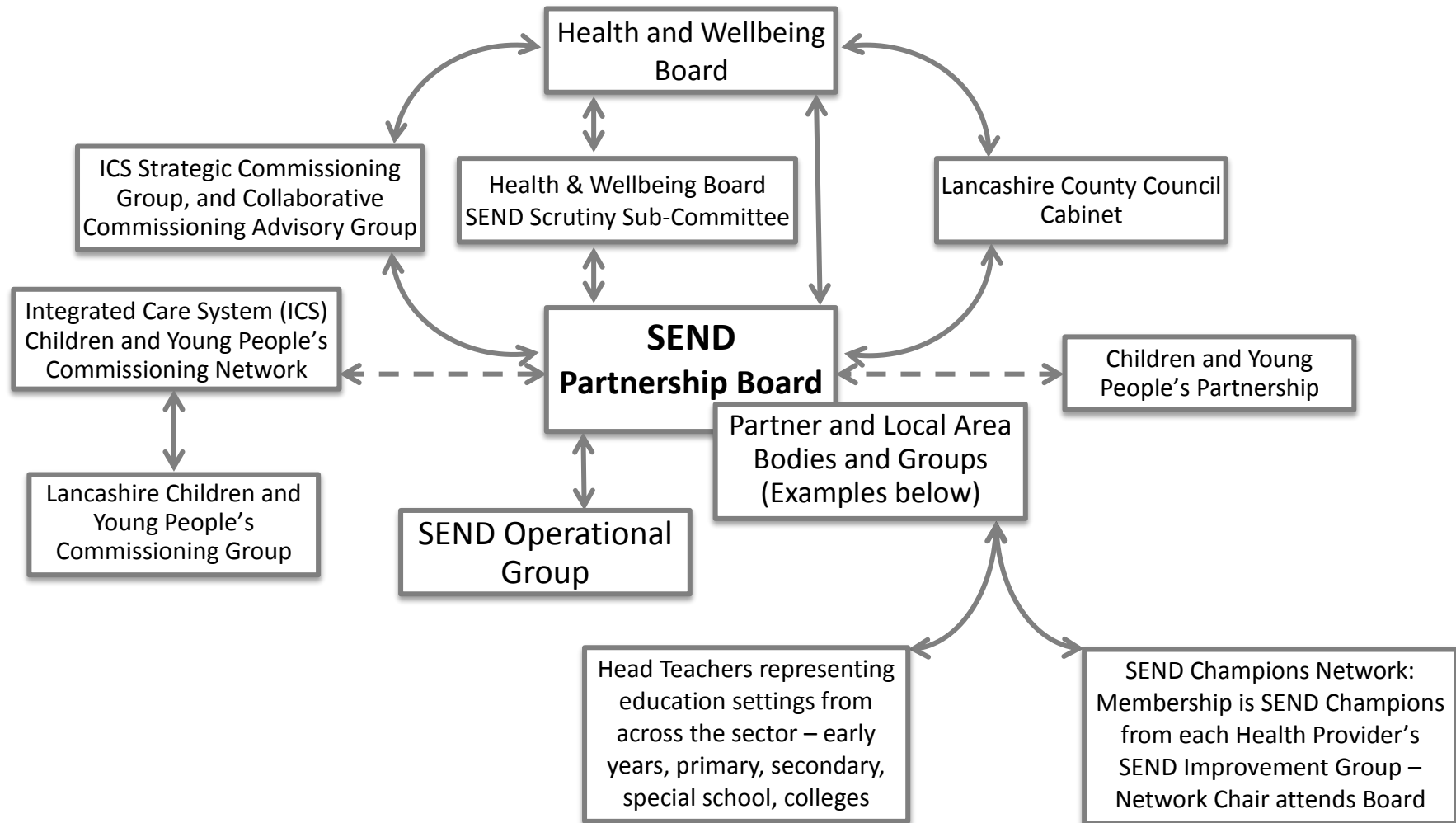


Lancashire SEND Self-Assessment for the Accelerated Progress Plan Monitoring Review September 2021

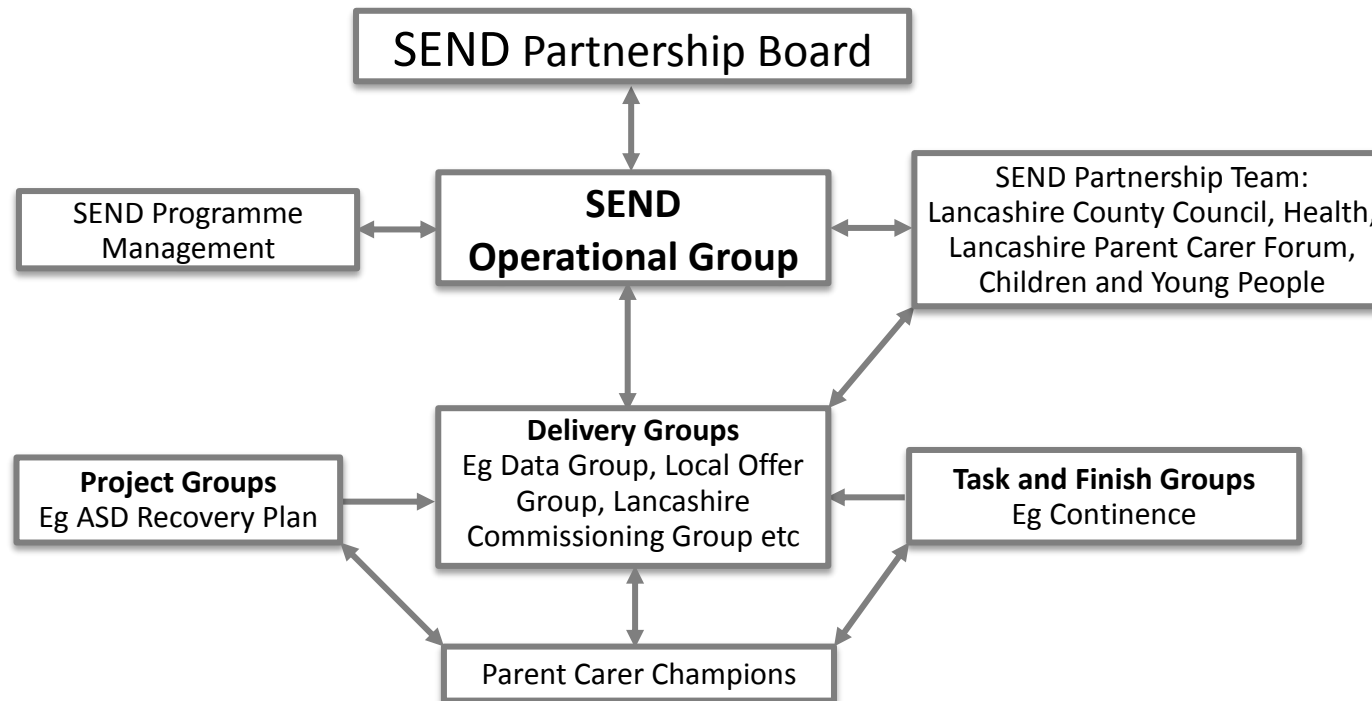
Requested Evidence

| DfE Requested Evidence (from letter re monitoring meeting) | Where this can be found (most of evidence is contained in this one document) |
|---|---|
| Your accelerated Progress Plan (APP), with a brief progress update against each item | <ul style="list-style-type: none"> • APP Progress Update (Appendix 1, pages 46-49) • KPI Enabler document (additional evidence document) • Self-Assessment (from page 5 of this document) • Presentation (brief update) |
| A dashboard of performance measures showing whether targets and milestones are being met in a timely manner; any slippage; and whether the local area is on track to meet the next set of milestones | <ul style="list-style-type: none"> • APP Progress Update Appendix 1 of Self-Assessment pages 46-49 • KPI Enabler document • Presentation (brief update) • Self-Assessment (for full detail) • SEND Plan (illustrates SEND Partnership next steps) • Turning Words into Actions (SEND Plan operational implementation guide) |
| An updated risk register and mitigation plans | <ul style="list-style-type: none"> • Self-Assessment (Action 4) • Presentation (Action 4) |
| Evidence of systems being in place for collecting and analysing the impact of actions | <ul style="list-style-type: none"> • Self-Assessment (Action 1) • Evidence Log Appendix 2 of Self-Assessment (pages 50-52) |
| Any local evidence that you already hold (eg through consultations and surveys) that key partners, including children and young people, families and schools are playing an active role in developing the APP and in improving services | <ul style="list-style-type: none"> • Self-Assessment • Engagement, Participation and Co-Production Tracker Appendix 4 of Self-Assessment (pages 53-55) • Evidence Log Appendix 2 of Self-Assessment (pp 49-51) • SEND Plan (Co-Produced) |
| Clear information about your local accountability and governance structure | <ul style="list-style-type: none"> • Self-Assessment (pages 2 and 3) |
| A brief update on any training that has been brokered for you by your DfE and NHSE Advisers since your revisit, or that you have bought in from elsewhere, and your assessment of its effectiveness | <ul style="list-style-type: none"> • Workforce Development Record Appendix 3 of Self-Assessment (pages 56-60) • Workforce Development Strategy (submitted at half year review) |

Strategic Governance and Accountability Structure



Operational Governance and Accountability Structure



Context

All partners are held to account for the delivery of the SEND improvements across the Lancashire County Council footprint. The governance and accountability structures above demonstrate how this is managed. All of our work is driven by the feedback and responses of children and young people (CYP) and their families, and this is done in a number of ways such as surveys, focus groups, events, and membership of project groups. The voice of the child or young person is present through the Children and Young People’s Executive SEND Board, which links with participation and engagement of wider groups through the commissioned group called POWAR. The voice of parent carers is present through the Lancashire Parent Carer Forum, which links with the parent carer forums across the ICS, regionally, and nationally, and brings together groups of parent carers to support engagement, participation, consultation and co-production.

The local area covers a large geographical footprint, with clusters of significant deprivation resulting in different patterns of need and ways of delivering services, resulting in warranted variation. The Lancashire SEND Partnership consists of one council area with twelve districts, six Clinical Commissioning Groups (CCGs), and the NHS Midlands and Lancashire Commissioning Support Unit, all of which are brought together through the Integrated Care System (ICS) and five Integrated Care Partnerships (ICPs), with eight healthcare providers. The providers are brought together through the Health SEND Champions Network. There are 173 GP practices

in Lancashire, and 41 Primary Care Networks across Lancashire and South Cumbria. This all combines to create a level of complexity and challenge as we strive to secure improvement and consistency, whilst maintaining the pace of change.

Lancashire underwent an initial SEND inspection in November 2017 when the inspectors for Ofsted and CQC identified that there were 12 areas of significant concern. In the inspection revisit in March 2020 (reported on in August 2020 due to the pandemic) the inspectors found that sufficient progress had been made in 7 of the 12 areas, and that although they could see progress for the remaining 5 areas, they identified that sufficient progress had not been made. In a break from standard practice, the inspectors read out an additional statement to the Lancashire SEND Partnership that demonstrated their confidence in the area being able to make sufficient progress with the remaining 5 areas, as they had observed significant changes in leadership, partnership and practices.

This self-assessment illustrates the progress that has been made since March 2020, despite the pandemic and the related impact on services and capacity to deliver ongoing improvements. The strong foundations that the inspectors observed in the inspection revisit have been built on, with the Covid response enhancing the partnership approaches, and integrated ways of working. The Lancashire SEND Partnership is proud of the progress that has been made during these unprecedented times, whilst also recognising the need to continue improving the services we deliver. This is demonstrated through the co-produced SEND Plan for 2021-2025 that commenced delivery from 1st September 2021.

Abbreviations used within the self-assessment

| | | | |
|-----------|--|----------|---|
| AP | Alternative Provision | LCC | Lancashire County Council |
| APP | Accelerated Progress Plan | LD&A | Learning Disabilities and Autism |
| ASD | Autism Spectrum Disorder | LPCF | Lancashire Parent Carer Forum |
| BTH | Blackpool Teaching Hospital (covering Fylde Coast) | LSCFT | Lancashire and South Cumbria Foundation Trust |
| CCAG | Collaborative Commissioning Advisory Group | NEET | Not in Education, Employment or Training |
| CCB | Collaborative Commissioning Board (replaced by CCAG) | NHSE | National Health Service England |
| CCG | Clinical Commissioning Group | NICE | National Institute for Clinical Excellence |
| CYP | Children and Young People | Ofsted | Office for Standards in Education, Children’s Services and Skills |
| CQC | Care Quality Commission | POET | Personal Outcomes Evaluation Tool |
| DCO | Designated Clinical Officer | PFA | Preparing for Adulthood |
| DPIA | Data Protection Impact Assessment | POWAR | Participate, Opportunity, Win, Achieve, Respect – CYP Group |
| EHCP | Education, Health and Care Plan | QuIP | Quality Improvement Programme |
| ELHT | East Lancashire Hospital Trust | SEMH | Social, Emotional and Mental Health |
| EMIS | Electronic Management Information System | SENCO | SEN Co-ordinator in schools |
| GP | General Practitioner (in Primary Care) | SEND | Special Educational Needs and/or Disabilities |
| ICP | Integrated Care Partnership (x5 in the ICS) | SENDIASS | SEND Information, Advice and Support Services |
| ICS | Integrated Care System | UHMBT | University Hospitals Morecambe Bay Foundation Trust |
| LandSCAPE | Lancashire and South Cumbria Autism Project and Evaluation | WfD | Workforce Development |

Action 1: Leaders' Understanding of the Local Area

In November 2017 the inspectors said 'Leaders (had an) inaccurate understanding of the local area', and 'Leaders in the local area are unable to demonstrate effective joint strategic leadership in terms of implementing the reforms.'

In March 2020, the inspectors said:

'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. 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 for 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.'**

Overview

Following on from the recognition by inspectors in 2020 that leaders have a better view of strengths and weaknesses, but that more needed to be done, considerable activity has been undertaken to ensure leaders know and understand the local area in relation to SEND. The governance structure has been reviewed along with improving the ways in which the partnership works jointly to improve strategic leadership. Plans now have milestones attached to them, and scrutiny of actions tracks both delivery and effectiveness of delivery of changes through monthly and quarterly highlight reports.

Responding to concerns about the POET survey (Personal Outcomes Evaluation Tool), this was reviewed. We replaced by regular surveys providing parental views at the point of service delivery. For example, surveys are used for SENDIASS, the DCOs, ASD (including ASD Support), Transitions in Healthcare, EHCPs, Local Offer and other services, in order to gather the widest breadth of feedback. Additionally, the partnership ran 6 'Think SEND' events where the views of parent carers and practitioners were gathered to inform the production of the SEND Plan for continuing delivery of improvements from 2021-2025.

Leaders have made informed decisions through the use of improved datasets. These datasets ensure that decision-makers have access to current, reliable and comprehensive intelligence. Examples of the positive impacts of the datasets are:

- Leaders are able to consider anomalies when compared with statistical neighbours, as well as having greater clarity about service delivery and the impact and effectiveness of changes that are made.
- Improvements to the dataset for ASD illustrated that increases in referrals at the end of each period of lockdown has impacted on the changes that have been funded, which in turn informed a bid for NHSE funding that is resulting in changes in the Autism Assessment Pathway from the point where a need is identified. Adjustments have been made to pathways, directing resources where they are needed, which results from the ASD data dashboard.

