

North East Lincolnshire
Special Educational Needs and Disabilities (SEND)
Written Statement of Action

December 2018

“All children and young people will achieve their potential; become confident individuals, live fulfilling lives and successfully transition into adulthood.”

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Introduction to the Written Statement of Action and Local Leaders' Statement of Commitment:

Our Written Statement of Action (WSOA) sets out what we will do to address the significant areas of weakness identified by Ofsted and the Care Quality Commission (CQC) during the Joint local area SEND inspection in North East Lincolnshire which took place between 2 July 2018 and 6 July 2018.

The inspection team identified areas of strength with examples of good practice, and also highlighted three areas of weakness that require further improvement. In response to the inspection findings we recognise that some of our local services do not meet the standards and expectations that our children, young people and their families deserve and we are jointly committed to delivering improvements in our local offer across education, health and social care services

As local leaders, we will prioritise the WSOA to ensure that there is effective oversight and assurance on the delivery and implementation of the plan which will drive forward the required changes to improve the services, support and outcomes for this group of children and young people, and their families. To achieve this, we are committed to listening to the views and experiences of our children, young people and their families to make sure that they feel, and are, fully involved in co-producing the education, health and care services that they need and deserve.

Signed:



Rob Walsh
Chief Executive

North East Lincolnshire Council and
North East Lincolnshire Clinical
Commissioning Group



Steve Kay
Director of Children's Services

North East Lincolnshire Council



Dr Peter Melton Clinical Chief Officer

North East Lincolnshire Clinical
Commissioning Group

Areas Identified for Improvement

The inspection identified three areas of weakness that require improvement:

1. Local area leaders have a limited understanding of the needs of children and young people who have SEN and/or disabilities and the education, health and care outcomes they achieve. This fundamentally weakens the local area's ability to jointly plan, commission and provide the right services, resources and support for this group of children and young people, and their families.
2. The local area's strategy for improving arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities, and improving their outcomes, is ineffective.
3. Children, young people and families have too little involvement in meaningfully co-producing the education, health and care services they need.

Work Undertaken Since Inspection against the Key Priorities

A monitoring template has been developed which will drive improvements and monitoring of the WSOA as well as demonstrate the impact to parent/carers, children and young people, wider stake stakeholders, and support the assurance process and monitoring process.

We will undertake an integrated Quality Impact Assessment and Equalities Impact Assessment to ensure the implications of the WSOA are fully considered and supported.

