

## **Suffolk Statement of Action**

### **In Response to the Suffolk Joint Local Area SEND Inspection, 12 to 16 December 2016**

#### **Background and Introduction**

In December 2016 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection across Suffolk to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. Inspectors identified significant weaknesses in the local area's practice and as a result determined that a written statement of action was required from the local authority and the appropriate clinical commissioning groups. In the written statement we were asked to address the following matters:

- The ineffective governance and leadership of the joint strategic planning and delivery of the disability and special educational needs reforms.
- The poor timeliness, integration, and quality of SEND statutory assessments and plans, this includes when statements of special educational needs are transferred to EHC plans, and the delivery of subsequent individual packages of support.
- The lack of local understanding of the support available and the poor quality of the local offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety.
- The lack of joint working to monitor, quality-assure and maximise the efficiency of the work undertaken to improve outcomes for children in a diverse range of settings and circumstances.

This document forms the joint response from Suffolk County Council and the three clinical commissioning groups: Ipswich and East Suffolk, West Suffolk and Great Yarmouth and Waveney. The statement of action has been co-produced with the Suffolk Parent Carer Network and includes contributions from a wide range of partners and stakeholders.

#### **What we need to change**

In Autumn 2016 leaders in Suffolk had begun to identify that there were significant issues to be addressed in terms of implementation of the 2014 SEND reforms and in our services and support for children and young people with SEND and their families. This was clearly evidenced in the views of families that the Suffolk Parent Carer Network survey captured in October 2016 and the inspection in December shone further light on the challenges that we face.

In summary, partners in Suffolk responsible for SEND services and provision had not recognised the fundamental changes that were needed to deliver the 2014 SEND reforms. Too many services had continued to operate a business as usual approach, making small adjustments to practice, rather than seeing the reforms as a call to action for a far reaching set of changes to how services are planned and work together and the centrality of co-production to all our work with SEND children and young people.

Given this premise, senior staff had not undertaken the necessary work to build the strong partnerships needed between the local authority, the clinical commissioning groups, and families to underpin the reforms. This meant that our planning and commissioning was not joined up, partnerships with our providers were weak and families were not experiencing the coherent approach to planning for individual children and young people that the reforms intend. Co-production was not widely understood or practiced and as a result families felt marginalised, frustrated and unheard. In addition, poor practice in our management of processes supporting the SEND work had led to a significant backlog in statutory assessments for Education, Health and Care Plans and slow progress in transferring statements to plans, further exacerbating the negative situation for families and front line practitioners.

This statement of action sets out the steps we will take to put things right and provide a better service for families and their children and young people with SEND in the future.

### **Our immediate response**

We have now recognised where things went wrong and are determined to make changes to improve the situation as quickly as we can. Since the inspection, we have identified a number of immediate ways in which we could improve things for families, while at the same time developing our longer term plans to change the way SEND services work.

The immediate changes we have made include:

- Revising and strengthening the governance and leadership arrangements for SEND in Suffolk to provide a strong foundation for our joint working going forward. The SEND Programme Board has been operational since March 2017.
- Developing a new SEND Strategy for Suffolk 2017-2020, co-produced with Suffolk Parent Carer Network and shared with stakeholders for consultation. This strategy has been well received and has provided the framework for our statement of action.
- Clearing the backlog of 80 new assessments for Education, Health and Care Plans. Almost all new requests for statutory assessments are now resulting in an Education Health and Care Plan (EHCP) being finalised within 20 weeks.
- Planning for the introduction of a digital EHCP hub from September 2017 to ensure communication and transparency with families
- Strengthening the contractual requirements on health providers to meet the requirements of the SEND reforms

- Involving Suffolk Parent Carer Network (SPCN) in all aspects of the development work as our critical friend and to challenge us in our co-production practice
- Improving access to senior staff and our approach to resolving complaints, so if things are going wrong for families they can raise their concerns more easily and get a swift response

### **Our Plans for the Future - The Suffolk SEND Strategy 2017-2020**

We want our statement of action to have a long-lasting impact and to be integral to our overall programme of work to change the way we deliver SEND services in Suffolk. That is why we made the decision to begin our service transformation by developing the new Suffolk SEND Strategy for 2017-2020. This work was led by SPCN and involved partners from health, care and education. Together we developed a shared vision, aims and priorities forming the basis of the strategy. These encompassed the inspection findings, but also took account of the wider evidence base we had from SPCN, our staff and local stakeholders. Once the priorities were agreed we jointly developed the objectives that set out the scope of the work. Each priority has co-accountable leads from health, education and social care supported by a critical friend from SPCN. These teams developed the action plans that sit beneath each objective and provide the detailed programme of work that will enable us to deliver the strategy. In parallel we consulted on the strategy, including the objectives, and have incorporated the feedback from the respondents into our final version of both strategy and action plans. There was strong support for the new strategy, with over 80% of the 109 respondents agreeing with the vision, aims and objectives, and 88% agreeing that the priorities identified were the right ones.