- A better understanding of the position in relation to annual reviews has resulted in the employment of a new cohort of staff specifically to work on reviews.
- Data use has shaped service delivery in response to need with the development and implementation of the SEND Sufficiency Strategy, ratified by cabinet in October 2020. The strategy addresses the pressure on special school places by investing in special school expansion where there is proven demand over time, and by developing SEND units on mainstream school sites that enable children to access specialist support whilst remaining on a mainstream site. To date, from September 2021, there are up to 16 SEN unit places for SEMH in the East, up to 8 SEN unit in East for social communication and interaction, 60 additional special school places from April 2022 in East, and a further 72 places from September 2022 in South.
- An update to the SEND Sufficiency Strategy, presented to Cabinet and to the SEND Partnership Board in September 2021 makes recommendations for satellite specialist support on mainstream sites as well as a proposal for a fee school in the north of the county to address gaps in social, emotional and mental health provision, and the creation of SEN units in mainstream schools. In September 2021, two of these will have opened, with approval expected for seven more including one secondary, and to progress with a further nine. Improved monitoring systems have been established to support monitoring of placements, including a placement forecasting tool.
- The Alternative Provision Strategy uses data to respond to the prevalence of children and young people with SEND in alternative provision. This has led to refreshed service level agreements with all of Lancashire's Pupil Referral Units so that there is a preventative and flexible offer of support that enables more children and young people to remain in mainstream education.
- In parallel to meeting demand through investment, both the Sufficiency Strategy and Alternative Provision Strategy are underpinned by the same principles endorsed by Cabinet that shift cultural practice to reflect the ambitions of the SEND reforms by supporting children to remain in mainstream education. This is facilitated by the development of a SEND toolkit to support schools to offer a graduated approach.

These developments have all depended on robust and reliable data, and the accurate use of data that makes sure leaders are clear of strengths and weaknesses across the SEND Partnership; of what is appropriate across Lancashire in terms of warranted variation in need; and what quality issues need to be addressed. This means support is developed in response to need, whilst shifting practice and culture to more preventative approaches delivering long-term support mechanisms.

Workforce development has been recognised by the Partnership as being critical to ensuring on-going improvements to leaders' understanding of SEND in the local area. As a result, a Workforce Development Strategy has been approved by the Board for implementation from September 2021. Over 500 staff have attended 'SEND is Everyone's Business' briefings to date, with more sessions booked in the autumn; 176 people attended the Think SEND events; 88 people attended consultation events. The briefings and events have helped to improve people's understanding of the SEND improvements. As a direct result of the briefings, decision-makers approved recommendations related to SEND (eg approval of the Bladder and Bowel Framework, and subsequent approval to commission services where there have been commissioning gaps), stating that they understand the need to approve such recommendations with their increased knowledge and understanding of the SEND agenda.

School leaders and other partners were supported by Whole School SEND to develop a better understanding of the local area through a series of workshops across the partnership. This work supported greater understanding of how to improve the SEND data dashboard, and also resulted in some additional work with a group of schools that served to promote a collaborative approach to workforce development, which will have positive long term impacts across the sector.

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|---|--|--|---|
| General Improvements Within Partnership and Across Leadership | | | | |
| The governance structure was complicated | Governance structure has been reviewed and refreshed. | The governance structure is simplified. | Leaders know where they fit within the SEND governance structure, and why. | An annual review of the governance structure is scheduled in the SEND Operational Group forward plan to ensure it is fit for purpose. |
| A desire for improved clarity about the purpose of the Board. | The SEND Partnership Board responded to the question and jointly reviewed its purpose at two workshops through co-production with all partners. | Changes have been made to the Terms of Reference and to the way the Board operates, including strengthening the forward plan. | Board members report that they feel more engaged with the agenda items and understand their role and how they contribute. They also have a better understanding of progress with actions on the SEND improvements. | Review of Terms of Reference and Board purpose scheduled into the Board forward plan as a bi-annual process |
| Board members asked for clarity about confidentiality and sharing. | Implemented the Board Brief which is sent out to all partners after the meeting for them to share with the people they represent. | Board Brief is a standard document that goes out to all Board members following each Board meeting. | All Board members are fully aware of what they can share with the people they represent, keeping leaders informed of the work that is going on. | On-going |
| The CYP told us that they felt that their attendance at Board was tokenistic and they did not understand the reason for them being in meetings. | Set up the CYP Shadow Board alongside POWAR (the CYP participation group), and the children and young people who attend the Partnership Board have a pre-meet with the SEND Partnership Manager to prepare for each item on the agenda. | The CYP are vocal at each Board meeting, contributing to every agenda item with questions and challenges. Following each Board meeting, they invite staff to attend their meetings so that they can find out more on specific topics, and they also offer support. | The CYP tell us that they enjoy contributing to the Board and like that they have a section on each agenda to say that 'Because of this meeting, children and young people now ...'. They also feel that better access to staff who are working on improvement activity. | Six monthly reviews are planned in to ensure the Shadow Board continues to be fit for purpose. |
| The Lancashire Parent Carer Forum did not feel that they had a strong enough voice at the Partnership Board. | The SEND Partnership Manager was invited to attend the LPCF Steering Group to get a better understanding of what was needed. | There are 4 trained LPCF Steering Group members on the Board, each representing a part of Lancashire. | LPCF have a stronger voice on the Board and a better understanding of the work that is being delivered. | Lancashire Parent Carer Forum Steering Group has asked for a pre-meet to Board to replicate the approach used with the CYP. Review of all membership scheduled into forward plan. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
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| | Increased the number of LPCF Steering Group members on the SEND Partnership Board. | The SEND Partnership Manager is now a member of the LPCF Steering Group. | There is greater join up between the LPCF and the work that is being delivered. | Support the ongoing development of the LPCF |
| | LPCF organised training through Contact for Families, and included the SEND Partnership Manager and Local Offer Development Officer in the training. | The SEND Partnership Manager is a member of the LPCF Steering Group. Representatives of the LPCF are members of the SEND Partnership Team which meets monthly. | Strengthened the relationship between the LPCF and the partnership, increased understanding of each other's needs and positions, and resulted in changes to ways of working (eg the introduction of the SEND Partnership Team meetings). | Identify future opportunities for delivering joint training to increase knowledge and understanding of each other's roles – for example, recent discussions have led to the organisation of a session to take place in October related to questionnaires and surveys. |
| Improvements Based On Inspector Comments (right hand column covers comments made in the 2020 inspection revisit letter) | | | | |
| ... more comprehensive and reliable datasets are informing area plans ... however, it has taken a considerable length of time to reach this point, and there is still much more to do. | <p>What action did we take to get to the dataset? Datasets have been improved to ensure that the intelligence that is used in decision-making is current, reliable and comprehensive, with clarity regarding monthly, quarterly (or termly) and annual reporting points.</p> <p>Data leads have been identified for both LCC and the NHS.</p> <p>There is a joint data group that meets regularly, an LCC data team that works on data input and quality, and an NHS Data QuIP (Quality Improvement Project) that works on bringing health providers together to improve data quality.</p> | <p>A data reporting 'master' list exists demonstrating what reporting takes place and the regularity of that reporting (monthly, quarterly or annually).</p> <p>Two data dashboards – one for all education data, one for health. The overarching dashboard is submitted to the SEND Partnership Board and the Scrutiny Sub-Committee of the Health and Wellbeing Board as part of the Accelerated Progress Plan Highlight Reporting. Data is also used in all relevant meetings, keeping leaders abreast of anomalies, themes and issues that they need to be aware of, and informing appropriate changes.</p> | <p>Leaders across all sectors have access to data that informs them about the local area in relation to SEND, and the data is used to inform decision making. There is a stronger focus on what the data is telling leaders which in turn means that decision-making is improved.</p> | <p>Improvements will continue to be made to data sets and the data dashboard in order to assure that intelligence is reliable and current.</p> |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|---|--|---|--|
| <p>... more comprehensive and reliable datasets are informing area plans</p> | <p>A Commissioning Dashboard has been developed that pulls together reports and data sources in one place, including survey results, performance management. This is linked with the broader data dashboard to ensure join up of intelligence.</p> | <p>The commissioning dashboard is reported monthly to the Commissioning Group meetings, and inform conversations that support improvements to commissioning.</p> | <p>Leaders involved in decision-making are better informed about commissioning arrangements, gaps and themes that arise.</p> | <p>Continue to improve the dashboard and to use it in conversations and decision-making.</p> |
| <p>... more comprehensive and reliable datasets are informing area plans</p> <p>Leaders did not set out step-by-step targets to help them check how well their plans were progressing at key points.</p> | <p>When the inspectors provided feedback related to ASD leaders were not confident in the reliability of the data to be able to respond. Since then, a comprehensive data cleanse has been carried out by most providers (one is progressing to Electronic Patient Record System which will include a data cleanse), and agreement has been reached regarding the ASD pathway and data sets required which are being adapted.</p> | <p>A reliable dashboard is now used by commissioners in meetings with providers to discuss performance and positions in relation to waiting times, any issues with waits at different points on the pathways, and adjustments that are required.</p> | <p>The work on the dashboard has enabled the right improvements to be made and will continue to contribute in this way. Also, the data was used to inform the bid for NHSE funding for LandSCAPE (innovation in autism) and the Autism in Schools Project. Through all of this work, families will notice ongoing improvements not only with waiting times, but also with the ASD pathway in general from the point where a need is identified.</p> | <p>Continue to develop the ASD dashboard as learning informs changes that need to be made and bring along all providers to ensure there is one consistent approach being across the whole ICS.</p> |
| <p>Leaders did not set out step-by-step targets to help them check how well their plans were progressing at key points.</p> | <p>Highlight Reports for the improvement activity were developed, and improved as understanding of how they can benefit leaders so that they have updates, step-by-step targets, milestones, information of co-production and information on risks with plans for mitigation.</p> | <p>Highlight reports are shared monthly with the SEND Operational Group, SEND Partnership Board, SEND Scrutiny sub-committee of the Health and Wellbeing Board, Commissioning Network, and other relevant leadership groups.</p> | <p>All leaders have monthly and quarterly updates on progress, along with milestones and upcoming actions.</p> <p>A suite of documents exist for scrutiny, check and challenge.</p> <p>Progress is clear and concise, as are risks and issues.</p> | <p>This approach will continue for monthly and quarterly reporting from Working Groups that have been developed for the delivery of the SEND Plan 2021-25.</p> |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|---|--|---|--|
| Leaders have a better view of strengths and weaknesses across the partnership. | SEND Partnership Team Meetings have been established, and membership was agreed. Membership crosses education, health and care, including commissioners, and also includes LPCF and the CYP SEND Shadow Board. | The SEND Partnership Team Meetings are held monthly, and feed in to the SEND Operational Group within the refreshed governance structure. This gives the opportunity for themes to be understood, and for join up to be enabled between projects and pieces of work. | There is greater operational join-up between partners, feeding in to the Operational Group, with clearer links for the LPCF Steering Group and the CYP SEND Board with leaders from LCC and the NHS. This helps emerging themes to be addressed, and activity between partners to be connected. | On-going, with improvements to be made in relation to the ask regarding co-production. |
| Leaders have a better view of strengths and weaknesses across the partnership. | <p>Developed a briefing for people who do not fully know and understand SEND, and requested invitations to virtual team meetings to present briefings.</p> <p>Produced a Workforce Development Strategy to provide a framework for implementing appropriate levels of training across sectors and services.</p> <p>Implementation of WfD Strategy in parts of the local authority and in parts of health has commenced, and the strategy is currently being aligned with the SEND Plan for 2021-25.</p> | <p>SEND is Everyone's Business briefings have been delivered to more than 500 people attending CCG virtual team meetings, provider leadership teams, practitioners and ICS groups to increase people's knowledge and awareness of SEND. Additionally, regular reports have been submitted to CCG Quality committees and to the Collaborative Commissioning Advisory Group to update senior leaders on the SEND health improvements.</p> <p>The Workforce Development Strategy was approved by the Board for implementation alongside the SEND Plan 2021-2025. Initial piloting of the strategy suggests that it is fit for purpose, and will align well with training that is already delivered.</p> | <p>Leaders have reported that they are better informed about SEND. As a direct result of the briefings, West Lancashire CCG and the Central Lancashire CCGs (Greater Preston and Chorley South Ribble) have approved the Bladder and Bowel Framework for implementation, enabling the commissioning of services (more information on this in Action 2, Joint Commissioning). Additionally, Pennine Lancashire CCGs approved recommendations to recruit a transitions nurse as a direct result of understanding SEND.</p> <p>The Collaborative Commissioning Advisory Group has approved ongoing SEND improvements due to their increased understanding of SEND.</p> | <p>Continue to brief leaders and staffing groups on a regular basis.</p> <p>Incorporated into and implement the Workforce Development Strategy across sectors, with a view to the briefing being a regular update on SEND in general, and work that is ongoing in further detail.</p> <p>SEND Showcase NHS event is to be held on 4th November as a joint event for Lancashire and Cumbria. The event will share updates and information on the work that is going on for SEND within healthcare providers to share learning and celebrate successes.</p> |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|--|---|---|--|
| <p>Leaders have a better view of strengths and weaknesses across the partnership.</p> | <p>Systems such as audits and reviews were established to monitor quality and compliance with statutory time scales for EHCPs, including monthly reporting mechanisms with feedback of information to relevant teams/partners to enable them to action changes that improve performance and quality.</p> | <p>The monthly audit report shows gradual improvement in the quality of EHCPs, with 75% good or better in the last audit. In general, those that are not categorised as good or better than good tend to require improvement in a limited number of points in a single area within the plan. Weekly reports to officers show compliance with timescales and monthly monitoring for annual reviews compliance.</p> <p>The audit of health contributions to plans has led to quality audits being passed from DCOs back to providers from October 2021.</p> | <p>There is greater consistency in performance across all areas with better quality plans produced in a timely manner. Systems provide feedback to all those involved in aspects of EHC plans, including a summary sheet for all partners, regular feedback at team manager meetings and targeted individual feedback for those directly involved during supervision.</p> | <p>Newly established Annual Review team to focus on ensuring plans are updated as required. There is a project plan in place that identifies areas of focus over a particular timescale and which will include for example Y9 reviews.</p> |
| <p>Leaders have a better view of strengths and weaknesses across the partnership.</p> | <p>Data related to exclusions and suspensions has been shared with school leaders, showing comparisons with national averages and with statistical neighbours, giving schools a greater understanding of where targeted action is required.</p> | <p>Data published in July 2021 showed exclusion rates below or equal to national for special and primary schools in 2019/20, and the rate for secondary schools has more than halved. Suspension rates for special schools are showing a downward trend compared to previous year.</p> | <p>Have they already fallen? And therefore the expectation is a wish not an impact. Exclusion and suspension rates are expected to continue to fall, with an emphasis placed on special school suspensions. This is expected to have a direct impact on improving outcomes.</p> | <p>Secondary transition support has been extended to other areas of the county and now includes support from Early Help teams.</p> <p>Graduated approach to intervention commenced in September 2021 to prevent further exclusions and suspensions for all pupils.</p> |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|--|--|---|---|
| Leaders have a better view of strengths and weaknesses across the partnership. | With improved intelligence related to exclusions and suspensions, an Alternative Provision Strategy was developed, approved and published. Support from pupil referral units and educational psychologists was targeted at Preston, a high excluding area to assist with transition into secondary school for pupils at risk of permanent exclusion. Large scale training for schools has been developed. Team Around the School model designed. | The Team Around the Schools model has been implemented. New service level agreements have been put in place with Alternative Provision. The Alternative Provision Strategy is being implemented by a multi-agency group with representation from a range of different sectors. | New Service Level Agreements with Alternative Provision are in place, which will support better contract monitoring, and deliver improved outcomes for CYP. | On-going delivery of the strategy and the Team Around the School and Setting approach. Contracts will continue to be monitored along with delivery of outcomes. |
| Leaders have a better view of strengths and weaknesses across the partnership. | Detailed analysis of reasons for appeal to tribunal indicated a consistent position for 2018/19 (137) and 2019/20 (143). The analysis indicated the actions required to manage issues that led to tribunal. This has led to the creation of a process whereby learning from appeals is identified so that steps can be taken to address specific issues in relevant areas. For example, a multi-agency group has been established to review issues that arise. An example of this is the consistency of decision making in relation to assessment. | In July 2021, 58 appeals were submitted against decisions made by the local authority. Extrapolation of this data suggests that this is lower than in previous years, with the number of tribunals likely to reach around 100. This will be a 30% reduction in comparison with the previous 2 years. The % of refusal to assess is lower in Lancashire (9%) than nationally (22%) and to issue EHCP post assessment (1.3% for Lancashire vs 4.9% nationally). The multi-agency group considers issues with targeted intervention where required. | There is greater consistency in decision making, and lower %s in relation to decisions about whether to undertake a statutory assessment and/or issue a plan following an assessment indicates better decision making than is apparent nationally. There is a reduction in the rate of tribunals to the rate of appealable decisions, down to 1.3% from 1.8% in 2014 (national rate is 1.6%). Where families want to appeal decisions, cases are managed to attempt to reach resolution. | Initial evaluation following a pilot of this approach indicates some success has been achieved. The approach will be extended and we will continue to monitor its impact and effectiveness. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|---|--|--|--|
| Leaders have a better view of strengths and weaknesses across the partnership. | Think SEND events were put on for the development of the SEND Plan 2021-25, and over 150 people attended over 6 sessions. These were followed up with consultation events to ensure the Plan works for partners and 88 people attended over a series of 6 events. As well as open sessions for both of these, there were sessions specifically for parent carers and for children and young people. | <p>Feedback and contributions from people involved resulted in changes to the SEND Plan 2021-2025.</p> <p>People said they felt heard – parent carers and practitioners.</p> <p>The SEND Plan has been approved and distributed to partners along with a document called ‘Turning Words into Actions’ to inform leaders how to make the plan work in their sector.</p> | <p>The SEND Plan 2021-2025 was informed by the feedback and contributions made by those who attended the events.</p> <p>Feedback on one matter resulted in a change in practice with data, thereby improving the quality and reliability of intelligence used by senior leaders.</p> | <p>Request from many to have more SEND Partnership events directly with parent carers, and to have an annual calendar of events. The SEND Partnership Team Meetings will set this calendar of events up to start running from October 2021.</p> <p>Implement a monthly newsletter to keep people updated on the SEND improvement work.</p> |
| No system in place to collect the views of parents and carers at the point of service delivery. | Immediately after the inspection revisit, the POET survey that was previously relied on by the SEND Partnership to collect views of parent carers and CYP was reviewed. | The review indicated that the survey was not fit for purpose and was not used by many people (< 40). The review led to a range of new approaches to collect views. | POET is no longer used as a way to gather feedback. Examples of new approaches include surveys, focus groups, set up of CYP SEND Board, use of POWAR, better links with LPCF. | No further action in relation to POET. |
| Leaders do not always know whether their actions have made the positive difference for children, young people and their families that was intended. | Co-produced surveys at the point of delivery. | New surveys implemented and being used by parent carers, including the EHCP survey, ASD survey, Transitions in Healthcare survey, Local Offer survey, etc. | Surveys are now issue-specific which has resulted in meaningful, current responses that can be acted upon in a timely manner in the context of matters raised, with higher numbers of contributors (in excess of 100 for some surveys). For example social participation and the development of independence skills have been identified by families as areas for development in mainstream schools for pupils with plans. | Continue to develop the approach, ensuring that families are not overwhelmed by too many requests for survey completion. Survey approaches will be reviewed at the SEND Partnership Team meetings. |