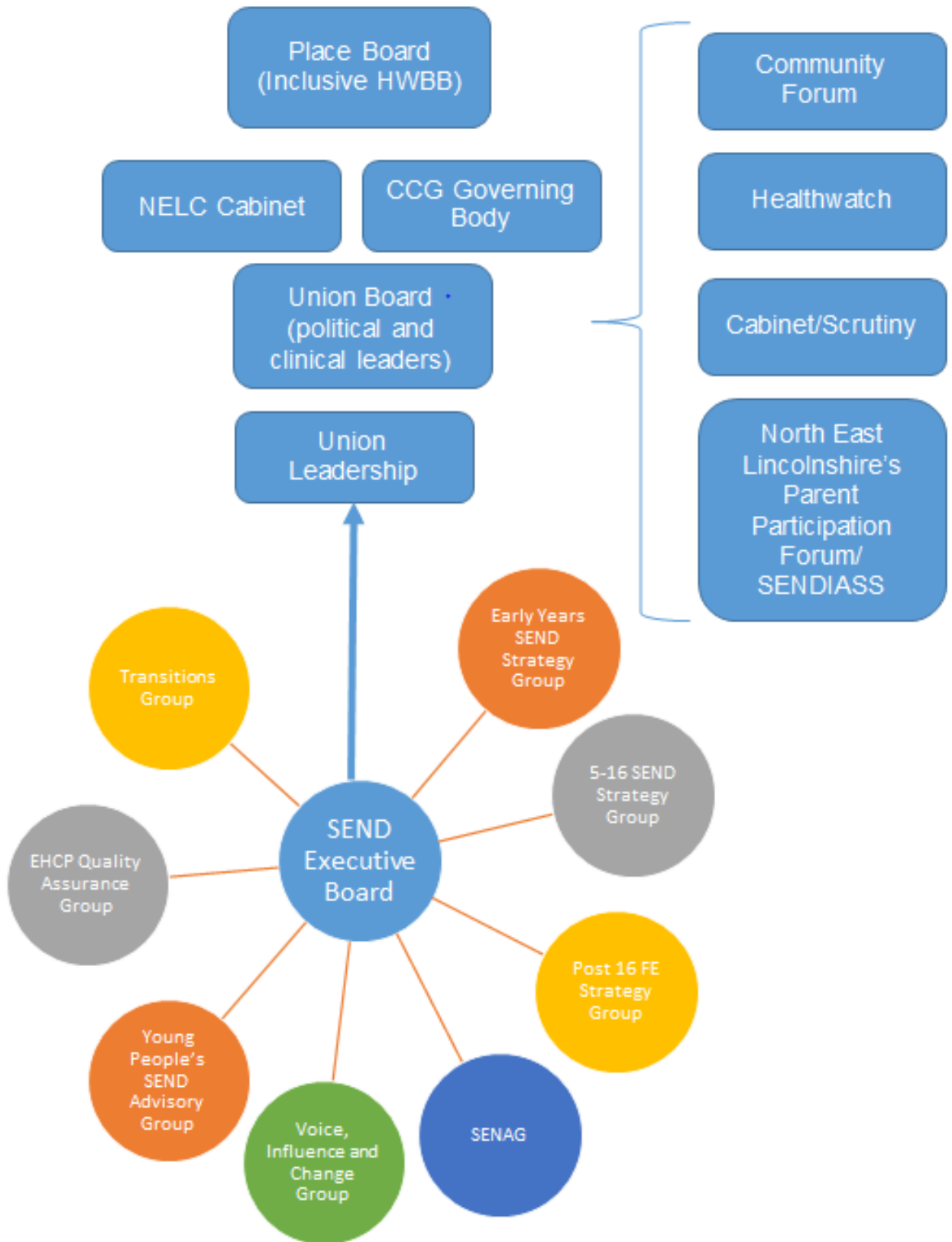
Governance

Following the inspection we have reviewed our governance arrangements, we have listened and will continue to listen to the feedback and contributions of children and young people and parents and carers, engaged with partners and considered best practice and learning from other areas so that the arrangements we establish locally ensure that there is sufficient oversight of the development and delivery of the Written Statement of Action and the system wide SEND agenda.

Strategic oversight and assurance of delivery of the improvements required will be undertaken by the Union Board on behalf of the NELC and NELCCG. The Union Board will be held to account for delivery by the CCG's Governing Body and Council's Cabinet. As an over-arching body, the Place Board will hold the system to account.

There will be independent audit and challenge of our processes by Healthwatch. Progress against delivery will also be reported and scrutinised by the NELC Scrutiny Panel for Children and Lifelong Learning and the CCG's Community Forum who will have a key role in ensuring that the voice of the child/young person and families is heard. These will ensure parent/carer and children/young people's experiences are central to the development of all service provision.

SEND Governance Structure



Continued on the next page

SEND Governance

Community Forum consists of people from the local community who volunteer their time to work alongside clinical and managerial staff from the CCG. A representative from this group sits on the Council of Members and Governing Body to make sure local people's views are heard.

Health watch is an independent consumer champion created to gather and represent the views of the public. It works at both the national and local level and makes sure the views of the public and people who use services are taken into account by providers.

Scrutiny is a process of overview and scrutiny to make sure that Councillors are fully accountable for their decisions. This process allows elected members who are not on Cabinet to act as a check and balance to the Council's decision makers and to contribute to the development of future policies and strategies that will help improve services for local people. Scrutiny has had oversight of the development of the WSOA and has an active interest in the SEND agenda.

North East Lincolnshire Parents Partnership Forum is a group of parents/carers of children with additional needs who influence local and national government to improve the quality of life for families with additional needs.

SENDIASS is commissioned by NELC and delivered by Barnardo's. The service provides free, impartial and confidential information and advice on SEND matters to children, young people with SEND and their parents/carers.

SEND is a standing agenda item on all forums below.

Place Board is chaired by Leader of the Council and incorporates the work of the previous Health and Wellbeing Board (HWBB). The Board membership is local public, private and voluntary community Sector (VCS) leaders established to ensure and drive a joined up approach to improving 'our place'.

NELC Cabinet is responsible for key decision making on areas of significant impact. It is made up of elected members who have individual decision making powers for our portfolio of services.

CCG Governing Body is the statutorily accountable body for SEND within the health sector, excluding those assigned to public health.

Union Board is chaired by the Lay Chair of the CCG. The board membership is made up of political (from the council), clinical and lay members (from the CCG), which has been delegated the responsibility for ensuring that the CCG and council work together to deliver improvements across health, care, and the broader wellbeing for the population. They are responsible for setting the strategic direction for place.

Union Leadership is chaired by the Joint Chief Executive Officer of NELC and NELCCG. The membership comprises Directors from across the two organisations to ensure delivery of the Union and therefore the CCG and Cabinet's strategic direction. The Union leadership membership includes the Director of Children's Services, to ensure that the Union has a strong focus on children, young people and families.

SEND Executive Board is chaired by NELC's Director of Children's Services (DCS) for NELC to ensure that children and young people with SEND and their parent/carers are fully involved in discussions and decisions about their individual support and about local provision.

All the subgroups that report into the SEND Executive Board have parents/carers representatives and SENDIASS as members.

Early Years SEND Strategy Group defines the Early Years Pathways for children aged 0-5 in NEL; determines the role of: Practitioners, Providers, Processes (to include referral criteria & transitions); interpret available data to identify needs and trends in order to inform the above; identifies desired outcomes and to demonstrate to what extent these are met.

5 -16 SEND Strategy Group offer's a forum to deliver a termly aged 5 – 16 SEND action plan in order to drive forward strategies and ensure that children and young people with SEND are able to achieve their expected outcomes.

Post 16 FE SEND Strategy Group work's together to enhance the consistency of approaches, provision and processes on areas of common interest for all learners with learning difficulties and /or disabilities post 16.

Voice Influence and Change Group sets out to challenge and improve the culture of working together and to improve SEND services in our local area.

SEN Advisory Group (SENAG) is to ensure that NELC's statutory processes are equitable, transparent and fully compliant with the SEND Code of Practice: 0 – 25 years (2015) and the SEN Code of Practice (2001). To ensure a clear evidence-based process is in place for making robust consistent decisions that are understood by parents/carers, young people, schools, early years and Post-16 settings and relevant partner agencies.

Young People's SEND Advisory group consists of young people from schools, colleges and specialist educational settings in NEL who are aged 12-19 and have SEND. They aim to challenge and improve the way people think about SEND in our local area and beyond, to feedback to schools and colleges to let them know what works well and what needs to change and to improve SEND services in our local area.

Education Health and Care Plan Quality Assurance Group provides an oversight of the quality of EHCPs in terms of timeliness and content and provides recommendations for the continuing development and improvement of EHCPs in NEL.

