made a positive impact on the lived experience of children and young people with SEND when ... 80% of young people who need to transition to age and needs-appropriate services tell us that their experience was good or better |   |     |  |     |  |     |
| KPI reference   | By 3 months   | RAG | By 6 months  | RAG | By 12 months   | RAG |
| 4   | 80% of young people who need to transition to age and needs-appropriate services tell us that their experience of the transition process was good or better |     |  |     |  |     |
| 4.1   | Approach developed to identify CYP at 14 years old who will require transition arrangements   |     | Transition identification process agreed by all providers  |     | 75% of 14 year old CYP who will require transition arrangements are identified as needing transition |     |
| 4.2   | Transition plan approach developed and agreed   |     | 50% of CYP who are 14yrs or older and who have an appointment with Children's Services are told about creating a Transition Plan |     | 75% of CYP who require transition arrangements have started working on a transition plan from 14yrs  |     |
| 4.3   | Set up a satisfaction rating model  |     | 50% of CYP needing transition support report that conversations about transitions are good or better                             |     | 70% of CYP needing transition support report that conversations about transitions are good or better |     |

**Area of weakness identified in the original inspection****5. The local offer was inaccessible, and the quality of information published was poor.**

Inspectors found that the local offer was not used effectively, parents' awareness of the local offer was poor, and the information provided was not useful.

Leaders have engaged well with parents, children and young people and other partners to redesign the local offer. Unfortunately, there have been delays in its delivery. This means that the new offer was only launched in January.

Furthermore, this work is not yet complete. Parents do not find the information it provides useful. Leaders have a plan to add a directory of services to the local offer and also appoint an officer to keep the information up to date and relevant.

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| <b>5. The local offer was inaccessible, and the quality of information published was poor.</b>   |  |               |            |
|--|--|---------------|------------|
| Actions designed to lead to improvement  |  |               |            |
| <b>Area Lead – Dave Carr</b>   |  |               |            |
| Action   | Responsible officers                           | By When       | Action RAG |
| 5.1 Appoint the partnership post of Local Offer Development Officer to further develop the local offer website, alongside the broader communication and engagement activity                                      | Dave Carr                                      | October 2020  |            |
| 5.2 Complete and implement the directory of services, to improve the information about local provision in the area   | Ian Forsyth                                    | October 2020  |            |
| 5.3 Implement a tool to enable parent carers to share their views about the local offer and analyse the findings   | Ian Forsyth                                    | October 2020  |            |
| 5.4 Report timely feedback received through the local offer website to the SEND Partnership Board and the Joint Commissioning Group, to improve understanding about parent carer experience of service provision | Ian Forsyth<br>Local Offer Development Officer | November 2020 |            |
| 5.5 Schedule regular reviews of the information on the local offer website, to ensure it remains up to date, relevant and informs ongoing improvement  | Local Offer Development Officer                | December 2020 |            |
| 5.6 Agree and implement a variety of methods of communication and engagement links with parent carers over a 12-month rolling period to support required improvement in the local offer                          | Local Offer Development Officer                | January 2021  |            |
| 5.7 Implement the changes to the local offer proposed by parent carers, young people and professionals, to increase the value of the information and ensure the platform is easy to navigate/use                 | Local Offer Development Officer                | March 2021    |            |

| 5. The local offer was inaccessible, and the quality of information published was poor.   |   |     |   |     |  |     |
|---|---|-----|---|-----|--|-----|
| Impact measures and milestones to be achieved   |   |     |   |     |  |     |
| We know we have achieved sufficient progress when people can access information easily through the local offer and are engaged in its ongoing development as a source of support.   |   |     |   |     |  |     |
| We know this has made a positive impact on the lived experience of children and young people with SEND when 75% users of the Local Offer tell us they were able to find the information they needed and that it was useful. |   |     |   |     |  |     |
| KPI reference   | By 3 months   | RAG | By 6 months   | RAG | By 12 months   | RAG |
| 5   | Of those using the local offer 70% tell us that they were able to find the information they need  |     |   |     |  |     |
|   | Of those using the local offer 70% of people using the local offer tell us that the information they accessed was useful                        |     |   |     |  |     |
| 5.1   | The directory of services is implemented.<br><br>A feedback system is established as part of the Local Offer website and a baseline established |     | Regular reviews of the information on the local offer website are taking place<br><br>70% of people using the local offer tell us that they were able to find the information they need |     | Structural changes to the local offer take place to ensure the platform is easy to navigate/use<br><br>75% of parent carers tell us that they are able to find the information they need |     |
| 5.2   | A feedback system is established as part of the Local Offer website and a baseline established  |     | Communication with parent carers is taking place increase awareness of and develop the local offer<br><br>70% of parent carers tell us that information they accessed was useful        |     | Feedback from parent carers is informing improvement in the local offer<br><br>75% of parent carers tell us that information they accessed was useful                                    |     |

*If you have a council wide risk register may be required.*

## Risk Register

| Date  | Risk   | Severity/<br>Impact | Mitigation   | Severity / Impact<br>Post-mitigation  | Progress following action |
|-------|--|---------------------|--|---|---------------------------|
| 09/20 | ASD waiting times have been significantly impacted by COVID-19 and the inability to do a full assessment | High                | <p>Workshop held 12/08/20 with providers and commissioners to identify blocks and enablers related to a rapid recovery plan – includes review of thresholds and gold standards for assessments</p> <p>Paper submitted to CCB highlighting problems and potential solution. Approved to go to JCCCG in September 2020.</p> <p>Advice sought from NHSE/I and awaiting response</p> | Potentially remains high – unknown due to on-going situation with COVID-19 and how it affects ASD assessments |                           |
|       |  |                     |  |   |                           |
|       |  |                     |  |   |                           |
|       |  |                     |  |   |                           |

## Score card

| KPI Reference | KPI  | Baseline | 3 months | 6 months | 12 months |
|---------------|--|----------|----------|----------|-----------|
| 1a            | 100% of leaders confidently and consistently describe the 5 areas of improvement with examples that demonstrate progress   | 0%       | 35%      | 90%      | 100%      |
| 1b            | 70% of parent carer feedback tells us that services accessed for SEND are good or better.  | 0%       | 20%      | 35%      | 70%       |
| 2a            | 70% of parent carers for those CYP meeting the criteria to access a service tell us that they receive the right support at the right time from the right service | 0%       | 30%      | 45%      | 70%       |
| 2b            | 70% of parent carer feedback tells us that SEND services are good or better.   | 0%       | 30%      | 45%      | 70%       |
| 3a            | 70% of parent carers who tell us in feedback that the ASD / ND support that their child or young person is receiving is good or better                           | 0%       | 30%      | 50%      | 70%       |
| 4a            | 80% of young people who need to transition to  | 0%       | 20%      | 45%      | 80%       |

|    |  |    |     |     |     |  |  |
|----|--|----|-----|-----|-----|--|--|
|    | age and needs-appropriate services tell us that their experience of the transition process was good or better    |    |     |     |     |  |  |
| 5a | 70% of those providing feedback on the local offer tell us that they were able to find the information they need | 0% | 50% | 70% | 75% |  |  |
| 5b | 70% of those providing feedback on the local offer tell us that the information they accessed was useful         | 0% | 50% | 70% | 75% |  |  |

WORKING DRAFT