| Where we were 2020 | What we did | Where we are now | What difference that makes | Next steps |
|--|---|---|--|--|
| No system in place to collect the views of parents and carers at the point of service delivery. | Regular reporting has been set up for the CYP SEND Shadow Board, Lancashire Parent Carer Forum, SENDIAS Team, and the DCOs so that issues and themes can be raised and managed. | Quarterly reports are reviewed and considered by the SEND Partnership Team meetings to understand what needs to be addressed, and half-yearly reports are triangulated and presented to the SEND Partnership Board. | There is a better opportunity to understand and address recurring themes and issues that are raised by parent carers and CYP, which can be managed in a timely manner through the SEND Partnership Team meetings. | On-going. Any issues that are not dealt with can be escalated via the SEND Partnership Board. |
| | Feedback was gathered about the 'You said, We did' approach and as it was believed to be tokenistic, we introduced an accountability process. | All meetings now use action trackers, and include feedback from LPCF and POWAR / CYP SEND Board, with the action assigned to a delivery lead. LPCF challenges progress as a result. | Parent carers and CYP now know how we are progressing with actions to bring about change, and can challenge the approach we adopt well before completion of the work. | Continue to use the action trackers in meetings, and continue to respond to feedback that is provided throughout the process of change. |
| | The Think SEND events were delivered as virtual events, increasing the opportunities for parent carers to attend, and included polls, chat facility and breakout sessions to provide people with the opportunities to contribute in the way that best suited them. Also sent out a questionnaire after the event for those who wanted time to reflect to have an opportunity to put their views across. | A report has been produced with a raft of meaningful and useful feedback. Although this informed the development of the SEND Plan, it is also being used to inform on-going conversations. | Parent carer and practitioner feedback is now used in a timely manner. As mentioned above, feedback on one matter resulted in a change in practice with data, thereby improving the quality and reliability of intelligence used by senior leaders. Leaders are now able to understand the difference an action is making. | Set up a calendar of events to both provide information and to gather feedback from parent carers, children and young people, and practitioners. |

Storyboard: Data Dashboard

Where we were in 2020

After the inspection revisit in March 2020, the inspectors told us that '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.'

What we did

A priority for the SEND Partnership has been improving the data that leaders have access to, ensuring that the data is reliable, consistent and meaningful, and is used to inform priorities and actions.

From September 2020 we strengthened our understanding of the data and reporting that is available for decision-makers, and where possible this has been put into the context of statistical neighbours and/or national averages for England, allowing for questions to be asked regarding Lancashire's position against this, and actions to be identified to address issues where required.

Data leads have been identified from across the council and from the NHS, and a data group was established, meeting regularly to review and develop comprehensive data and information for a range of purposes, including a data dashboard that ensures that leaders have a good understanding of the profile of SEND across Lancashire, and the evidence base for actions. A health Data Quality Improvement Project, consisting of all 8 healthcare providers, meets regularly to improve the health data used to inform SEND practice and provision, including commissioned services.

Where are we now?

The work undertaken with the data development has informed a number of actions, including:

- We drill deeper into a broad range of information to better understanding the needs of the children and young people represented in the data (for example through seeking the voice of the child or young person and their family, understanding their journey to date etc), informing what we might need to do more or less of, what we might need to start or stop doing, or what we might need to do differently.
- We are working on updating and improving the data sharing agreements across a range of agencies (LCC, NHS Commissioning Support Unit, NHS CCGs, Virgin Care, Primary Care, healthcare providers) so that information related to SEND and EHCPs can be shared. This includes the completion of a DPIA (Data Protection Impact Assessment), as the effective planning assessment and delivery of EHC plans requires key professionals to share the right information across services and commissioning boundaries, with appropriate information sharing between partner organisations that support SEND supports integration and joint decision-making. This is particularly important in relation to children and young people with complex health needs who have multiple professionals providing care and support.
- Reliable data has informed the review and development of the SEND Sufficiency Strategy.
- A SEND Toolkit has been further developed for schools as part of the SEND Sufficiency Strategy to help schools with identifying SEND more accurately
- Improvements to ASD data has resulted in a further request for additional funds to support work on waiting list initiatives, a need which has resulted from increased numbers of referrals at the end of each lockdown period.
- The feedback gained through collecting feedback from families and partners (such as schools and settings) in surveys, focus groups and open conversations helps inform how any recommended actions arising from the analysis might best be implemented.

What difference has this work made?

As a result of the work on the analysis of data, there is improved understanding of the local area which is leading to focused actions and appropriate, timely decision-making. This is then providing leaders with greater confidence and clarity about data, as well as the further data requirements they have, which continues to help them strengthen their knowledge and understanding of the local area in relation to SEND. As result, leaders check and challenge with confidence.

| KPI Reference | KPI | Target | Actual |
|---------------|--|--------|-----------------|
| 1a | 100% of leaders confidently and consistently describe the 5 areas of improvement with examples that demonstrate progress | 100% | 96% |
| 1b | 70% of parent carer feedback tells us that services accessed for SEND are good or better than good | 70% | *Varies 76-100% |

*Variation is due to the range of services included and that have provided survey results from parent carers who completed the survey for their service in the period October 2020-August 2021.

EXAMPLES OF PARENT CARER FEEDBACK

76% of 154 respondents told us that they can see improvements in SEND services since the initial inspection and the inspection revisit in March 2020

96% of families who responded to surveys after using the Neuro Developmental Pathway on the Fylde Coast said the service was good or better than good

100% of families using the Pathway Navigators for ASD who responded reported the service was exceptional

87% of families using the SENDIAS Team who responded to the survey reported the service was good or better than good

70.8% of respondents to the EHCP annual review survey within mainstream and specialist provision, who completed the survey throughout the year, agreed with the statements contained in the survey (see full results below), with results improving month on month throughout the year. Targeted action is planned for 2021/22 in districts where responses are lowest, and for mainstream provision where results are lower.

| The support identified in the EHC plan enabled the CYP to: | % of respondents overall that agreed with the statements | % of respondents that agreed where CYP attended mainstream | % of respondents that agreed where CYP attended more specialist provision |
|--|--|--|---|
| Better make decisions | 69% | 64% | 72% |
| Be more independent | 69% | 56% | 76% |
| Engage more in education | 67% | 60% | 72% |
| Enjoy more social participation | 74% | 56% | 80% |
| Improve their overall well-being | 75% | 76% | 80% |

Action 2: Joint Commissioning

In November 2017 the inspectors said there were 'weak joint commissioning arrangements that are not well developed or evaluated'.

In March 2020, the inspectors said:

'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. However, it is unacceptable that some children, young people and their families have not had access to these important healthcare services for over two years.'

Overview

Building on the considerable work with joint commissioning from 2018-2020, a Lancashire Commissioning Group has been set up and meets monthly, with a Commissioning Dashboard informing discussions between LCC and health commissioners to ensure robust and appropriate decision-making. This group feeds in to the Integrated Care System CYP Commissioning Network through the Director for Policy, Commissioning and Children's Health, ensuring joint commissioning is fully aligned through partnership working. The Commissioning Dashboard is informing open conversations across the partnership, with an understanding of where there is duplication or overlap of service provision, or where there is a commissioning gap, with mapping of commissioning enabling a process of evaluation to appropriately develop ongoing and future services.

For example, in order to understand the inequities with specialist children's nursing services, a detailed review and mapping of services in the context of national guidelines was carried out with consultation with families to better understand their concerns. This resulted in the development of a Specialist Community Nursing Services Project, and is covered in a detailed storyboard as evidence of the approach and work that was carried out.

A review and mapping of the commissioning of continence services, and requirements of what was needed across Lancashire and South, was conducted through co-production and consultation. This identified that a Bladder and Bowel Framework was required to create reliable and equitable service provision. The Framework was approved by the Collaborative Commissioning Board (now renamed as Collaborative Commissioning Advisory Group) in March 2021, and was then put forward to each Clinical Commissioning Group where there were service gaps. The Framework has subsequently been approved by the CCGs for commissioning

to be organised, and West Lancashire CCG and the Central Lancashire CCGs (Greater Preston and Chorley South Ribble) are now undertaking a joint commissioning arrangement. On-going activity in terms of the project plan for the Bladder and Bowel Framework is now part of the Specialist Community Nursing Services Project.

A further piece of work is underway, using the same approach, to understand what, if any, further commissioning gaps exist for consumables. Again, this is captured in the Specialist Community Nursing Services Project. Another piece of work that is captured within the Specialist Community Nursing Services Project is the special school nursing provision, and a review and mapping exercise has been carried out. This is covered within the storyboard.

Every special school has been informed of their named Public Health School Nurse who offers, as appropriate, the Healthy Child Programme service delivery to the school, with further information provided through an ongoing process to help special schools better understand the service provision.

Some special schools are not satisfied with the level of service they receive across the range of nursing services, however provision is appropriate and aligned to national standards.

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|---|--|--|---|
| <p>Arrangements are not sufficiently well developed or evaluated</p> | <p>Lancashire Commissioning Group was set up on the County Council footprint and meets bi-monthly. The Group brings together Senior Commissioning managers from social care, SEND, public health, early help together with NHS partners and is addition to the joint commissioning network that operates across the Integrated Care System Footprint.</p> | <p>The group enables joint commissioning conversations, on the local authority footprint, that lead to greater understanding of gaps, overlaps and need.</p> | <p>Commissioners have an analysis of overlaps in services and gaps in service, and partners have the confidence to regularly challenge each other to ensure the right commissioning decisions are made.</p> | <p>Continue with the bi-monthly meetings.</p> |
| | <p>The Joint Commissioning Framework reviewed and approved, with a paper and presentation made to the SEND Partnership Board, and a quiz used to check understanding.</p> | <p>The Framework is now in use with a plan for ongoing delivery, evaluation and regular review in place.</p> | <p>Commissioning for emotional health and wellbeing services has been improved, and the review of special school nursing has been conducted with a joined up approach, including special school head teachers.</p> | <p>Evaluate the effectiveness of the framework. Review the framework on an annual basis.</p> |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|--|---|--|--|
| Commissioners are now prioritising some of the more pressing issues | The Lancashire Commissioning Group developed the Commissioning Dashboard to improve intelligence. | A commissioning dashboard is used in meetings to inform conversations and decision-making. | Contracts will be reviewed using reliable intelligence leading to changes to commissioning such as the redesign of speech and language, which is underway, and the review of occupational therapies. | Continue to build on the dashboard and to use it to inform decision-making. |
| ... inspectors found weaknesses in the services for consumables, such as continence products | Bladder and Bowel Framework (for continence) was co-produced with parent carers and practitioners and has been approved for implementation. Specific issues have been managed by CCGs on a case-by-case basis whilst awaiting approval and implementation of the framework. | The framework is incorporated into the Specialist Community Nursing Services Project to ensure delivery is managed within timescales following the ICS having approved the approach. West Lancashire CCG and the Central Lancashire CCGs (Chorley South Ribble and Greater Preston) have approved the framework to manage commissioning gaps, and the CCGs are undertaking a commissioning exercise to address identified gaps. | There is clarity about services across the county, and the service specification ensures from 31 st October 2021 an equitable service will be available across Lancashire. | Monitor delivery of the framework to ensure all commissioning gaps are managed. Continue to support specific issues that need addressing on a case-by-case basis until work completed. |
| ... there remains inequitable special school nursing provision and gaps in specialist children's nursing services | A review was undertaken of the Specialist Nursing Services identifying gaps and inequities that needed addressing. An initial plan was submitted to CCB in March 2021 when there was an understanding of need, followed up in July 2021 with proposals for a project plan to deliver a new service model and investment framework. | That paper and project plan submitted to CCB (now CCAG) was approved, and welcomed for its clarity and direction for the future. The timescales for delivery have been agreed over a 4 year period which is due to a combination of the level of investment required and the workforce development needs that must be addressed for successful delivery. | The impact of this work is described in the Storyboard at the end of this Action. | Deliver the project plan to timescales. Work with parent carer forums to co-produce the delivery of the project. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|--|---|---|---|
| | <p>A review and mapping exercise was conducted for Special School Nursing. It showed that there was historical variation in the way services were commissioned, along with an increasing number of CYP in special schools, often with an increased level of complexity of need. However the mapping work illustrated that if we move to what the NHS should provide, and to what schools should do, there are sufficient resources available, with gaps being able to be managed through moving the resource around to where it is needed. This project was joined up with the Specialist Community Nursing Project.</p> | <p>The paper and proposal for special school nursing was presented to the Collaborative Commissioning Board (now called Collaborative Commissioning Advisory Group), and was positively received. It made clear the size of the work.</p> <p>Roles and responsibilities across schools, CCGs, and school nurses have been clarified and shared through a range of workshop presentations.</p> <p>A model has been developed and agreed.</p> <p>Work has commenced on delivering project activity.</p> | <p>This project is planned out for delivery in full over a period up to 2022/23 due to the scale of changes that are required, along with the engagement and co-production that is needed to ensure effective delivery. However, once the project is delivered in full it will benefit families and schools through an equitable service that is fit for purpose.</p> <p>Everyone is clear of their roles and responsibilities.</p> <p>Conversations are more meaningful and focused on delivering change as opposed to creating dispute scenarios.</p> | <p>Co-production with families commences from September.</p> <p>Continue with the delivery of this extensive project.</p> |
| <p>Children and young people's access to public health nursing in special schools is not well understood and therefore not routinely used</p> | <p>Public Health School Nursing – the list of named public health school nurses has been shared a number of times through the year, and summary of offer has been circulated around all special schools. Also, a single point of access was made available to improve responsiveness to queries.</p> | <p>All special schools are aware of their named public health school nurse, and of the offer, and they have also been informed how to access their public health school nurse in a way that minimises the impact of sickness absence or vacancies.</p> | <p>The local authority is meeting its duties in relation to school nursing.</p> <p>There is now clarity of the offer for all schools.</p> | <p>Continue to communicate with schools about the public health school nurse offer on a regular basis.</p> |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|---|--|---|---|
| <p>Effective co-production is helping commissioners to decide what services they need to provide and where they need to provide them</p> | <p>Following a thorough review of CYPs short breaks (completed prior to March 2020), a programme of activity which included surveys, face to face meetings and workshops were arranged with parents and carers, CYP and providers. Information was gathered and reviewed, including feedback from CYP, parents and carers to identify radical developments and improvements to the short breaks services on a Lancashire footprint.</p> | <p>An offer has been co-produced and developed. This provides enriching and inclusive activities for CYP. For example, the creation of 'Break Time Plus' is in response to parent carer and provider feedback. So far 'Break Time Plus' has been seen as a positive move for all. Parent carers are looking forward to using their Direct Payments to purchase support so their children can attend group activities.</p> <p>Over the summer a range of outward bound type activities have been available to CYP.</p> <p>A provider list is under development, combining all short breaks services in one place.</p> | <p>The co-production approach has created the successes with the new short breaks offer for CYP, which improves options and the ability to meet the needs of children and young people with appropriate services. CYP have a greater sense of independence through the activities they are involved in, enabling them to lead normal lives in their community.</p> <p>Feedback <i>"... the 4 sessions my child has attended have been brilliant. She comes home wet, muddy (sometimes) and shattered – result"</i> <i>"One of our new participants told us about their favourite part of the camp – 'I've loved meeting new friends'."</i></p> | <p>Respond to CYP on an ongoing basis.</p> <p>In 2022 CYP with assessed needs will be able to attend group activities with their peers.</p> |
| | <p>In order to understand what families expected from the commissioning of an ASD support offer, a process of co-production led to a detailed survey completed by nearly 100 people, and a focus group to deep dive further into the information that was gathered.</p> | <p>The information was used to inform the ASD bid for funding for the Autism in Schools Project and the LandSCAPE innovation in autism work.</p> <p>Additionally, plans to fund additional health support offers have been incorporated into LandSCAPE through the use of the Pathway Navigator role which has been extended.</p> | <p>There is an improved understanding of what families want which has led to a changed offer via the Pathway Navigators and an additional offer to be managed through both the Autism in Schools Project and the LandSCAPE work.</p> | <p>Extend the contracts of the Pathway Navigators and increase the number of Navigators to extend the pilot of the project in both time and equity of coverage.</p> <p>Deliver the two autism projects funded by NHS England.</p> <p>Continue to use co-production to inform decision-making.</p> |