Transitions Group improves the arrangements for helping and supporting children and young people who have SEN and/or disabilities aged 0–25 at points of transition between schools, services and settings and to improve the arrangements for preparation for adulthood for children and young people who have SEND.

Additional capacity to deliver the SEND offer

In line with identified areas for development, some additional resources have been identified to enable SEND capacity to improve across a range of NELC and NELCCG provision.

Approval of funding for the following permanent posts has been committed:

Recruitment starts January 2019.

- 1x FTE Designated Clinical Officer (DCO). At the point of inspection the DCO role was being undertaken by the Head of Complex Care, and the capacity for both roles to be undertaken sufficiently was highlighted as a risk. Therefore an additional 1 FTE post is to be created.

Currently working progress and will be recruit to the below posts between April – June 2019.

- 1 x SEND Strategic Lead across education, health and social care (NELC/NELCCG). This post will lead on the coordination of the continued implementation of the SEND reforms including lead responsibility for bringing all agencies together in addressing and monitoring the WSOA.
- 2 x additional EHCP Coordinators in the Special Educational Needs and Review Team within SEN Services (NELC) and 1 x additional education psychologist in the Education Psychology Service. These posts will help to reduce the significant pressures on workload, statutory deadlines and sickness absence in both areas since the marked increase in statutory assessment requests and EHCPs.
- 1 x Local Offer Coordinator, This post has been created to administer the Local Offer following the inspection.
- Funding for a Care Navigator approach to support families experience and journey around the system to ensure continuity and that families feel supported through the process in order to stop them feeling bounced around the system.
- 1 x Access Pathway Clinical Coordinator post to provide a Chair for Access Pathway's (Multi-Disciplinary Team) MDT Meetings; liaison with families pre and post the MDT; triage of assessment requests and details required; and ensure consistency of application of the pathway and NICE compliance.
- Additional funding to recruit a parent representative to support development of the Access Pathway.
- Additional funding to ensure that the Named Nurse for LAC and the Designated Nurse for LAC are compliant with statutory guidelines. Recruitment starts January 2019.

What our Children and Young People have said post inspection from the listening events.

The voice of children with SEND in our local area is not captured and used to influence change.

I'm OK because I say when I need help but I know some kids that are quiet and don't. (Y10).

Nobody seems to do the same thing, different teachers have different rules.

I am pleased to have been part of strategic change.

I would like my school to have assemblies about different disabilities so that nobody is singled out but everyone understands more about what some people have to deal with. (Y9)

This is true coproduction, 10 years ago I was sat with the person next to me who was supporting me with my mental health and now we are sat as

Shops and other places should be autism friendly; they should understand about autism.

	What is working well
	Requires Improvement

What our Parents/Carers have said post inspection from the listening events.

“Now I have attended the listening events/access pathway working group I feel like people do care and do want to help.”

It is exhausting just having a child with SEND and then having to organise your own calls/appointments and chase up people is sometimes too much. There are over 50 people involved with my child.

I didn't realise there was all these things available for mental health for teenagers. If I had known I could have asked.

I have been passed back and forward for years and sent on parenting courses. All I want is a diagnosis for my son. He's 12 now.

I have been told that I can't get support without a diagnosis by my school.

I can't have a job. I get called from school to come and pick up my child all the time or they are sick. We have no money because only one of us can work. I can't see it getting any better.

Some of us had a very positive experience and didn't have to fight for our children to be seen, assessed or diagnosed. (parents supporting parents group)

Every year I have to tell my child's story again to new people. Staff don't communicate with each other or pass information on.

I am so stressed out because I don't know where to get the help I really need from.

Parents believed that a diagnosis was necessary as a way of getting targeted and sufficient support, despite the Local Authority's assertion to the contrary.

	What is working well
	Requires Improvement

RAG Rating Key

	Completed for the submission of the WSOA (Dec 2018)
	Action not yet completed, but on track and scheduled for completion within six months of the submission of the WSOA (June 2019)
	Action not on track, risk to implementation
	Longer-term action, not scheduled for completion within six months of the submission of the WSOA. No risk to implementation currently anticipated

Area of priority action 1

Local area leaders have a limited understanding of the needs of children and young people who have SEN and/or disabilities and the education, health and care outcomes they achieve. This fundamentally weakens the local area's ability to jointly plan, commission and provide the right services, resources and support for this group of children and young people, and their families.

Objective	How will we achieve this?	How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
1. To have a comprehensive and evidenced understanding of the needs of children and young people who have SEND and their families to inform future needs and commissioning.	1.1	Review the systems and processes in place in relation to the production and dissemination of the Joint Strategic Needs Assessment (JSNA) and ensure these are sufficiently robust to provide appropriate, relevant and timely intelligence and insight, including clear recommendations for the commissioning and provision of SEND services.	SP (NELC)	<ul style="list-style-type: none"> DCS/DPH agreed focus for re-development of JSNA at Council and CCG Leadership. JSNAs identified as good practice examples (provided by the DfE) have been sourced and reviewed. The Associate Director of Public Health has planned engagement with SENDIASS and NELPPF to agree how they will be involved in the JSNA. Joint workstream established across NELC/NELCCG to map current data and assets and harness within the scope of the JSNA. 	April 2019	
	1.2	Undertake Health Needs Assessment (HNA) of vulnerability in children and young people including those with SEND.	SP (NELC)	<ul style="list-style-type: none"> This HNA was a key recommendation from the DPH Annual Report 18-19. It is scheduled into the 2019-2020 public health work programme. 	March 2020	