Storyboard: Specialist Community Nursing Services

Where we were in 2020

In March 2020 the inspectors highlighted that there were gaps in specialist children's nursing services. A lack of robust intelligence meant that it was not possible to respond to the inspectors about whether or not this was the case.

What we did

A systematic review process was undertaken with a range of stakeholders in relation to the specialist community nursing services to understand the current provision and make recommendations to deliver an equitable offer based on good practice guidance. The review included:

- Baseline assessment of current provision in each ICP which shows that the current level of service provision does not meet that proposed in the new model
- Development of a consistent delivery model across four children and young person cohort groups; (1) short term and acute, (2) long term conditions, (3) disabilities and complex conditions, (4) end of life and palliative care. The model includes children's community nursing, complex needs nursing, continence provision and special school nursing
- Development of consistent standards for delivery of a high-quality specialist children's community nursing provision
- Gap analysis of current provision and requirements of service providers to deliver the new model for specialist children's community nursing
- Development of an outcomes framework to monitor success of the new model
- Proposed financial plan to implement a new specialist community nursing model for children and young people which is fit for future purpose

The baseline assessment showed that no ICP in Lancashire & South Cumbria was currently able to provide a consistent level of service or to fully deploy the skilled workforce required to meet need. A new model was co-produced with stakeholders, using national guidelines, and parent carers were consulted. The proposed new model was presented to the Collaborative Commissioning Advisory Group for the Integrated Care System and included costings for deliver. These costings were based on a four year plan to ensure ability to invest on a fair share basis which will allow providers to build the specialised workforce and to begin to deliver a consistent model of care over a reasonable timescale in the ICS area. A workforce development programme will be coordinated by the Lancashire & South Cumbria Children's Nursing Network as part of the project. The model is based on the national approach and covers Children with acute and short-term conditions; children with long-term conditions; children with disabilities and complex conditions, including those requiring continuing care and neonates, and children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care.

The new service model recognises the complexity of the area and where warranted variation will be required to meet need. This is based on a clear understanding of what good looks like through benchmarking and clear specifications. For example, the Bladder and Bowel Framework which is a sub-project of this work, identified that where services were provided there was a capping of continence products which was not best practice. This has been adjusted in line with the Framework, as such variation in practice was unwarranted.

Where are we now?

The work undertaken with the specialist community nursing services project proved to be more complex than originally anticipated, particularly in the absence of specific detail from the inspectors. As a result this project incorporates all specialist community nursing services, making it an expansive project that is ongoing with the current position being as follows:

- The model for specialist community nursing services has been approved by Collaborative Commissioning Advisory Group (CCAG).
- The model includes the related single service specification, outcomes framework, development of a good practice network and an underpinning communications plan
- The project plan has been approved by the CCAG to enable delivery and funding over a 4 year period due to the costs and workforce development needs. An investment framework for managing the funding has been put in place to ensure there are no delays due to the changes currently taking place in the NHS with CCGs moving to the Integrated Care System.
- Having raised issues with continence, the Lancashire PCF has influenced the development of the Bladder and Bowel Framework, which has subsequently been approved for the ICS and for commissioning in those areas with commissioning gaps. The responsiveness to specific feedback has enabled commissioners to manage the immediate needs as well as developing and implementing the framework.
- Up to this point the involvement of parent carers has been through consultation. The next stages of the project require co-production and the LPCF has proposed to support this through an 'experts by experience' panel.

What difference has this work made?

This work is ongoing, and is planned over the next four years. As a result the difference to children and young people will be phased over a period of time. However the review and project plan have clarified the expected outcomes, and progress will be measured against these. Amongst other outcomes, this includes:

- Reliable, accessible, equitable, comprehensive, sustainable and flexible services regardless of geography or diagnosis;
- No discrimination on any grounds, with any variation being warranted based on need;
- Partnership between parent carers and healthcare practitioners, with parent carers being kept fully informed;
- Advocacy will be offered and available;
- Seamless services personalised to the needs of the child or young person, promoting independence and quality of life;
- Hospital stays will only be used when it is clinically unsafe to care for someone in the community.

Additionally there are 8 measurable impacts that have been included in the project plan which includes reduction in preventable emergency admissions, improved school attendance, improved school attainment, etc.

Storyboard: Public Health School Nursing

Where we were in 2020

When the inspectors conducted the revisit in March 2020, there was an impression that children and young people's access to public health nursing in special schools was not well understood and therefore not routinely used. Although it was felt that this was not an accurate position, there was insufficient evidence to contradict the perspective.

What we did

A list of named school nurses for Lancashire schools was circulated on the school portal at the beginning of November 2020. This was a named contact for all Lancashire maintained schools including special schools. This list was shared again via the school portal in January 2021. This portal is the recognised place where school information is shared.

Recognising that there was a perception that the offer in relation to public health nursing in special schools was not well understood, a presentation was designed and circulated to all special schools in February 2021. This highlights the offer of the Healthy Child Programme and public health role, and how special schools can contact the service. It highlighted that the most effective and swift process to contact the service is via a Single Point of Access. (The Single point of access has a duty health visitor and school nurse available each day). A check was carried out through the school portal to ensure the information was read by all school, and the records confirm that 100% of schools accessed the information.

Further communication has been sent to all schools since February 2021 to confirm all schools make contact with the public health school nursing via the single point of access which has been available throughout the pandemic. This message has been communicated via the Covid school newsletter. In July 2021 a leaflet and service offer was designed and shared with the Team Around the School and Setting strategic group by the Head of Operations at Lancashire Healthy Young People and Family Service. The School Nursing Leaflet and School Nursing Offer are aimed at all schools. Colleagues were asked to share these to broaden the number of ways schools receive the information.

Where we are now

In March 2020 we were unable to dispute the challenge from the inspectors in relation to the public health school nursing offer. However as a result of the work that has been carried out, and will now be continued as a regular communication, we are confident that all schools are aware they can contact the service for support. As each special school has a named public health nurse this will facilitate the local needs-based discussions between the school and service of the school delivery appropriate to the children's needs. Swift contact at the Single Point of Contact can also assist schools to navigate, be signposted or be referred to the local clinical services available for children with long-term conditions or disabilities. As all schools have been informed of the single point of access as their point of contact, this not only speeds up the response to a query, it also ensures that any gaps due to sickness absence or vacancies can be handled, thereby minimising the impact on the school.

What difference has this work made?

Schools have a swift point of contact to support them with any queries or to support navigation to clinical services. Having a named public health nurse facilitates local individual school discussions between the school and service for the offer of the Healthy Child Programme, based on needs for the individual school. There is feedback from some special schools in relation to all school nursing and healthcare support services that despite the clarification of the offer and the contact methods, there is some level of dissatisfaction or ongoing misunderstanding of the offer. Evidence suggests that the root cause of this is that some schools expect an enhanced level of service that goes beyond warranted variation. This extends beyond the public health school nursing offer.

| KPI Reference | KPI | Target | Actual |
|---------------|--|--------|-----------------|
| 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 | 70% | *Varies 76-100% |
| 2b | 70% of parent carer feedback tells us that services accessed for SEND are good or better | 70% | *Varies 76-100% |

*Variation is due to the range of services included and that have provided survey results from parent carers who completed the survey for their service in the period October 2020-August 2021.

Action 3: ASD Waiting Times

In November 2017 the inspectors referenced 'the absence of effective diagnostic pathways for ASD across the local area, and no diagnostic pathway in the north of the area'. The inspectors said 'The autism spectrum disorder (ASD) pathways, where they exist, do not comply with the guidelines of the National Institute for Health and Care Excellence (NICE) guidelines. This results in inaccurate identification and the needs of children and young people and their families not being met.' Additionally, they commented that 'ASD diagnostic pathways across Lancashire are of very poor quality. For the areas that have a pathway, none is compliant with NICE guidance. Worse still, children and young people in the north of the area are not able to access any diagnostic pathway whatsoever. CCGs across Lancashire have failed to reach any consensus on commissioning an area-wide pathway over a period of years. This is a serious failing in meeting the needs of children and young people.'

In March 2020, the inspectors said:

'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. However, 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 ASD 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 to 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**.'

Overview

At the time of the inspection and also the inspection revisit, a child or young person who had a need identified that might relate to ASD was immediately referred for an ASD assessment. Families reported that they would be told to ask for a referral 'just in case' and 'because it's a long wait'. Additionally, schools referenced that they understood a section of a form to acquire additional funding, which asked for 'proof of need', required a diagnosis of ASD for a child or young person before the need could be supported, hence their recommendation to families to seek a referral for assessment. This put undue pressure onto the NHS to undertake assessments for ASD where an assessment might not be always be required and is borne out in the ratio for referral to diagnosis which at the time of the revisit was considerably lower in Lancashire than the average for England. It is this position that the inspectors received feedback on from families at the time of the inspection and the inspection revisit.

Furthermore, we identified from feedback from families, schools and healthcare practitioners that the language used by schools and some healthcare practitioners in relation to ASD assessments has led families to believe that the assessment process leads to a confirmation of an ASD diagnosis, as opposed to the assessment process informing whether or not a child or young person is autistic. This has resulted in a level of dissatisfaction amongst some families if the conclusion of the assessment does not result in a diagnosis.

Schools reported that it could be difficult to support families with referrals because referral forms differed based on where a family lived and the provider they would access for the assessment. Additionally, following a referral, families encountered different pathway models depending on which provider they accessed.

Leaders found it difficult to challenge the inspectors as the reliability of the data for ASD was in doubt. The combination of these factors led to a 2-year ICS-wide improvement programme for ASD which started with approval of a funding request to assist in managing the longest waits for autism assessments, and to support the reduction in waiting times to an average of 14 weeks, in line with NICE compliance. A private provider was commissioned for part of this work, and they also provided access to an online support offer for any family going through the autism pathway, regardless of whether they were being assessed by that provider.

Having heard from families that they do not receive the support offers that they require, a co-production project has run alongside the improvement activity. Working with families through the Lancashire Parent Carer Forum, a detailed survey was circulated, receiving nearly 100 responses, and a focus group was used to conduct a deep dive on information that was coming out from the survey. The strongest and most repeated feedback related to the need for support to commence at the earliest opportunity, with requests for reasonable adjustments to be made in schools. Working with schools, SENCOs referenced the lack of confidence for themselves and amongst teaching staff in general in relation to how best to support those children and young people who demonstrate a need that might be autism. As a result, a bid has been submitted to NHSE for funding for the Autism in Schools Project. This was piloted in the North East of England, and Lancashire has been awarded funding to pilot the project in the area with 10 schools in the autumn term.

The ASD improvement programme will continue beyond the period of the Accelerated Progress Plan as it is important to embed practices that establish long-term improvements as business as usual. The work started with a waiting list initiative, and has moved into improvements to the ASD pathways; establishing a reliable and robust ASD data dashboard with consistent data sets across the ICS (one provider will come in line with this dashboard when their Electronic Patient Record System goes live); improving the support offer with the piloting of a new role, Pathway Navigator, acting as a keyworker with families (the pilot is being extended to September 2022); development of a graduated response starting pre-referral; development of a digital platform for a consistent electronic responsive referral form; delivery of an autism complex needs project; and delivery of the keyworking function project. Additionally, from September 2021 the improvements to the ASD pathway will link into the delivery of the ND Pathway, learning from the successful pilot on the Fylde Coast where waiting times have been brought down to 4 weeks, and longest waits are under 8 weeks.

Throughout the last 12-18 months, one of the strengths of the pandemic response has been the way in which new ways of working have enabled the autism work to be addressed through integration and joint working. The bids for the Innovation in Autism work (LandSCAPE) and the Autism in Schools Project submitted to NHS England have been developed jointly and through co-production, and both of these approaches are built into the mobilisation and delivery of the project activities to ensure a changed landscape for autism for children and young people in Lancashire.

Further information on the work we have delivered on the ASD improvements in 2020/21 is in the Storyboard on page 30.