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
	1.3	Develop and coproduce a new SEND Strategy and Local Offer utilising the analysis and intelligence within the JSNA and relevant findings from the HNA.	<ul style="list-style-type: none"> A co-produced SEND Strategy and Local Offer will be in place which meets the local need. 	SK (NELC)	<ul style="list-style-type: none"> Begun co-production development, including establishing listening events. Commissioned specialist co-production training – for senior leaders, managers and parents. 	October 2019	
	1.4	Develop a revised Health and Wellbeing Strategy.	<ul style="list-style-type: none"> Revised Health and Wellbeing Strategy adopted by all key organisations in North East Lincolnshire. The Wellbeing strategy will be formally adopted by the Place Board and Union Board on behalf of the CCG and Council April 2019. 	SP (NELC)	<ul style="list-style-type: none"> Updated Health and Wellbeing Strategy “wellbeing strategy” has been prepared for consultation (October 2018). Draft Strategy will be presented to the Union Board in November 2018 in order to launch the 3 months consultation. 	April 2019	
	1.5	As part of the Union arrangements, a review of resources and governance is to be undertaken by the Director of Resources and Governance to ensure local area leaders have a full understanding of the needs of children and young people who have SEND and the education, health and care outcomes they achieve.	<ul style="list-style-type: none"> Robust systems in place to be able to hold the local area’s schools, academies, education, health and social care services and providers to account for improving the outcomes of children and young people who have SEND. Sufficient resources in place across the Union to meet with need of children and young people with SEND. Posts detailed on page 11 will be approved and appointed to. Standing agenda item at Union Leadership team and also key and regular item on Union Board. 	SK (NELC)	<ul style="list-style-type: none"> Structure in place and agreed as on pages 7/8. Funding for the additional posts detailed on page 11 has been approved. SEND is now a standing agenda item at the Union Leadership Team and also a key and regular item on the Union Board. 	July 2019	
2. To have robust joint commissioning of services across the Union which will include	2.1	Strategic project to develop a Joint Commissioning framework to be reviewed and implemented across the Union and local area.	<ul style="list-style-type: none"> Completion of a joint commissioning plan, which is formally adopted by both organisations. 	HK (NELCCG)	<ul style="list-style-type: none"> Chief Operating Officer of the NELCCG identified as lead officer responsible for developing a joint commissioning approach for the Union (August 2018). NELC’s CSSU Service Manager identified as the key Council officer to support the 	August 2019	

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
services for children, and young people who have SEND and their families.					<p>development of the joint commissioning plan.</p> <ul style="list-style-type: none"> • Agreement between the COO NELCCG and DPH for the Council that the commissioning plan will describe how the union will deliver against the requirements identified within the overall Place Wellbeing strategy. 		
3. To have robust arrangements for the delivery and on-going review of services for children, and young people who have SEND and their families. (A commissioning cycle).	3.1	Undertake a full programme of activity to analyse the effectiveness of current services for children, and young people who have SEND and their families.	<ul style="list-style-type: none"> • Robust arrangements for the delivery and on-going review of services for children and young people who have SEND and their families. • An on-going programme of analysis review and improvement of services using the principles outlined in the adopted commissioning plan. • Recommissioning of services that are not delivering the required outcomes. 	SK (NELC)	<ul style="list-style-type: none"> • Phase 2 of the 0-19+ Programme related to Education Services has been underway since May 2018. • An independent consultancy is undertaking a review in relation to Education Services and related provision. 	July 2019	

What our Children and Young People have said post inspection from the listening events.

"I need more support to learn how to be independent because I would like to live on my own in the future."(17 yr old)

My short breaks worker takes me out without my mum. I like to go to the evening activity group. It feels like a break from everything. (Y12)

Some of my teachers listen to me and understand my needs but some just expect me to do things I can't do without extra help.(Y9)

I love my new school and I fit in and I am much happier there than at my old school

I wish my school didn't have rules about things that you can't help. It just get worse and worse and you can't get off the behaviour report. (Y11).

There are not enough courses that interest me at post 16 that are available to me. We should be asked what we want to learn about. (6th form student)

It was only when I got excluded that my new school started to work with me on my reading. I find it hard but nobody helped me before. (Y8)

Everyone thought I was a naughty kid in my old school. They didn't know me or want me there. I love it here (SEND Specialist SEMH Educational provision) the teachers know what helps me learn and want the best for me. (Y7)

Having a person to go to in school is really important. Everyone should have a Mrs Green too talk to. It makes me feel safe. (Y7)

What is working well

Requires Improvement

What our Parents/Carers have said post inspection from the listening events.

"I trust staff with my child. I wouldn't just let anyone take care of my child because they are so complex" – CQC short Breaks Inspection (Sept 18)

We have had lots of support from the SAS communication and interaction teacher. We would have felt totally lost without her.

It took too long for the CDC to see my child. It was too late to get things in place in time for starting reception class.

There is a gap on passing on information from Primary to Secondary schools.

My child's school has a community team. They are amazing you can contact them at any time and they always help you out.

The new access pathway won't work. I don't have any confidence in it.

"I have my own issues to contend with but the carer organises me as well. She takes care of me too." - - CQC Short Breaks Inspection (Sept 18)

I really needed the support from my child's epilepsy nurse. She has helped our family and the school understand what my child needs.

Schools not understanding the pathway either, even though they were usually the party initiating the Early Help Assessment.

	What is working well
	Requires Improvement

Area of priority action 2

The local area's strategy for improving arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities, and improving their outcomes, is ineffective.