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|--|---|--|--|
| <p>Waiting List Initiatives were not leading to sustainable long term improvements due to steady annual increases in the numbers of referrals received.</p> <p>... creating frustration and anxiety for some families.</p> | A waiting list initiative was set up with the relevant providers. | Waiting times have been reduced, with clarification of when and why there are outliers and where blockages exist in the system. | Shorter waiting times, down from an average of 27 weeks to 17 weeks. There is also system-wide understanding of how to continue reducing waiting times. | Continue addressing and supporting the on-going waiting list initiative work with providers. |
| | We improved our understanding of pathways and what was required to create sustainability by mapping services and pathways across the area. | Providers are responsive to need as there is clarity regarding the variation, where blockages occur, why they occur, what leads to referral rejections. | The ASD Pathway Pyramid describes the pathway, and changes are being made to ensure that only warranted variation exists. | Incorporate into LandSCAPE for innovation in autism pathways. LandSCAPE, Autism in Schools and the ND Pathway are the key elements of next steps. |
| | ASD Pathway Pyramid, which contains clear descriptions of each phase, was co-produced with parent carers, children and young people, and health practitioners (including consultant paediatricians), and consultation was carried out with SENCos. | The ASD Pathway Pyramid has been shared with all providers who have undergone or are undergoing a process of adaptation of systems to align with the pyramid. This includes changes to coding, reporting systems and working practices. | There is clarity of the points on the pathway where changes can be made by healthcare providers to reduce waiting times, and where a wait relates to a period prior to health involvement, or to age, development, complexity or some other reason where a wait is necessary to ensure an appropriate outcome. | For longer-term sustainability of improvements, we are mobilising the LandSCAPE work and the Autism in Schools Project. Both of these will then lead in to the re-establishing of the ND Pathway which has been successfully piloted in full on the Fylde Coast where average waiting times are at 4 weeks, and longest waits are under 8 weeks. |
| <p>Across Lancashire, leaders have put in measures to assure themselves that pathways are NICE compliant.</p> | Improvements were made to data and intelligence available to leaders. Data cleanses have been carried out and improvements made to what data is collected and how it is presented. | The ASD data dashboard, aligned to the ASD Pathway Pyramid, provides intelligence covering most providers. ELHT is currently moving to the Electronic Patient Record System. | Leaders now have access to reliable intelligence delivered through monthly reporting that informs improvement and commissioning decisions. | Bring the ELHT data into the dashboard when the Electronic Patient Record System is up and running in relation to ASD. Anticipated to be from April 2022 due to complexities of work across the provider. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|---|---|--|--|
| | Commissioner meetings were set up with providers fortnightly or monthly, based on need, to monitor the delivery of the ASD improvement programme. | Commissioners review the data dashboard and ongoing improvement activity with providers on a monthly basis. | Commissioners challenge providers to respond to issues that arise, such as blocks in the pathway and increases in referral rates. | Continue with provider meetings for at least the next 12-18 months. The format of these will be dictated by the new ICS architecture. |
| <p>Long waiting times in some areas are limiting the effectiveness of these pathways.</p> <p>In the north ... children and young people are waiting too long for an initial appointment.</p> | Funding was received to deliver a Waiting List Initiative to manage longest waits. | Waiting times for initial appointment have been reduced from a 27 week average to under a 17. This is despite increases in the numbers of referrals received in the last 12 months. | Most families are seen in under 14 weeks. On Fylde Coast where the ND pathway has been piloted, there were 250 people waiting for 18 months, and this is now down to 35 people waiting for 8 weeks. | Continue to bring waiting times down so that all areas are at 14 weeks or less. Continue with adjustments to pathways being made as a result of learning from the delivery of the Waiting List Initiative. |
| | A bid was submitted for additional funding for the ASD pathway. BULLET The elements are system evaluation (complete), pre-referral graduated response working with schools, a digital platform for referral consistent across the ICS, a multi-agency forum for the most complex cases to enable cross-provider support offers and learning, creating an equitable support offer including extending the pilot roles of Pathway Navigators (see below). | The LandSCAPE bid was successful and received £350,000 for one year. There may be an opportunity for further funding in a Phase 2 funding round. | This will strengthen the work that has been delivered in 2020/2021 to date, enabling the creating of sustainable approaches. Families now know where they are on the pathway. They will receive support at the time a need is first identified, and those with the most complex needs will be supported through the multi-agency forum with ongoing support beyond diagnosis. | Project mobilisation commences September 2021 for 12 months. |
| | In July the ICS was invited to bid for Autism in Schools funding to build confidence in teachers supporting CYP with needs potentially linked to ASD. | Funding was approved in September to pilot with 9 Lancashire County Council schools. | Support will be available at the time a need is identified. Teachers will have greater confidence to support CYP. | The project will mobilise from October 2021 for the school year, and involves co-production with parent carers. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|---|--|--|--|
| <p>There is often little communication with these families about how long they should expect to wait for an appointment.</p> <p>... creating frustration and anxiety for some families.</p> | <p>Families who have been on the waiting list for in excess of 3 months have received a letter, email or phone call informing them of their progress on the ASD pathway. In some cases, this has meant families have been contacted each quarter.</p> | <p>Feedback from some families indicated in the first quarter that this process was not happening for all. Providers responded to this feedback and addressed the issue. The process is supported by Pathway Navigators, who were appointed from March 2021.</p> | <p>Families newly on the pathway report that the contact helps them to know what is happening. In the areas where the Pathway Navigators have been appointed, they liaise with families to give them a clear understanding of where they are on the pathway.</p> | <p>At this stage it is not possible to measure levels of frustration or anxiety amongst families, though this will be measured. Providers continue to deliver improvements and keep families informed of their progress along the pathway, and monitoring continues beyond 30/09/21.</p> |
| <p>Leaders are looking at other ways to provide this support that may better suit parents, such as offering different times and locations.</p> | <p>From March 2021 a pilot of Pathway Navigators was launched, supporting families on the waiting list and on the ASD Pathway.</p> | <p>These roles immediately demonstrated their value, and the pilot has been extended to cover all areas, running through to September 2022.</p> | <p>In the surveys related to the support offers for ASD, 100% of respondents commented that the Pathway Navigators were exceptional, helping to reduce frustration and anxiety.</p> | <p>Continue with the extension of the pilot, and continue to evaluate the impact of the role.</p> |
| | <p>Through co-production with the LPCF, an ASD Support Offer survey and focus group was organised to gather feedback from families about the support they need, and how this should be provided so that they can access the offers. This work was future focused to improve support offers.</p> | <p>Families asked for support at the earliest opportunity. The most requested support offer was for reasonable adjustments to be available for children and young people. As a result, this was incorporated into the LandSCAPE model, and with the bid for funding for the Autism in Schools Project.</p> | <p>Families will receive support at the earliest opportunity, with appropriate reasonable adjustments being adopted.</p> <p>Health and schools will work together to ensure support offers are appropriate and joined up.</p> | <p>Mobilise the LandSCAPE model, working with schools on the pre-referral graduated response.</p> <p>The digital platform for the referral form will be responsive, with suggestions of reasonable adjustments and support offers.</p> |
| | <p>Alternative support offers have been provided, including via private and third sector providers.</p> | <p>Families are able to access a range of support offers online that are relevant to them.</p> | <p>Support is available at the time of need.</p> | <p>Continue to respond to parent carer feedback regarding support offers.</p> |
| | <p>Understanding that the ASD waiting lists are a system-wide issue, Lancashire County Council purchased the license for Autism Education Trust.</p> | <p>The licence for AET provides schools with access to a range of resources to support CYP at the time a need is identified.</p> | <p>The resources give schools greater confidence in what they can use to support a child, and the support helps a CYP at the time a need is identified.</p> | <p>Incorporate into the LandSCAPE work and the Autism in Schools project.</p> <p>Review the impact on exclusions through data dashboard.</p> |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--------------------|---|---|---|--|
| | A Key Working Function Project for LD&A is being piloted in the ICS | The pilot goes live from September and supports CYP with autism with complex needs. | When this is live, families will receive personalised care with staff adopting key working. | Continue to deliver the pilot through to 2023. |

Storyboard: Improving the Autism Assessment Pathway

Where we were in 2020

After the inspection revisit in March 2020, the inspectors told us that ‘... long waiting times for an initial appointment, combined with too little communication with families, are creating frustration and anxiety for some families.’

What we did

A priority with ASD was to address the longest waits for assessment. The NHS Clinical Commissioning Groups funded waiting list initiatives to increase the number of assessments that could be carried out, including commissioning a private provider, Clinical Partners, to deliver 190 assessments. Clinical Partners also provided a support offer available to all families in Lancashire.

The waiting list initiative activity required a significant piece of work around the data, which included a data cleanse to fully understand the cohort waiting for ASD assessment, clarification of an appropriate, consistent and reliable data set, and refining of the way in which data is presented so that the context and figures can easily be understood. A robust and reliable data dashboard now exists for the ASD pathway for most providers (ELHT are currently implementing an Electronic Patient Record system, moving from paper records for ASD, and this work will not be completed by the final review meeting), providing clarity regarding each stage of the pathway and the average time it takes to complete each stage, with specific attention paid to the numbers of new referrals and the waiting time from referral to first meaningful clinic appointment.

It was crucial for ongoing improvements to the ASD waiting times that we understood the different pathways across Lancashire within the different providers delivering the service. It became immediately clear that unlike all other outpatient activity, which categorises ‘waiting time’ as the period from referral to the first meaningful clinical appointment (ie an appointment with a clinician at the Outpatient Clinic), the term ‘waiting time’ for autism in Lancashire is used to describe the period from referral to assessment outcome, be that a diagnosis or no diagnosis. This is a misleading description, as it does not take into account the necessary time required to wait for a child to reach a particular age or stage of development, or for the complexities of co-morbidities to be understood, in order for effective and meaningful assessments to be carried out.

Understanding this anomaly has led to the co-production of the Autism Pathway Pyramid with families and practitioners, with consultation with SENCOs. It provides clarity of the pathway for autism assessment and moves the pathway away from being diagnosis-led to being assessment-led, enabling support to be provided for both those children and young people receiving a diagnosis, and for those where the conclusion of assessment results in a child or young person not being diagnosed as being ASD, yet continues to have needs that require support either from healthcare or within a school or home environment. An Autism Pathway Pyramid was co-produced to. The pyramid adopts a graduated response from the point where a need is identified. There is an emphasis on the support

that is offered from within schools as well as from healthcare practitioners, at the time when a need is identified, and LCC purchased the license for Autism Education Trust for schools to be able to access a broad range of resources to support the child or young person at the earliest opportunity.

Pathway Navigators have been appointed as a pilot programme covering north, central and west Lancashire to support families during their wait and throughout the period of assessments. This is freeing up clinician time, as well as providing families with resources that help them. The Pathway Navigators also act as a point of call for families if they want to discuss issues prior to, or during, the assessment period. In a survey of people who have accessed the Navigators and been supported by them, 100% have reported that the service was 'very good', with free text providing information about the reduction in stress levels that the Navigators have provided for them. The early successes of this pilot has led to the pilot being extended to all areas with East Lancashire and Fylde Coast receiving funding via LandSCAPE and recruitment will commence in September 2021. The Navigators have been appointed from parents who are experts by experience.

Families who are on the waiting list are now routinely contacted to inform them of their progression along the ASD Pathway. Initial feedback suggested this was not happening in all areas, and the providers were immediately responsive to that and improved their systems to ensure contact was made.

Evidence related to the experience of the ASD pathways has been collected from two different survey approaches: one approach was predominantly completed by those who have been through the whole pathway, and all other surveys were completed via providers by those who have newly entered the pathway. The results illustrate a stark difference in experience, demonstrating a significant improvement. The survey results reported in the KPI reflect the experience of those newly entering the pathway in the context of changes made. The survey results that present the negative perspective of those who have previously experienced the pathway is being used to inform future improvements and as a start has been fed into the development of the LandSCAPE project and the Autism in Schools Project, both of which commence September 2021.

An ASD data dashboard has been created to inform conversations that enable appropriate improvements to be made to the ASD pathways. This has led to a successful bid for NHSE funding for innovative improvements to ASD pathways (which we have called LandSCAPE – Lancashire and South Cumbria Autism Project and Evaluation), and the Autism in Schools Project. These two projects ensure ongoing improvements can be embedded across the healthcare providers with support from schools in terms of starting the graduated response at the pre-referral stage.

Where are we now?

The work undertaken with the Autism Assessment Pathway and the ASD Improvement Programme has resulted in a number of outputs, including:

- Reliable and consistent data that informs decision-making
- Consistent pathway model that is being adopted by all providers with an autism assessment service in Lancashire
- A reduction in the wait for the initial appointment from an average across Lancashire of 27 weeks in January 2021 to an average across Lancashire of 17 weeks. The lowest is at 4 weeks (Fylde Coast) which has come down from 8 weeks in January 2021. The highest is in Lancashire North which started at 46 weeks in January 2021, reduced to 26 weeks in March 2021, however this increased to 35 weeks due to a spike in the number of referrals, with 46 referrals being received in one month (usually around 8-12 in a month). Adjustments have been made to the pathway in the north to manage the initial wait across providers who are working flexibly together.
- Pathway Navigators are making a difference to the experience families have of the ASD Pathway in the areas where they operate.

- There is recognition from LCC and schools that ASD waiting times are an issue for the whole-system, and integration with partnership working is supporting improved practices. EG, schools accessing the Autism Education Trust resources to provide early intervention, school and family feedback on the lack of consistency with the referral form, etc.
- A co-produced referral form has been introduced that ensures all relevant information is gathered and collated, including from schools, which means that waiting times are no longer impacted by waiting for additional information to be gathered. This will be moved onto a digital platform as part of LandSCAPE.
- Awarded NHSE funding for LandSCAPE (Lancashire and South Cumbria Autism Project and Evaluation) that has 5 elements to it – pre-referral graduated response starting in schools, digital platform for referrals, multi-agency forum for most complex cases requiring on-going support, and pathway support.
- Bid for Autism in Schools project funding from NHSE to be able to improve the school support offer as part of the first element of LandSCAPE.
- Activity levels were double with the additional Waiting List Initiative funding, and as a direct result of the changes that have been made, including finding efficiencies that could be made, this increased activity has not dropped to pre-funding levels. Additional resource has been put into the pathways to support those areas where blockages exist, in some cases through adapting how the current resource is used.

What difference has this work made?

As a result of the work on the Autism Assessment Pathway some families are already experiencing improved support, and those who had a long wait for first appointment have now been seen. In most areas, families can be assured that their first meaningful care contact will be in under 17 weeks, with further work helping to bring this down to be NICE compliant in all areas.

Going forward, the foundations are now in place to ensure sustainable improvement can be delivered which in turn will reduce anxiety and frustration for families. There is strong partnership working in place between commissioners and providers as a result of the work that has been delivered over the last 12 months.

On Fylde Coast where the ND Pathway has been piloted has gone from 250 CYP on the waiting for 18 months down to 35 children waiting (with appointments booked) for 8 weeks. The learning from this is to be adopted in the rest of the ICS with the ND Pathway implementation starting from October 2021.

| KPI Reference | KPI | Target | Actual |
|---------------|--|--------|----------------|
| 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 | 70% | Varies 80-100% |

The survey results reported in this KPI reflect the experiences of those who have newly entered the pathway in the context of changes made. The SEND Partnership recognises that those further along the pathway or who have completed the pathway have not received the same level of positive experience.

Action 4: Transitions in Healthcare

In November 2017 the inspectors said **‘Transition arrangements across the area are splintered. There is no evidence of a strategy to ensure that young people transition effectively into adult services, or that appropriate arrangements are in place for those young people who do not meet adult thresholds.** Inspectors saw evidence of good practice, such as in physiotherapy in the east of the area and where specific GPs or consultants have a special interest in transition, but **there is no mechanism to share and disseminate learning’** and that there were **‘poor transition arrangements in 0–25 healthcare services’**.

In March 2020 the inspectors stated that ‘arrangements across Lancashire were ‘splintered’ (and) ... 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. Although 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. 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.**’

Transitions in healthcare from children’s to adult services across the NHS in England is a complicated area of work, as not all young people need to transition, and also not all children’s services are replicated in adult services. For example, there is no equivalent to consultant paediatricians within adult services as a single point of contact for young people. As a result, part of the transition process in healthcare includes a transition to primary care to the young person’s GP. Some families find this change of approach difficult to accept. However, surveys conducted with both young people and with parent carers illustrates that the young people responded with more positive feedback about their experience of transition that parent carers did.