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
1. Effective and equitable delivery of the healthy child programme for children aged 0-5.	1.1	Review Healthy Child Programme 0-5 (already underway at time of inspection), to ensure that it is intelligence led, evidence based and outcome focussed.	<ul style="list-style-type: none"> Increase in the reach of the of the Healthy Child Programme via core contacts (reported to Public Health England) Improvements in key outcomes set out in a new service specification. 	SK (NELC)	<ul style="list-style-type: none"> Additional health visitors appointed Vacancy of 2.6 FTE pre-October, since October we have successfully appointed 2.4 FTE. Families First Practitioners have been trained and are now undertaking the 2 year health checks. Timeliness of Midwifery liaison forms has notably improved to 89%; this is monitored on a monthly basis. 	March 2019	
2. To ensure that Information about the health needs of children and young people who have SEND held in GP's records are accessible to other health professionals for initial health and/or EHC assessments.	2.1	Review of current practice to be undertaken by DCO and AD for Women's & Children's Services.	<ul style="list-style-type: none"> Important health information in GP records is appropriately incorporated in assessments and assessment is attached to the GP's records. 	MT (NELCCG)	<ul style="list-style-type: none"> Review of current practice by DCO has been scheduled following which a process flow chart will be developed. 	April 2019	
	2.2	Process flow chart to be implemented, including escalation plan if not followed. Training to be delivered to all GPs.	<ul style="list-style-type: none"> Escalation plan in place and training with GPs complete. 	MT (NELCCG)	<ul style="list-style-type: none"> Discussion held with CCG Leadership on this issue, with support gained for development and implementation 	April 2019	
3. To ensure that the Information about the health needs of children and young people who are looked after is transferred to new health records within the adoption process.	3.1	<p>Primary Care Audit to be carried out to determine the current process for the management of records by GP practices and safeguards used to protect against confidentiality and data protection breaches.</p> <p>The outcome of the audit will be used to inform our local response whilst awaiting further national guidance.</p>	<ul style="list-style-type: none"> Timely and effective identification of children and young people's education, health and care needs will be confirmed through audit activity. Records will be in line with statutory guidance/NHSE (Dealing with medical records for adopted 	MT (NELCCG)	<ul style="list-style-type: none"> An engagement with GPs on this issue, via survey monkey designed with agreed with GP Lead for Woman's & Children's. This has been circulated out to practices to ascertain how each practice manages the adopted child clinical health record in primary care following issue of new NHS number. 	December 2018	

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
			patients A guide for GP practices).				
4. Effective arrangements are in place for helping and supporting children and young people who have SEND aged 0–25 at points of transition between schools, services and settings and in their preparation for adulthood.	4.1	Develop a Transition good practice model and encourage, educational settings, health, social care and families of children and young people with SEND to agree to the principals and practice of transitions.	<ul style="list-style-type: none"> Transition good practice model will be in place and a high proportion of educational settings will have formally committed to the model. 	RD (NELC)	<ul style="list-style-type: none"> Establishment of a SEND Transition working group. EHCP Co-ordinators attend all transition reviews. Development work in terms of careers advice is being undertaken with special schools. 	July 2019	
	4.2	Strengthen engagement with the NEET Agenda.	<ul style="list-style-type: none"> Reduction in the number of NEETs who have an EHCP/SEN Support. An increase in the positive destinations of people with an EHCP/SEN Support. SEND Careers Advice and Guidance strategy in place. 	KL (NELC)	<ul style="list-style-type: none"> 16-18 year olds with an EHCP allocated a NEET practitioner. NEET Practitioner linked to SENDIASS. Careers Adviser's linked to all secondary academies targeting the 'vulnerable' cohort to ensure support at key transition points. Audit underway through the Employability Wide Forum identifying support/programmes currently available for people with SEND. DCS and Employability Officer have attended the SENDIASS young people's group's specifically to talk about skills and learning and take away key actions. 	December 2018	
	4.3	Development of an "Aspirations for working towards independent adulthood parents/carers group".	<ul style="list-style-type: none"> Aspirations for working towards independent adulthood parents/carers group established and actively contributing to the SEND agenda. 	RD (NELC)	<ul style="list-style-type: none"> Communications re the development of the group have begun. 	February 2019	
	4.4	Provision of a dedicated supported internships programme.	<ul style="list-style-type: none"> Successful provision of study programmes specifically aimed at young people aged 16 to 24 who have an EHCP. An increased number of 	RD (NELC)	<ul style="list-style-type: none"> Preparation and scoping underway to inform a business case for Project SEARCH Supported Internships. Meeting arranged with the NDTI lead to progress the programme. 	December 2018	