A mapping exercise of effective transition processes identified that diabetes, epilepsy, and respiratory services have a good transition in place. Where a service is replicated within a provider, such as physiotherapy and occupational therapy, transition is generally a smooth process, and where services have specific processes in place to aid transition, such as the annual health checks for learning disabilities, transition can be more effective.

It is known that there are services that are not delivering the best experience of transition, and this largely relates to those areas where it was more difficult to involve adult services or primary care due to the pandemic. This is identified as a risk, and a plan is in place to mitigate against this risk and ensure completion of phase 2 of the roll-out of the project from September 2021 to end of March 2022.

For on-going delivery, scoping has been carried out for the wider Preparing for Adulthood activity, which the Transitions in Healthcare is part of.

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|---|--|--|--|
| Transition arrangements across the area are splintered. | A Transitions in Healthcare Task and Finish Group was set up in July 2020, creating a consistent approach across the ICS. The group agreed consistent arrangements. | All providers understand the consistent transition arrangements for healthcare across Lancashire and the ICS, and share best practice. | All providers have a clear protocol for transition. New healthcare projects are aligning their transitions approach to the SEND methodology for Transitions in Healthcare. | Continue with the Transitions in Healthcare Task and Finish Group, with the healthcare activity reporting into the Lancashire Preparing for Adulthood Group. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|---|--|---|--|
| No evidence of a strategy to ensure that young people transitioned effectively into adult services | A Transitions in Healthcare Strategy was agreed for the ICS, aligned to the Lancashire Preparation for Adulthood Ambition document. | The strategy is being delivered, monitored through an ICS Transitions in Healthcare Task and Finish Group that meets monthly. | Young people accessing services in different providers are assured that there is a consistent approach across the ICS and with all providers. | Monitor ongoing delivery of the strategy. |
| | Agreement was reached with all providers to use the nationally co-produced transitions model (Ready Steady Go Hello) as a foundation to the delivery of the transitions process. | The Ready Steady Go Hello model is being used by all providers, with adaptations being made where appropriate for those who might require additional/alternative support. | There is a standardised approach with an easy read version that all families can be confident is being used across all providers in the ICS. | |
| | Pathways for transition were agreed with providers: service to service; provider to provider; provider to primary care (GP); an additional pathway for those aged 15-25 who have yet to experience a smooth transition. LSCFT also created and shared a categorisation to aid clinicians in understanding who is eligible for transition along each pathway. | There are pathways in place to ensure effective transition into adult services, including for those who do not meet adult thresholds or for whom the appropriate transition is to their GP in primary care. These pathways are agreed by all providers and include an escalation method for identified commissioning gaps, if that arises. | There is growing confidence amongst clinicians in understanding transitions. Surveys and data gathered by providers ensures we can identify risk areas on transition and put support in place. | Continue to support clinicians with workforce development to ensure confidence in conducting transition conversations continues to grow. |
| | Data sets have been agreed with all providers in order to be able to evidence the work that is being done on the transitions agenda. Business Intelligence teams were delayed in delivering this work due to pressures related to Covid reporting needs. | Data sets are in place, and adjustments are being made to reporting templates and coding approaches. Phase 1 of the data sets is being reported on, and phase 2 is underway, with completion by end of October, reporting the full data set from November 2021. | A robust evidence-base will be reported monthly of which services in each provider are delivering the transition strategy, with transition conversations and the use of transition plans for young people to identify their healthcare aspirations. | Using the Health Data QuIP and working with providers, continue to support the implementation of the reporting templates and coding to reach a full data set. The full data set will be reporting monthly with most providers from November 2021 with October 2021 data. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|--|--|---|---|
| <p>There is no mechanism to share and disseminate learning.</p> | <p>The ICS Transitions in Healthcare Task and Finish Group was set up, initially for the period of the APP for Lancashire, and meets monthly. Children and Young People have attended this group to provide practitioners with case studies of their experiences of transitions.</p> <p>This group has joint provider/ commissioner membership, and includes adult services alongside children's services, giving the adult service perspective.</p> | <p>The Group has met monthly for the last 12 months and has enabled agreements on the model and pathways to be adopted as well as providing a mechanism for sharing and disseminating learning. The kinds of things that have been shared to date are PfA and Transitions resources, training courses and videos, policies, data templates for EMIS, leaflets, practices, problems that are encountered, and ways providers can support each other.</p> | <p>There is consistency of approach across the providers, and members of the group are eagerly sharing learning and supporting each other.</p> | <p>Identify a place for practitioner information and resources to be held. Discussions are underway with ICS Healthier Lancashire and South Cumbria to identify if it is possible to have a page for Transition arrangements for practitioners on the website as this serves the whole ICS.</p> <p>The group has asked to continue working together beyond September 2021, and is changing its name to Preparing for Adulthood (Health) Delivery Group.</p> |
| | <p>The approach for CYP with SEND has been shared with other healthcare projects.</p> | <p>Other healthcare projects are adopting the approach developed for CYP with SEND to ensure alignment of approach.</p> | <p>There is consistency across services, including those that CYP with SEND may access for health needs other than SEND.</p> | <p>Continue to share learning across the healthcare system.</p> |
| <p>There is limited effective joint working between children's and adult services.</p> | <p>Engagement of children's services in the Transitions Task and Finish Group ensured that providers were participating in the work for this action. Engagement of adult services was slowed due to Covid response, however since summer 2021 the engagement of adult services has increased, including the involvement of 2 clinicians from adult services being part of the Task and Finish Group.</p> | <p>UHMBT, LSCFT, BTH have set up transitions groups, delivering the transition pathways; LSCFT is developing a standard operating procedure, and has defined the people who will access each of the pathways; ELHT is developing a transitions group and a policy; LTH has delivered transitions for some services and uses the pathway approaches; BTH, serving the Fylde Coast, has implemented a Transition Policy, ratified by the executive team.</p> | <p>Examples of the differences this work is making include: BTH reports that their policy is strengthening involvement of adult services with transition processes.</p> <p>UHMBT reports that there is an increase in the number of young people with a transition plan.</p> <p>BTH and LSCFT have adult services involved in their Transitions Groups, giving the adult service perspective.</p> | <p>Continue to improve the joint working between children's and adult services</p> <p>Work with the Primary Care Networks who to date have had insufficient capacity due to the Covid vaccination programme. Recent requests have come in from the Primary Care Networks for the work to commence from September 2021.</p> |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|--|--|--|---|
| Continued from previous page | Most providers embedded the transitions agenda into approaches for business as usual, with increasing levels of adult service involvement in the transition process. | BTH presented their approach with a policy and Transition Group to the Task and Finish Group, which helped those who are not as far along to identify the gaps they need to address. | Joint children's and adult services working is improving – this is not as far along as hoped for due to the Covid response capacity issues for adult services and primary care. | Continue to share learning to support the roll-out of Phase Two and increasing the involvement of adult services in transition processes. |
| Poor experiences for young people. | Providers shared hospital passports / communication passports with each other for use as part of the transition planning stage. | All providers are adopting the passport approach (with local and warranted variation). | The health passport gives young people confidence that health practitioners know the correct things about them. They can share their 'passport' with a range of services that they access, and with adult services when they need to access a service that is new to them, or as part of their transition to adult services. | Undertake surveys in the future at provider and service level to identify if the passports are being used and evaluate how valuable they are to the young people. Increase awareness amongst practitioners of the value of health passports to young people. |
| | Young people attended a meeting of the task and finish group and shared their experiences. | There is a greater understanding of what transition means to young people, and they identified a gap in annual health check processes. | As a result of the visit from CYP, all providers responded to the feedback and reviewed their transition processes. | Continue to invite the young people to meetings to present case studies of their experiences to inform on-going activity. |
| | Two surveys have been conducted with young people and with parent carers which has given helpful input to what needed to happen with the transitions work. | Survey results indicated that the majority of respondents had received a poor transition experience. A deep dive indicated that when a young person has a good experience of transition it is not obvious to them as it is a seamless process. | Practitioners have greater knowledge about what they need to do to improve the transitions experience. | Implement surveys at service level for all young people who experience the transition process to increase the effectiveness of survey information. This will inform future activity required at provider level. |
| | A pilot has been conducted into delivering LD&A Annual Health Checks which were carried out alongside vaccinations for Covid in some areas. | Some young people have had an improved transition process alongside a healthcare appointment they attended. | Young people are enabled to access a range of services from the one appointment. | Extend the pilot across more areas. |

| Where we were 2020 | What we did | Where we are now | Impact | N.ext steps |
|---|---|--|--|--|
| Developing the skill-base for delivering a good transition experience for young people. | Two surveys of practitioners by LSCFT and UHMBT indicated a lack of confidence amongst practitioners. As a result, appropriate Workforce Development was identified. | Transitions linked to the wider Workforce Development Strategy, and training and development has commenced eg induction, Mental Capacity Act, Transition Conversations. | All practitioners now enabled through training to have more confidence in the transition process. | A short video will be available by end of October that gives a brief introduction to practitioners about having a transitions conversation with families. This is part of the Health Input to Local Offer Project. |
| ... commissioned services for young people up to the age of 25. | <p>Mapping of commissioned services up to the age of 25 has been carried out over a range of services (this work links to Action 2 Joint Commissioning).</p> <p>The mapping identified that some practitioners have a perception of commissioning gaps where in fact it is a lack of knowledge of commissioned services. The pathways of 'Provider to Provider' and 'Provider to Primary Care' were designed and implemented to cover such scenarios.</p> | <p>Practitioners are now able to provide clarity to the young person who needs to be on the Transition Pathway to Primary Care or to an alternative provider.</p> <p>Projects covering commissioning gaps are underway eg Specialist Community Nursing project, Consumables (Equipment) Project.</p> | <p>Using the correct pathway for a young person who does not transition to an equivalent adult service means that they get the right support from their GP.</p> <p>Managing commissioning gaps will ensure there is no unwarranted variation, and services will be commissioned.</p> <p>Building transitions into project plans means that transition approaches become part of business as usual rather than an add-on.</p> | <p>Continue to map services to identify commissioning gaps.</p> <p>The Equipment project has identified a solution to the crossover between children's and adult services, and this is being investigated to understand how it can be implemented.</p> |

Storyboard: Developing a Transition Approach for Healthcare Services

Where we were in 2020

After the inspection revisit in March 2020, the inspectors told us that 'There has been limited progress in resolving the weaknesses (with transitions in healthcare) found at the initial inspection.'

What we did

Developing and agreeing a strategy for transitions in healthcare was key to creating momentum to the project plan. This was agreed in September 2020, and was swiftly followed by agreement by providers to adopt both the strategy and a set of 4 pathways for transitions – one for service to service within a provider, one for provider to provider, one for provider to primary care for young people who do not meet the thresholds for adult services or where there is no equivalent adult service, and the final pathway for those young people who are over 15 and might otherwise be missed.

A task and finish group was set up with all providers attending from across the integrated care system. The purpose of the group was to provide direction and support for the delivery of the transition strategy, and to share and disseminate learning between providers. When the group commenced working, the areas where transitions worked well were identified to support the learning process. From there, a data set was agreed and changes are being made to coding and templates for reporting. The first phase of this work is complete and is being reported on and the next phase will be complete in October 2021.

Where are we now?

The work undertaken on transitions in healthcare has resulted in a number of outputs, including:

- All providers have agreed the model of transition (Ready Steady Go Hello which has been nationally co-produced), with adaptations or alternative models (eg Alder Hey’s 10 Steps) being used where warranted variation or individual need requires a different approach.
- All providers are implementing the 4 pathways, with one provider having gone a step further to categorise the kinds of situations where a young person needs to transition – this has been shared with all other providers.
- Most providers have set up an internal Transitions Group, or have transitions as a priority activity on the local SEND Improvement Group – both of these group types have adult service engagement.
- Pragmatic approaches have been adopted, such as incorporating Annual Health Checks in with the Covid vaccinations for young people on the Learning Disabilities and Autism Register. This has been successfully piloted in North Lancashire, and other areas are being encouraged to adopt the same approach.
- Other programmes of work across the ICS recognise the achievements of the Transitions in Healthcare work for SEND and have made connections to align approaches across projects.
- The initial transitions data set means providers know who is 14 years old and in the cohort to transition each year which means that clinicians know who they need to have a transition conversation with. Those requiring transition are prepared. The full impact will not be experienced by families for another 3-4 years. However the process is in place through the transition pathways, including the pathways to primary care and to support young people aged 15+.

What difference has this work made?

At this stage in the work that is being delivered, whilst some young people may be experiencing an improved transition process, this is not yet standard across all CYP aged 14+ or for all services and across Lancashire. The Covid response hampered the first 6 months of delivery due to adult services having insufficient capacity to participate, and primary care delivering the vaccination programme. However it is noticeable that the foundations that we put in place during that time have enabled the project to pick up pace in the latter 6 months. It has taken some considerable years to get to the place we have reached through the work carried out in the last year, and it is expected that young people going forward will experience much better transition, and where this does not happen, there are feedback mechanisms in place that identify where action is required, and that support learning from what happens when the process does not work well.

| KPI Reference | KPI | Target | Actual |
|---------------|---|--------|--------|
| 4a | 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 | 80% | 33% |

A deep dive into the people completing surveys informed us that those having a good experience of transition tend not to notice the transition process, as it is seamless for them. A general survey therefore proved to be an inappropriate measure of success, as the majority of people responding had not had a positive experience. Surveys are now being conducted by providers at service level. Going forward, a blended set of KPIs has been adopted, including data from providers.

Action 5: Local Offer

In November 2017 the inspectors referenced ‘the lack of accessibility and quality of information on the local offer’, and that ‘the local offer is not used effectively. This is because of little awareness of its existence and the inaccessible manner in which information is provided to users.’ In March 2020, the inspectors said:

‘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.’**

Overview

A new post of Local Offer Development Officer was created and jointly funded between Lancashire County Council and the NHS. The postholder took up post on 4th January, and she immediately surveyed families about the Local Offer and how effective it was. The survey attracted around 100 responses, and the information has been used to inform ongoing improvements. A Local Offer group, which includes relevant staff from the council, healthcare, the communications team and Lancashire Parent Carer Forum, was set up in 2020 and meets monthly to enable improvements to be made to the Local Offer website.

The Directory of Services has been developed, tested with families, and soft launched. However an unexpected IT problem was encountered which delayed full launch. This has now been rectified, and the directory is available. A Local Offer Facebook page has been set up, and updates are regularly posted to the feed. Families have reported that they find this more helpful than the actual website. A calendar of events has been developed and is being added to and a new feed function is being added to the Local Offer to highlight upcoming events for people to be able to book on or request further information on.

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|---|--|--|---|
| Keeping local offer up-to-date and relevant | LCC and the NHS jointly funded a post of Local Offer Development Officer. Although the appointment was made in September (delayed due to Covid response), the postholder started in January 2021. | The Local Offer Development Officer started 04/01/21 and has made improvements to sections of the Local Offer, to the keywords that enable people to find the Local Offer, to the ways in which Local Offer information is shared, including the set up of a Facebook page, and the set up of the Directory of Services. | Relevant and up to date information will always be available on the Local Offer. | The post is funded recurrently which provides a long-term view to the ongoing development of the Local Offer. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|--|--|--|--|--|
| | A Local Offer Group was set up in 2020 and meets monthly. It brings partners together to discuss and action ongoing developments with the Local Offer. | The Local Offer Development group has grown and now includes representation from Communications and an additional Parent-Carer representative. CYP also feed in to the group via the Local Offer Development Officer. | Local Offer reflects the views provided by the Parent Carer Forum. | More regular updates from CYP is to be added to the agenda from the autumn. Continue with the focussed discussions and invite more users of the website and of services to attend specifically for this part of the meeting. |
| The local offer was inaccessible, and the quality of information published was poor | Local Offer Development Officer and LPCF co-produced a survey about the Local Offer and elicited nearly 100 meaningful responses from parent carers which has informed priorities for improvement. The survey also raised awareness and directed new users to the Local Offer webpage. | Changes have been made (or are scheduled to be made) as a result of the survey feedback. The results of the survey provided intelligence on the areas for improvement that are most important to parent carers and their children or young people. | Survey identified the changes that have been made. | Follow-up surveys will be shared (the next one is September 2021) to gauge the effectiveness of the changes made to date and ongoing development needs. This process will be repeated with children and young people. |
| The local offer was inaccessible, and the quality of information published was poor. Leaders have a plan to add a directory of services to the local offer. | A Directory of Services has been developed, including a 'data lake' which enables parent carers to update service information, or request a service to be added, using an accessible app. | The Directory contains 850 records, which has been increased throughout the year from the 250 records uploaded in January 2021. The system allows for prompt directory updates and changes can be made, which is part of the Local Offer Development Officer's role. The ongoing development of the Directory has been shared with LPCF at various stages during its development, and a soft launch was tested by parent carers. | User friendly service directory allows parent carers to find appropriate information more quickly. | Continue with the awareness raising of the launch the SEND Directory to the wider public, gather feedback and implement improvements. The Directory will be continually updated with new services and service providers encouraged and reminded to keep their own information up-to-date and relevant. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|---|--|--|---|---|
| The local offer was inaccessible, and the quality of information published was poor. | Improvements have been made to the accessibility of Local Offer, including improvements to keywords and the number of clicks to find information. | The Directory is ranked as 25 th most accessible Local Offer nationally. We are maintaining and improving this with a co-produced homepage which will reduce clicks to reach information. | The Directory provides richer source of information. | Implement the co-produced changes to the Local Offer homepage which are currently in progress. More people will be encouraged to make use of the Local Offer. |
| | The SEND Partnership recognises that accessibility goes beyond a website. As a result, a review was conducted to understand other ways in which the local offer information can be accessed. This has been a challenge during the Covid pandemic and some approaches have not been possible, including the use of noticeboards in venues and doctors' surgeries. | The review identified the value of the FIND newsletter that has been available across Lancashire for some time. Families provided feedback about how valuable they find this resource. A collaborative approach to the current the newsletter, working with parent carer representatives, is helping to make better use of this resource which is available as a printed version, email or accessed via the Local Offer webpage. | The alternative approach to accessibility means that parent carers and practitioners are able to access Local Offer information in different formats without having to rely on a webpage. | Continue with the ongoing developments of the FIND newsletter, ensuring it shares relevant and up-to-date Local Offer information. Add to the FIND Newsletter with a SEND Partnership Newsletter which updates families on improvements, co-production opportunities, surveys or changes that are due to happen. |
| | A Local Offer Facebook Page was set up, responding to feedback from parent carers. | The Facebook page continues to grow and currently has 4,800 followers. More Facebook users are starting to recommend or signpost to the Lancashire Local Offer and most posts generate a high number of engagements. The Facebook page also provides a platform to share surveys and polls. It has a 4.2 out of 5 star rating. | Awareness of the Local Offer is growing, and the page provides an alternative platform to the webpage. It has a wide audience and a good network with other Facebook pages and groups such as Lancashire Team Dad and Lancashire What's On for families. As a tool to share surveys, it generates a high number of responses. | Continue to utilise Facebook to promote the Local Offer, share events, activities and surveys. Explore other social media platforms which attract more CYP such as Instagram. |

| Where we were 2020 | What we did | Where we are now | Impact | Next steps |
|------------------------------------|---|--|---|--|
| | A successful bid for NHSE funding has been allocated to the improvements of the health input to the Local Offer. Healthwatch has been commissioned to deliver this project and is working with a range of parent carers to identify what is needed and to co-produce information that can be used on the Local Offer. | The Healthwatch engagement has generated a raft of feedback in its first phase. Themes for improvement include transitions in healthcare, more information about specialist roles and a range of other feedback. The next phase is underway and is using co-production to develop materials for use on the Local Offer. A video is being developed for transitions in healthcare, linking to Action 4 of this APP. | By 31/10/21 the health information on the local offer will allow parents to better understand what will happen in transition meetings, along with other health information that they have requested through the co-production. This will lead to a better understanding of what to expect from health services. | Implement the changes and improvements as recommended by Healthwatch. Use the social media tools created by Healthwatch to ensure service users are using the Local Offer for health advice and ensure the information is relevant and up to date. Evaluate the effectiveness of the improvements by surveying parent carers and young people. |
| Raise awareness of the local offer | The Local Offer is shared regularly through a range of routes including staff having a link in their email signature, information in the FIND Newsletter, sharing with the LPCF, sharing at the Think SEND events, and a resource page in the SEND Plan that has been circulated. Improvements have also been made to the keywords that are used in searches, and a survey of parent carers indicates that they can find the Local Offer. | There is greater sharing of the Local Offer link. | There is greater awareness of the existence of the Local Offer and what can be accessed through it. | Continue to use multiple routes to share the Local Offer information. |

Storyboard: Local Offer

Where we were in 2020?

The Local Offer webpage was under used and service users did not know about the information available to them there. For those without internet access, there was little available in terms of Local Offer information. Those who did access the Local Offer webpage found the quality of the information poor and often out of

date. There was no process in place to ensure information was regularly updated or relevant to those who use the Local Offer. There was no SEND Directory in place so information was provided either by links or sometimes via lengthy documents that were not easy-read.

Where we are now

The Local Offer Development Officer was appointed, and is now able to spot-check information, ensuring it is regularly updated and refreshed with regards to what information is relevant and useful to parent carers. When information is flagged as incorrect or outdated, a process is in place to amend it quickly and efficiently. The voice of parent carers is strong and present with parent carer representation at monthly Local Offer meetings, the SEND Partnership Team Meetings and in fortnightly meetings between Local Offer Development Officer and Chair of the LPCF. With regards to the voice of CYP, the Chair of the CYP SEND Board communicates regularly with the Local Offer Development Officer through invitations to meetings with the CYP representatives, and via email.

The SEND Directory has been fully developed, and services collated and uploaded, providing parent carers with simple information such as telephone numbers, email addresses and website addresses for useful and relevant local services, or appropriate national services. The Lancashire Local Offer Facebook page provides an excellent platform to share surveys, polls, events and activities to a wide audience of over 4,800 with an ever-growing social media network. Feedback is gathered regularly via a permanent standing survey on the Local Offer webpage, although the effectiveness of this is in question, and this is in addition to regular surveys and polls. A number of listening events have taken place via the SEND Partnership and LPCF with more planned in the future. The homepage of the Local Offer webpage is currently being improved based on feedback received, and the changes are being led by the LPCF to ensure the information on the homepage is relevant and easy to navigate. A more collaborative approach is being taken to the FIND newsletter as an alternative and accessible means to receive information. This is being renamed as the "SEND" newsletter, and will continue to contain information from relevant and useful sources such as the LPCF, Local Offer, SENDIAS and short breaks.

What difference does that make:

Parent Carer and Children and Young people's voices are better represented and at the heart of all improvements to the Local Offer. All new pieces of work and surveys are co-produced ensuring they are relevant and useful to those who use the Local Offer. With the addition of the SEND Directory and the refreshed SEND newsletter, a new and wider audience will be aware of and able to access the Local Offer making it more useful to more people. The new materials and updates to the Health part of the Local Offer will allow parent carers and children and young people to find more information in one place. The regular refreshing and updating of the webpage means that parent carers will access up-to-date information. Utilising the newsletter as well as the webpage and more face-to-face engagement (when Covid restrictions allow) will add to the accessibility of the Local Offer, and make it more useful to a wider range of people.

| KPI Reference | KPI | Target | Actual |
|---------------|--|--------|--------|
| 5a | 70% of those providing feedback on the local offer tell us that they were able to find the information they need | 70% | 69% |
| 5b | 70% of those providing feedback on the local offer tell us that the information they accessed was useful | 70% | 54% |

The survey on the Local Offer website page has proven not to be a reliable measure of success. Very few people complete it (7 completed in the last period), and those that do are generally unhappy about something. As a result, alternative survey strategies have been implemented with 30 people completing the last survey delivered via Facebook, along with using focus groups and co-production of new materials. This has led to a blended approach to sharing information.

Additional feedback:

- Lancashire Local Offer is ranked at number 25 out of 125 Local Offer websites in England, for most accessible Local Offer.
- 66% of people surveyed said that they use the Local Offer Facebook page
- 51% of people surveyed said that they find the Local Offer Facebook page useful
- 81% of people looking for the Local Offer website said they could find it or that they could find it with ease

Progress on five areas of the Lancashire Accelerated Progress Plan for SEND

At the mid-point review meeting in March 2021 the KPIs were discussed with Department for Education because it had become apparent during implementation of the Accelerated Progress Plan that the selected KPIs were not effective measures of delivery and impact of improvements. It was agreed, and reiterated at the check point meeting with DfE in July 2021, that the KPI enablers that the SEND Partnership had adopted are to be used to assess progress. The KPI enablers are submitted as an additional piece of evidence.

| Rating | Symbols | Status |
|--------|---------|--|
| Amber | ✓ | Action underway (1 sub-action of Action 4) |
| Green | ✓ | Action will achieve completion deadline (Not applicable) |
| Blue | ✓ | Action completed and signed off (Complete) |

| Action 1: Leaders had an inaccurate understanding of the local area | 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 | 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 | October 2020 | ✓ |
| 1.3 Develop a consistent, accessible, and meaningful data dashboard for the partnership, informed and shaped by CYP and parent carers and supported by Whole School SEND, to inform leaders about the measures of success for each area of improvement | November 2020 | ✓ |
| 1.4 Present the performance report recurrently to the SEND Partnership Board for check and challenge | 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 | 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 | 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 | January 2021 | ✓ |
| 1.8 Ensure that feedback from parent carers about service effectiveness contributes recurrently to each delivery group meeting and SEND Partnership Board. | January 2021 | ✓ |

| KPI Reference | KPI | Baseline | Dec 2020 targets | Actual | Sept 2021 targets | Actual |
|---------------|--|----------|------------------|---------|-------------------|-------------------------|
| 1a | 100% of leaders confidently and consistently describe the 5 areas of improvement with examples that demonstrate progress | 0% | 35% | 96% | 100% | 91% |
| 1b | 70% of parent carer feedback tells us that services accessed for SEND are good or better. | 0% | 20% | Unknown | 70% | Varies between 76%-100% |

| Action 2: There were weak joint commissioning arrangements that were not well developed or evaluated. | | | | | 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 | | | | | November 2020 | ✓ |
| 2.2 Specify and share the public health nursing arrangements for special schools | | | | | December 2020 | ✓ |
| 2.3 Implement an evaluation process to assess the effectiveness of jointly commissioned services | | | | | 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 and schools (Whole School SEND) | | | | | December 2020 | ✓ |
| 2.5 Review and address the specific inequalities in special school nursing provision | | | | | March 2021 | ✓ |
| 2.6 Review and address the specific inequities in specialist children's nursing services | | | | | 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 | | | | | March 2021 | ✓ |
| KPI Reference | KPI | Baseline | Dec 20 targets | Actual | Sept 2021 targets | Actual |
| 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. (Various services) | 0% | 30% | Unknown | 70% | Varies 70%-100% |
| 2b | 70% of parent carer feedback tells us that SEND services are good or better. (Various services) | 0% | 30% | Unknown | 70% | Varies 76%-100% |

| Action 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 | | | | | By When | Action RAG |
|---|--|--|--|--|---------------|------------|
| 3.1 Develop an ASD waiting time recovery plan | | | | | October 2020 | ✓ |
| 3.2 Commence implementation of rapid recovery plans for those areas with long waiting lists | | | | | November 2020 | ✓ |

| 3.3 Use established intelligence sources to undertake a demand analysis for ASD assessment and diagnosis | | | | | 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 | | | | | November 2020 | ✓ |
| 3.5 Implement the triage approach so that CYP can be put onto the correct pathway as early as possible | | | | | 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 | | | | | 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 | | | | | March 2021 | ✓ |
| KPI Reference | KPI | Baseline | Dec 20 targets | Actual | Sept 2021 targets | Actual |
| 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 (Various providers/services) | 0% | 30% | Unknown | 70% | 70%+ |

| Action 4: Transition arrangements in 0 to 25 healthcare services were poor | | | | | 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 | | | | | November 2020 | ✓ |
| 4.2 Identify the data required to monitor transitions across providers, and implement within providers through the Data Quality Improvement Project | | | | | 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 | | | | | 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 | | | | | February 2021 | ✓ |
| 4.5 Implement mechanisms to share and disseminate learning from the implementation of transition arrangements across partnership | | | | | 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 | | | | | July 2021 | ✓ |
| KPI Reference | KPI | Baseline | Dec 20 targets | Actual | Sept 2021 | Actual |
| 4a | 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 | 0% | 20% | 20% | 80% | 33% |

| Action 5: The local offer was inaccessible, and the quality of information published was poor | | | | | 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 | | | | | October 2020 | ✓ |
| 5.2 Complete and implement the directory of services, to improve the information about local provision in the area | | | | | October 2020 | ✓ |
| 5.3 Implement a tool to enable parent carers to share their views about the local offer and analyse the findings | | | | | 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 | | | | | 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 | | | | | 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 | | | | | 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 | | | | | March 2021 | ✓ |
| KPI Reference | KPI | Baseline | Dec 20 targets | Actual | Sept 2021 targets | Actual |
| 5a | 70% of those providing feedback on the local offer tell us that they were able to find the information they need | 0% | 50% | 56% | 75% | 69% |
| 5b | 70% of those providing feedback on the local offer tell us that the information they accessed was useful | 0% | 50% | 44% | 75% | 54% |

EVIDENCE LOG: The following documents are held centrally as an evidence log of delivery of activity for each action.