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
			young people with an EHCP move into employment.				
5. Transition from paediatric to adult community nursing services are effective and seamless.	5.1	Review transition arrangements in community nursing services and develop a transition protocol.	<ul style="list-style-type: none"> Clear transition protocol in-place, which is individualised for each child and young person. 	MT (NELCCG)	<ul style="list-style-type: none"> Transition group set up with NLaG, Care Plus Group (CPG) and Yarborough Cleve Care (Y/C). Project Plan agreed. Scoping underway for children/young people and adult transition toolkits including 'ready, steady go'. 	Draft to be developed by April 2019	
6. To improve consistency in the quality of EHCPs and subsequent reviews.	6.1	Delivery of training programmes for parents/carers, educational, health and social care professionals.	<ul style="list-style-type: none"> Robust audit process identifies that children and young people's needs are clearly detailed. 	RD (NELC)	<ul style="list-style-type: none"> Reviewed Audit process and updated QA EHCP documentation. QA Process now includes parent/carers as auditors. As part of engagement workshops this has informed the development of the training programme Parents/Carers, Children and Young People are developing a new EHCP Format. 	July 2019	
	6.2	Explore integration of EHCP review meetings in conjunction with other CSC meetings.	<ul style="list-style-type: none"> Feedback report from survey monkey to families. 	RD (NELC)	<ul style="list-style-type: none"> Survey under design and due to be circulated. 	December 2018	
7. Produce an accurate self-evaluation of the local area's ability to identify, assess and meet the needs of children and young people with SEND.	7.1	Review of Self Evaluation framework with Parents/Carers.	<ul style="list-style-type: none"> The Self Evaluation Framework will show an accurate picture of the area. 	RD (NELC)	<ul style="list-style-type: none"> Engagement with parents/carers has begun, including initial listening events. You said we did documents produced with parents/carers will inform the Self Evaluation framework 	July 2019	
8 To ensure that all children and young people have appropriate, timely and equitable access to therapy and	8.1	<ul style="list-style-type: none"> Commence review of contractual arrangements and pathways for : <ul style="list-style-type: none"> ➢ Occupational Therapy ➢ Speech and language Therapy ➢ Orthotics 	<ul style="list-style-type: none"> Children, young people and their families report that they have access to therapy support where and when they need it. Waiting times reduced. 	MT (NELCCG)	<ul style="list-style-type: none"> Agreement that the start point of the review will be a listening event to determine children, young people and their families experiences and views of current provision. Therapies Performance Monitoring meetings have been set up, agreeing 	April 2019	

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
equipment services to meet their need.					KPIs and escalation routes via NLaG contract. <ul style="list-style-type: none"> NHS commissioned services for therapy is under a wider block contract. Work has commenced to break down and cost individual paediatric therapy elements to inform review and re-configuration/development of service. 		A
	8.2	Set up service re-design working group to consider current and future options for delivery of therapy and equipment services including opportunities for joint commissioning and addressing recruitment issues.	<ul style="list-style-type: none"> Improved delivery of therapy and equipment services. 	MT (NELCCG)	<ul style="list-style-type: none"> To be informed by review. 		
9. Children and young people with SEND have appropriate and timely access to equipment when they need it.	9.1	Revision of performance framework for the Assisted Living Centre (ALC) Community Equipment Store (CES) to ensure that performance around waiting times to assessment, delivery and collection of kits is monitored and areas of exception are addressed.	<ul style="list-style-type: none"> Children and young people with SEND have appropriate and timely access to equipment when they need it. This will be monitored via performance targets at the contract meetings. 	MT (NELCCG)	<ul style="list-style-type: none"> The current performance targets have been reviewed and meetings have been held to discuss current performance against those targets. 	April 2019	A
10. To ensure that changes to specialist commissioning arrangements are planned and co-ordinated.	10.1	Effective pathway links to be established with specialist commissioning / NHSE.	<ul style="list-style-type: none"> Changes in provision of specialist resources will be planned and communicated effectively. 	MT (NELCCG)		December 2019	
11. To have an Access Pathway in place which facilitates decision making to ensure improved and timely identification for children and	11.1	Commence a combined review of the Access Pathway by both NELC/CCG, parents/cares and voluntary sector including focus on co-production.	<ul style="list-style-type: none"> All stakeholders will have contributed to the review which will identify key priority areas for action / development. 	MT (NELCCG)	<ul style="list-style-type: none"> Healthwatch has been engaged in discussions to plan engagement with parents/ carers to provide an independent view of the Access Pathway and post-diagnostic support. A series of workshops are planned from January 2019 to identify areas needing further attention. Listening events have taken place with a range of parents groups. 	December 2019	B

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
young people who have SEND with additional needs around Communication & Interaction, Cognition and Learning and SEMH.					<ul style="list-style-type: none"> Proposals for an independent co-chair of the Access Pathway development group are in development. 		
	11.2	Comprehensive and rolling training and development programme for all practitioners and parents/carers of children and young people who have SEND with additional needs around Communication & Interaction, Cognition and Learning and SEMH.	<ul style="list-style-type: none"> Number of stakeholders attending sessions. Increased knowledge and awareness. Evidence of the impact of the training on practice and improved outcomes for children, young people and their families. 	MT (NELCCG)	<ul style="list-style-type: none"> Social, emotional, mental health (SEMH) training has been mapped out alongside the whole school approach to mental health and education / emergency services. 	December 2019	
	11.3	Develop mechanisms for improving, and capturing, parent/carer experience of the access pathway.	<ul style="list-style-type: none"> Feedback from children, young people and their families. Robust evaluation and review process in place. 	MT (NELCCG)	<ul style="list-style-type: none"> Exploring text evaluation survey. Funding approved for a new Access Pathway Clinical Care Co-ordinator role Development Group and parents / carers to be involved in creating the specification and job description. 	January 2019	
12. Effective and timely access to Child Development Centre (CDC) for autism assessments for children under 5 years old.	12.1	Complete NICE baseline assessment tool. Consultation and engagement with parents, carers and key stakeholders. Identification of gaps in provision to be presented to commissioners for consideration.	<ul style="list-style-type: none"> Service specification in place with clear outcome measurements in line with NICE guidance. 	MT (NELCCG)	<ul style="list-style-type: none"> Initial engagement with parents who have experienced pathway. Site visit undertaken including observation of communication and interaction assessment process. 	September 2019	
	12.2	Ensure there is post diagnostic support for children under 5 years of age with autism.	<ul style="list-style-type: none"> Appropriate support in place. 	SK (NELC)	<ul style="list-style-type: none"> Pathway group is being re-established 	September 2019	
13. Improved outcomes for children and young people who have SEND, especially those in mainstream	13.1	Develop and embed a SEND Charter.	<ul style="list-style-type: none"> SEND Charter will be signed and launched in North East Lincolnshire. 	RD (NELC)	<ul style="list-style-type: none"> Feedback from engagement events with parents/carers, children and young people and professionals has been used to shape the early development of the charter. Work stream established with professionals, parents and carers. 	July 2019	

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	R A G
secondary schools and the 16–25 age range.							
14. Key health functions i.e. the DCO and the designated nurse for children and young people who are looked after are aligned with national guidance.	14.1	<p>Review of the structure and contractual arrangements of the DCO and the designated nurse for children and young people who are looked after.</p> <p>Identify additional resource to recruit to a full time DCO.</p> <p>Identify additional resource to ensure the Designated Nurse for LAC role is independent and employed by and sat within the CCG.</p>	<ul style="list-style-type: none"> The DCO will provide the appropriate level of strategic leadership and oversight in all health matters related to SEND. The Designated Nurse for LAC will be delivered in line with national guidance. 	MT (NELCCG)	<ul style="list-style-type: none"> Discussions have been held regarding the contractual arrangements and future options as part of the wider Union development, to include review of job descriptions, funding and role alignments to ensure that both roles meet national guidance and are appropriately aligned funded and resourced to meet the role requirements and local need. Funding has been identified and recruitment planned for January 2019. 	January 2019	

What our Children and Young People have said post inspection from the listening events.

"I am on the Student council in my school. I get to make sure my voice is heard. Everyone should have that chance." (Y8)

I like the Young Peoples SEND advisory group. It's good to talk about ideas and be with people who understand. (Y9)

I don't know what an EHCP is. I go to my meetings with my mum and teachers but I don't know what a EHC plan is. (Y8)

I stay in my bedroom playing Playstation because there's nowhere to go where I'd fit in and I don't want to hang about at night outside. My mum wouldn't let me anyway. (Y12)

I need more help to access everyday things.

Kids need more entertainment and more youth clubs

	What is working well
	Requires Improvement

What our Parents/Carers have said post inspection from the listening events.

It's isolating having a child with SEND. I need people to support me as well as support for my child. I liked the listening events and would like more.

I know my child best. Professionals should listen more to what I am saying.

The independent parents group keep me sane I don't know what I would have done without that support.

I am really pleased with the personal budget and bespoke package for my child with profound and multiple disabilities. Now I feel positive about the future and being listened to.

It was easy to get my grandson an EHC Plan. We were involved all the way. It was a much better experience than it was years ago with my daughter.

The parental engagement and participation group does not work as it does not have a wide enough representation.

"The LA parents supporting parents group is my life line."

There was criticism that parents were not present in the room when the panel met to discuss their child's case.

What is working well

Requires Improvement

Area of priority action 3

Children, young people and families have too little involvement in meaningfully co-producing the education, health and care services they need

Objective	How will we achieve this?		How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG
1. Parents, carers and children and young people with SEND are actively encouraged to be involved in all aspects of the identification, assessment and provision processes in relation to SEND.	1.1	Facilitate a co-production event to establish all opportunities that are available to co-production currently and begin initial discussions as to next steps.	<ul style="list-style-type: none"> Co-production event to have taken place and action plan developed as a result of the voices heard. 	SK (NELC) KH (NELPPF) TW (SENDIASS)	<ul style="list-style-type: none"> Coproduction Event with professionals, children and young people, parents and carers has taken place. Discussions taken place regarding a coproduction summit annually. 	December 2018	
	1.2	Establishment of a minimum quarterly co-production event.	<ul style="list-style-type: none"> Parents/carers report that they feel listened too. All aspects of SEND, strategy, policy commissioning cycle will be coproduced. 	RD (NELC) KH (NELPPF) TW (SENDIASS)	<ul style="list-style-type: none"> 5 listening events taken place to date. Future dates currently being scheduled. Coproduction Event with professionals, children and young people, parents and carers has taken place. 	December 2018	
	1.3	Development of a co-production Strategy.	<ul style="list-style-type: none"> Co-production strategy will be agreed by all stakeholders and launched. 	SK (NELC) KH (NELPPF) TW (SENDIASS)		June 2019	
	1.4	Development of parents easy read guide of the WSOA.	<ul style="list-style-type: none"> Easy read guide will be agreed by all stakeholders and launched. 	SK (NELC) KH (NELPPF) TW (SENDIASS)		February 2019	
	1.5	Development of a co-produced communication strategy.	<ul style="list-style-type: none"> Communication Strategy will be agreed by all stakeholders and launched. 	SK (NELC) KH (NELPPF) TW (SENDIASS)	<ul style="list-style-type: none"> Coproduction event with professionals, children and young people, parents and carers has taken place. Meeting scheduled for February 2019 to discuss the development of the communication strategy. 	April 2019	
	1.7	Strengthen governance arrangements to ensure that parent/carer representatives have sufficient oversight/scrutiny.	<ul style="list-style-type: none"> Parent/carer representatives and SENDIASS attend all relevant meetings. 	RD (NELC) KH (NELPPF) TW (SENDIASS)	<ul style="list-style-type: none"> All the subgroups that report into the SEND Executive Board have parent/carer representatives and SENDIASS as members. 	August 2018	
	1.8	Parent/carer representatives to be involved in recruitment and selection processes for SEND posts.	<ul style="list-style-type: none"> Future posts appointed to with input from parents/carers. 	RD (NELC) MT (NELCCCG) KH (NELPPF) TW (SENDIASS)	<ul style="list-style-type: none"> Plans in place to start recruitment in January 2019 with parent/carers in the recruitment process. 	March 2019	