Action 1: Leaders had an inaccurate understanding of the local area

1. APP Monthly Highlight reports (x 8, Dec – June)
2. APP Quarterly Highlight reports (x 3)
3. Key Performance Indicator (KPI) score card
4. KPI enablers
5. APP data dashboard – WIP DRAFT DOCUMENT
6. Data Dashboard list set – annual reporting tool
7. Whole School Send report
8. Team Around the School and Settings data dashboard – refined by district
9. Leaders quiz 1 and results – 96%
10. Leaders quiz 2 and results – 87% [SurveyMonkey Analyze - SEND Partnership Board](#)
11. Leaders quiz 3 and results – 89%
12. Review of POET survey summary
13. Summary of EHCP survey
14. SEND is Everyone's Business briefing (presentation slides)
15. EHCP health advice flow chart
16. Health SEND Data dashboard
17. Health CYP EWMH Performance monthly data dashboard
18. Appendix 4 - performance from CYPEWMH service Operating plan 2021-22
19. Health SEND Data QuIP report

Action 2: There were weak joint commissioning arrangements that were not well developed or evaluated

1. Paper - Review the local area joint commissioning arrangements
2. List of named public health nurses mapped to all schools in Lancashire
3. Document for schools summarising the public health nurses offer to schools
4. Commissioning feedback template
5. Paper and presentation – Commissioning dashboard
6. Paper on specialist children nursing, special school nursing and continence
7. Paper for joint commissioning of SEND services
8. Review of service provision commissioning and how to resolve the unwarranted variation

9. Effectiveness Intelligence of continence service
10. Basic principles: defines what 'good' looks like – continence
11. New ICS Bowel and Bladder framework
12. New commissioning in West Lancs & Central – continence
13. Info on interim solution for West Lancs gap in Bowel & Bladder service
14. Consumable's review

Action 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

1. ASD waiting list recovery – business case presented to CCB
2. CCB approval of ASD waiting list recovery funding
3. ASD data September 2020 (before start of recovery plan)
4. Pathway points definitions
5. ASD data dashboard
6. Pathway Navigators – Job Description
7. Feedback from families on Pathway Navigator role
8. Evidence of patient feedback – monthly collections
9. Expression of Interest – LandSCAPE
10. Expression of Interest – Autism in schools
11. Autism Education Trust – licence
12. Autism Structured conversation paper and presentation
13. Survey on what good support looks like for ASD - <https://www.surveymonkey.com/stories/SM-TNB7DLL/>
14. ASD Support mapping of current provision by CCG

Action 4: Transition arrangements in 0 to 25 healthcare services were poor

1. Transition ICS Strategy
2. Transitions in healthcare plan on a page
3. SEND is Everyone's Business briefing (presentation slides)
4. Agreed data sets for reporting
5. Transitions in healthcare data report
6. Resource list – Example from the list
7. BTH Transition policy for Fylde Coast
8. Video from CYP feedback at ICS working group
9. 3x Survey results

10. Case studies

Action 5: The local offer was inaccessible, and the quality of information published was poor

1. Feedback on Local offer website received in Q2 analysis
2. Our FB page has 4,865 followers - <https://youtu.be/Xn-X8BXDGlc> (7) Lancashire Local Offer | Facebook
3. [SEND Local Offer Directory \(openobjects.com\)](https://openobjects.com)
4. <https://forms.office.com/r/ENQumaAPfv>
5. [SEND local offer survey \(lancashire.gov.uk\)](https://lancashire.gov.uk)
6. Example of a service user contacting the LO for support and its escalation to Inclusion and advice given
7. Local Offer 6-month update presentation
8. Process on how items are updated or removed from Local Offer website
9. Service user feedback
10. Ranked in the top 30 most accessible Local Offers (no.25) [Accessibility of UK Local Offer websites \(silktime.com\)](https://silktime.com)
11. New homepage – launching in September (not planned to launch until after end of month)

Examples of CYP, LPCF and Parent Carer Engagement, Partnership, and Co-production with Lancashire Accelerated Progress Plan

| Action | LPCF Involvement | CYP or Wider Parent Carer Involvement | Next Steps |
|--|---|---|--|
| Action 1: Leaders' Understanding of the Local Area | Member of SEND Operational Group and SEND Partnership Board – including increase of membership on Ops Group from 1 member of LPCF steering group to 2, and on Board from 1 member of LPCF steering group to 4 members. Both meetings receive updates including the APP Highlight Reports and the Data Dashboard updates | SEND Partnership Board had involvement from parent carers who were not part of the LPCF from 2018 to start of 2021. | Chair of LPCF asked for APP Highlight Reports to include LPCF involvement on each action. As there is too much information to enter onto the overarching highlight reports, this document is to act as the relevant highlight report from June 2021 – this report is to be reviewed with LPCF steering group |
| | Standing agenda item on SEND Partnership Board for LPCF annual and half-yearly report with data included | | Half-yearly report due for November Board meeting |
| | | | Chair of LPCF has asked for PCF data to be included in the SEND Data Dashboard. SEND Ops Group has agreed to this. |
| | Chair of LPCF co-produced / co-developed EHCP Annual Review survey and involved in subsequent analysis of survey results, and in the improvements to Annual Review Process. | | |
| | LPCF involved in the Board workshops in November 2020 and January 2021 which has resulted in key changes to the way in which the Board operates, including the development of a Board Brief to be sent out after each Board meeting to then be shared with the people each member represents | Previous parent carer members of Board involved in the Board workshops in November 2020 and January 2021 | |
| | LPCF involved in the SEND Partnership Board quizzes to check on knowledge on SEND amongst members of Board | Previous parent carer members of Board involved in Board quizzes during their membership period | Chair of LPCF developing next quiz content related to the PCF |
| | LPCF has representation on each of the Local Area Partnership meetings which are currently being re-focused. Recent feedback positive. | | Vacancy for Lancaster LAP |

| Action | LPCF Involvement | CYP or Wider Parent Carer Involvement | Next Steps |
|-------------------------------|---|--|---|
| | SEND Partnership Team meets monthly to ensure there are clearer links between the LPCF Steering Group and the key operational leaders from LCC and the NHS. All members of LPCF Steering Group attend. | | |
| | Chair of LPCF worked with the programme management team on the Think SEND events put on for the development of the SEND Plan 2021-25, along with LCC and NHS staff for those meetings that she was able to attend. Pace of delivery meant meeting dates could not be altered. LPCF Chair facilitated breakout sessions at some of the events. | Separate document provides data of numbers of parent carers who attended the Think SEND events. | Request from many to have more SEND Partnership events directly with parent carers, and to have an annual calendar of events. Work needs to be done to create a calendar of events. This will be started through the SEND Partnership Team Meetings |
| | LPCF has been involved in the development of the consultation phase of developing the SEND Plan. | | |
| | LPCF contributed to the SEND Plan consultation with parent carer events. | Parent carers attended the consultation events and contributed their views via a questionnaire and through emails. | LPCF, CYP and an LPCF-led experts by experience panel will actively support delivery of the SEND Plan. |
| Action 2: Joint Commissioning | Member of the Lancashire Commissioning Group which was set up from start of 2021 with monthly meetings | | |
| | LPCF contributed to the development of the Bladder and Bowel Framework through the Local Area Partnership Meetings | ICS Parent Carer Reference Group commented on the Bladder and Bowel Framework and improvements were made as a direct result | |
| | | ICS Parent Carer Reference Group commented on initial understanding of what needs to be included within the Special Community Nursing Services (SCNS) Review | Lead of the SCNS Review has agreed to involve LPCF and other 3 PCFs directly in next stages of work. Following the Special School Nursing Review, parent carer involvement to be set up. |
| Action 3: ASD Waiting Times | Commented on pathway descriptions that were co-produced in a wider group of parent carers | ICS Parent Carer Reference Group commented on ASD Pathway pyramid with descriptions of each Phase – changes made as a direct result of contributions from parent carers with direct experience of Autism | |

| Action | LPCF Involvement | CYP or Wider Parent Carer Involvement | Next Steps |
|-------------------------------------|--|---|--|
| | Focus group set up by LPCF to deep dive into support offer requests | | |
| | Co-produced ASD Support survey – issued by PCF to parent carers | Families accessing services have completed surveys | Use results on an ongoing basis to inform improvements |
| | LPCF co-produced 2 bids for ASD project funding from NHSE alongside clinical practitioners | | LPCF along with other PCFs across the ICS to co-produce future support offers for the ASD projects |
| Action 4: Transitions in Healthcare | Surveys completed and feedback provided on experiences. | Young people attended a meeting of the task and finish group and shared their experiences. | The LPCF-led experts by experience panel will support ongoing work with Transitions in Healthcare. |
| | | Two surveys have been conducted with young people and with parent carers which has given helpful input to what needs to happen. | |
| | | CYP SEND Board provided feedback of their experiences and requests for changes. | |
| Action 5: Local Offer | Member of the Local Offer Group that meets monthly | | |
| | LPCF co-produced surveys about the Local Offer and shared surveys with parent carers | | |
| | LPCF included in Healthwatch project to improve the health input to the Local Offer (Healthwatch acting on behalf of health commissioners) | Healthwatch is working with a range of parent carers on the health input to the Local Offer | |

Workforce Development Recorded, September 2020 – September 2021 (does not include provider development)

| Date | Type of development | Purpose/aim | Who attended | Number of attendees |
|--|--|---|---|---------------------|
| Sessions held between 22.09.20 to 23.02.21 | SEND and Writing Quality Health Advice | Training, Support and Advise | SLT New starters Virgin 0-19 Universal services BwD 0-19 Universal services Paediatricians Complex Needs nurses Learning Disability team Children's Therapies | 244 |
| 30.09.20 | ID30 - Special educational needs and disability legal process training | Professional development and specialist training | Inclusion Service | 74 |
| September | Women & Children Services (WACS) Steering Group | Awareness and sharing best practice relating to transitions in healthcare | Commissioner Members of the WACS | 15 |
| Sep-Dec 20 | Introduction to PIVATS 5 An Introduction to PIVATS 5 – Online | Professional development and specialist training | Assessment Team School based training: Burscough Primary Lancaster, St. Joseph's Delphside Primary, Skelmersdale | 7 8 |
| 15.10.20 | SPLCN | A Conference to Support Speech, Language and Communication in Mainstream Settings across EYFS and Primary Schools | Assessment Team | 48 |
| 20.10.20 | CDC National event | Awareness and sharing best practice | Commissioners DCOs | 3 |
| 09.11.20 & 18.11.20 | ID31 Sendco Seminar | Awareness and sharing best practice | Inclusion Service | 190 |
| 12.11.20 | SENDCo and PIVATS SENCO support on Effectively Implementing PIVATS 5 and PIVATS PSED to Assess and Monitor Progress for Children with SEND - Online | Professional development and specialist training | Assessment Team | 10 |

| Date | Type of development | Purpose/aim | Who attended | Number of attendees |
|---|--|---|---|---------------------------------------|
| 16.11.20 | Information Advice and Support Strategic Workshop – North West Region | Support and Advise | Commissioners DCO SENDIASS Manager SENDIAS Team | 10 |
| 17.11.20 | Training on CYP LD & SEND | Training | West Lancashire CCG employees | 4 and recording also shared via comms |
| 19.11.20 01.12.20 10.12.20 | ID33 EHCP checklist | Professional development and specialist training | Inclusion Service | 51 |
| November | Transition presentation to Integrated Systems Management Board (ISMB) | Awareness and sharing best practice relating to transitions in healthcare | Commissioner Members of the ISMB | 15 |
| 2 days per month, Nov '20 - Feb '21 | SEND Leadership training with NDTI | Professional development and specialist training | Commissioner DCO Inclusion service | 6 |
| 01.12.21 | Local Offer Community of Practice – CDC event | Awareness and sharing best practice | LODO Policy, Information & Commissioning Manager | 2 |
| 02.12.21 | SEND IASS Clinical supervision group | Support and Advise | DCOs SENDIASS Manager SENDIAS Team | 8 |
| 17.12.20 | ID34 Outcomes and Provision | Professional development and specialist training | Inclusion Service | 18 |
| 11.12.20 | CDC SEND National Webinar & workshop on Joint commissioning of SENDIASS, Leadership in challenging times, SEND outcomes & Early help – SEN support | Awareness and sharing best practice | Commissioners DCOs SENDIASS Manager | 5 |
| Sessions held from 02.12.20 to 23.09.21 | Team brief “SEND is Everyone’s Business” | SEND awareness | NHS CCGs, NHS MLCSU Various ICS Groups Healthcare providers x 4 | 534 |
| 11.02.21 | National LD & Autism Community of Practice – CYP PHBs | Awareness and sharing best practice | MLCSU | 2 |

| Date | Type of development | Purpose/aim | Who attended | Number of attendees |
|--------------------------------|---|---|--|--|
| 05.02.21 | NQT/RQT Closing the Gap and PIVATS | Professional development and specialist training | Assessment Team | 5 |
| 11.02.21 | SEND, EHCP, Statutory Assessment & Advice Writing DCO/DMO Training with DFE Send Advisors | Professional development and specialist training | DCOs | 2 |
| 10.02.21 | ID35 - CSC advice form for Education and Health Care Needs assessment and for annual review advices for children who have an EHCP | Awareness and sharing best practice | Inclusion Service | 37 |
| 26.02.21 | CDC National event & workshop on SEND Data Dashboard, ASD & Whole school SEND | Awareness and sharing best practice | Commissioners DCOs SENDIASS Manager | 6 |
| Feb-April 21 | PIVATS PSED and Toolkit How to Use PIVATS 5 PSED and the New PSED Toolkit – Online | Commissioned Training | Assessment Team District 6 District 2 | 106 82 |
| Monthly | CYP Learning Disability and Autism Regional Peer Network Support Group | Awareness and sharing best practice | Commissioners Transformation project team members | 6 |
| Quarterly | Pan-Regional Synergised Sleep Support Community of Practice | Awareness and sharing best practice | Commissioner | 1 |
| Quarterly | CTR/CETR/DSR Co-ordinators group. | Awareness and sharing best practice | Commissioners | 5 |
| 6 sessions April –June 2021 | Improving Co-production and Partnership Working - LCFP funded | Professional development, awareness and sharing best practice | LPCF Inclusion SEND IAS Health Local Offer Development Officer | 5 1 1 1 1 (Attended across all dates) |
| 13.04.21 | CYP Learning Disabilities & Autism Peer Support Network | Awareness and sharing best practice | Commissioner | 1 |
| 15.04.21 | Idox Local Offer focus group | To share best practise using Open Objects | Local Offer Development Officer | 1 |

| Date | Type of development | Purpose/aim | Who attended | Number of attendees |
|----------------------|--|--|---|---------------------|
| 21.4.21 | EHCP writing training | Professional development / awareness raising | SENDIAS | 4 |
| 25.04.21 | Council for Disabled Children Commissioners Workshop | Awareness and sharing best practice | Commissioner | 1 |
| April-May 2021 | Think SEND! Online event | Co-production sessions to develop the SEND strategy for Lancashire | Education, health, care. Providers, commissioners, parent carers, children and young people | 175 |
| 28.4.21 | Tribunal training - Refusal to assess | Professional development awareness and sharing best practice | SENDIAS | 8 |
| 12.5.21 | SENETA - Refusal to Issue a plan tribunal training | Professional development awareness and sharing best practice | SENDIAS | 8 |
| 01.06.21 | NW Regional Local Offer meeting | Awareness and sharing best practice | Local Offer Development Officer | 1 |
| June 2021 | SEND Plan 2021-2025 Consultation Events | Consultation of the draft SEND Plan | Education, health, care. Providers, commissioners, parent carers, children and young people | 88 |
| 10.06.21 | Regional and National Keyworking Pilot Site Community of Practice | Awareness and sharing best practice | Commissioner | 1 |
| 15.6.21 | Children's safeguarding Assurance Partnership | Working well with families in Lancashire launch | SENDIAS | 3 |
| 29.06.21 17.07.21 | SEND is Everyone's Business for Practitioners | Professional development / awareness raising | 0-19 Universal Early Help Team | 30 10 |
| 1.7.21 | CDC - Engaging with CYP with SEND virtually | Professional development awareness and sharing best practice | SENDIAS Manager Inclusion DCO Local Offer Development Officer | 1 1 1 1 |
| 06.07.21 | CDC SEND Conference -Making Participation Happen | Professional development awareness and sharing best practice | DCO Inclusion Commissioning Local Offer Development Officer | 1 3 1 1 |
| 05.07.21 | Designated Safeguarding Lead (Level 3) | Required for registered charities providing SEND services to CYP | Service Provider | 1 |
| 20.07.21 | Sensory Processing: it's impact and what you can do to help (online webinar) | To assist Rossendale Rays' support of CYP with ASD | Service Provider | 1 |

| Date | Type of development | Purpose/aim | Who attended | Number of attendees |
|----------|--|--|---|---------------------|
| 23.07.21 | CDC - Good Quality Health and Social Care Advice | Professional development | DCO SEND IAS Manager | 1 1 |
| 27.07.21 | CDC NW Action Learning set – building SEND and Social Care solutions | Professional development , sharing best practice and overcoming challenges | DCO Local Offer Development Officer Inclusion SENDIAS Manager | 1 1 1 1 |
| 03.08.21 | Speech and Language Therapy Writing - Good Quality Health Advice | Professional development | Health | 25 |
| 19.08.21 | CDC Making Participation Work's Shared Support | Awareness and sharing best practice | Inclusion Service Early Help Service | 1 2 |
| 24.08.21 | Senior Leader Level 7 Apprenticeship | Professional development | LCC Commissioner | 1 |
| 24.8.21 | IPSEA - SENDIAS tribunal appeal refresher training | Professional development | SENDIAS | 2 |
| 02.09.21 | SEND Plan Workshop | Professional development awareness and sharing best practice | Service Managers and Senior Leaders from: Education & Children's Services Health Commissioning Inclusion Adult Social Care SEND IAS LPCF | 16 |