Objective	How will we achieve this?	How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG	
	1.9	Parents and Carers have requested we coproduce a revised Voice, Influence and Change (VIC) group with relevant and accessible terms of reference.	<ul style="list-style-type: none"> Coproduced and revised voice, influence and change group will be in place with relevant and accessible Terms of reference. 	RD (NELC) KH (NELPPF) TW (SENDIASS)	<ul style="list-style-type: none"> Group has been revised Terms of reference has been circulated to the group. 	November 2018	
	1.10	Young peoples have requested that a Local Authority Young People's Advisory Group is to be established which feeds into the SEND executive board.	<ul style="list-style-type: none"> Young People's Advisory Group will be in place and actively inform the SEND executive Board. 	RD (NELC) TW (SENDIASS)	<ul style="list-style-type: none"> Governance is in place and the first meeting has been helped. Young person who chairs the group will be invited to the SEND Executive Board. 	March 2019	
	1.11	Siblings of children and young people with SEND have informed us they require support and therefore a coproduction event to be held with them.	<ul style="list-style-type: none"> SEND Strategy and local offer will be informed by the sibling's voice. 	RD (NELC) TW (SENDIASS)		April 2019	
	1.12	Parents/carers and young people would like improved access to information about support for parents and siblings.	<ul style="list-style-type: none"> Parents and siblings report that they are able to access appropriate information. 	MD (NELC)		April 2019	
	1.13	Parents/carers have said they would like to be involved in the development of the SEND strategy and local offer to ensure that the right support is available to them and they are able to access the information specifically in terms of their health and wellbeing.	<ul style="list-style-type: none"> SEND Strategy and local offer will be informed by the parents/carers voice. 	SK (NELC) KH (NELPPF) TW (SENDIASS)		April 2019	
	1.14	Parents have asked for each school to have a SEND parent group with a lead parent who can communicate with NELC, CCG, NELPPF, and SENDIASS.	<ul style="list-style-type: none"> Next steps will be informed by a pilot within a local school. 	RD (NELC)		February 2019	

Objective	How will we achieve this?	How will we know we have achieved it?	Action Owner	How far have we come? Progress	Time-scale	RAG	
	1.15	Parents have suggested that there is a SEND booklet for parents with all the information needed for support given out at key milestones, starting school and secondary.	<ul style="list-style-type: none"> This action directly links to this priority 3, 1.1 and 1.2. 	SK (NELC) KH (NELPPF) TW (SENDIASS)		April 2019	
	1.16	Parents/carers have told the local authority that an Independent Local Offer Coordinator should be appointed.	<ul style="list-style-type: none"> Local Offer Coordinator will be appointed. 	RD (NELC)		April – June 2019	
2. The local area offers and actively promotes a range of co-produced and high quality short break services for children and young people who have complex needs.	2.1	Review promotion and offer of the short break service in conjunction with parents/carers and children and young people.	<ul style="list-style-type: none"> A revised offer in respect of short breaks services alongside a newly created pathway and communication plan of the offer will be launched. 	MD (NELC) KH (NELPPF) TW (SENDIASS)	<ul style="list-style-type: none"> Review has been initiated. 	April 2019	

Action Owner List		
Initial	Name	Position/Organisation
DiH	Diane Halton	Associate Director of Public Health (NELC)
HK	Helen Kenyon	Chief Operating Officer (NELCCG)
KH	Karen Hoe	NELPPF
KL	Karen Linton	Assistant Director, Skills (NELC)
MD	Megan Dennison	Assistant Director, Children and Families (NELC)
MT	Michelle Thompson	Assistant Director, Women and Children (NELCCG)
RD	Roz Danks	Assistant Director, Education (NELC)

SK	Steve Kay	Director Children's Services (NELC)
SP	Steve Pintus	Director Public Health (NELC)
TW	Tanya Wormald	SENDIASS Manager (Barnardo's)

Measuring the Impact of the WSOA

A data dashboard is under development to measure the progress of the WSOA and will be informed by the SEND questionnaire which will be undertaken in January 2019.

Glossary of Terms

AD	Assistant Director
ALC	Assisted Living Centre - https://www.nlg.nhs.uk/services/assisted-living-centre/
CDC	Child Development Centre
CES	Community Equipment Store
COO	Chief Operating Officer
CPG	Care Plus Group
CQC	Care Quality Commission
CSC	Children's Social Care
CSSU	Commissioning and Strategic Support Unit
DCO	Designated Clinical Officer
DCS	Director of Children's Services
DfE	Department of Education
DPH	Director of Public Health
EHC	Education, Health Care
EHCP	Education, Health Care Plan
FTE	Full time Equivalent

GP	General Practitioner
HNA	Health Needs Assessment
HWBB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
KPIs	Key Performance Indicators
LAC	Looked After Child
MDT	Multi-Disciplinary Team
NDTI	National Disability Training Internships
NEET	Not in Education, Employment, or Training
NELC	North East Lincolnshire Council
NELCCG	North East Lincolnshire Clinical Commissioning Group
NELPPF	North East Lincolnshire Parent Participation Forum
NHS	National Health Service
NHSE	National Health Service England
NICE	The National Institute for Health and Care Excellence
NLaG	Northern Lincolnshire and Goole NHS Hospital Trust
QA	Quality Assurance
RAG	Red, Amber, Green
SEMH	Social, Emotional, Mental Health
SEND	Special Educational Needs and Disabilities
SENDIASS	Special Educational Needs and Disabilities Information Advice and Support Service
VCS	Voluntary community Sector
VIC	Voice, Influence and Change
WSOA	Written Statement of Action