We have cross referenced the Ofsted/CQC findings from the inspection against the strategy objectives and action plans (see Appendix C) to ensure that all the matters raised by inspectors have been addressed within the action plans we have developed. Through this approach we have swiftly been able to develop a new SEND Strategy for Suffolk, while at the same time responding to the inspection findings. We have one integral plan of action to deliver the change we need and are now ready to begin our long term programme.

### **Governance and Leadership**

In addition to the four strategy action plans we have also developed a plan for governance and leadership. This sets out our commitment to ensuring effective governance and leadership of the joint strategic planning and delivery of the special educational needs and disability reforms. As a first step we have established the SEND Programme Board, which now has senior level membership from all the core partners, and is rapidly establishing its role in providing rigorous oversight and challenge for the SEND Programme. The terms of reference for the new Programme Board are included in Appendix A. We have also established direct links between the SEND Programme Board and the Suffolk

Transforming Care Board and the Children’s Emotional Health and Wellbeing Board. This means that the SEND Board can have an oversight of the whole programme of work for children and young people with SEND across Suffolk.

## **Partnership**

The process of developing the new SEND Strategy and establishing stronger governance and leadership arrangements has provided a good beginning to deepening our partnership working. We know that we still have a long way to go to achieve the cultural changes necessary throughout the Suffolk health, care and education system regarding SEND, but because of this initial work we understand each other much better and are clear on how we need to work together. Our next step will be to review this first phase of joint work to consider lessons learnt and how we build and widen our partnership culture. We are also exploring the opportunity to jointly appoint staff and for integrated working where this can add value to our work.

Working across three Clinical Commissioning Groups at a strategic and operational level adds a further layer of partnership complexity. We have addressed this by agreeing clear partnership working arrangements through the bi-monthly Clinical Commissioning Group led SEND Health Partnership Forum set up in December 2016 to facilitate and promote partnership working across all three CCGs and relevant SEND health providers. The meeting has provided a platform to enable meaningful consultation, negotiation and communication between health provider management representatives and CCG SEND representatives.

## **Priorities for action**

While we understand that for many families their current experience of SEND services is not good enough, we believe that we can create a much better offer for the future. We know what we need to do and have already begun to implement the required changes. We finish this opening statement by sharing our vision for the future within each of the four Suffolk SEND Strategy Priorities:

### **Priority 1: Communicating the Local Offer**

The online local offer will be the “go to” website for SEND in Suffolk and the first way for children, young people and families to access information to support their SEND journey. The vision for communicating the Local Offer goes beyond the development and marketing of a website. This priority is about empowering children, young people and families across Suffolk by giving them knowledge about what they should expect, the services and provision available, how to access it, and what to do if they are not satisfied. We plan to integrate the Local

Offer website's development with our digital EHCP hub so that they work together to support and empower young people and families. We will also make the site the go to resource for practitioners working across education, health and care.

To strengthen access for all, we will develop alternative ways to access information and support, that complement the website, including a phone helpline and webchat staffed by Local Offer "navigators". Through communicating the local offer well, we want to broaden understanding in our communities by raising awareness of SEND and helping to break down the barriers that children and young people with SEND and their families experience in their daily lives. We will also strengthen our user feedback to inform continuous future improvement of the site. This is fundamental to the successful delivery of Priority 1 and is a theme which runs across all the objectives.

### **Priority 2: The SEND Journey**

Our Suffolk SEND Journey will support families to navigate their way through the complex world of SEND. Children and young people in early years and mainstream education will have earlier access to specialist outreach services to help their teachers develop the necessary skills to meet their SEND needs. Where families or practitioners believe that an assessment of a child's needs would be beneficial, an assessment centre will be available. This will involve practitioners from education, health and care, so that they can plan together, with the child's family, the best pathway for their future – and join up other plans that the child may already have. If an education, health and care plan is needed this will be progressed quickly following this assessment and if a specialist placement or services are needed these will be identified more quickly. We will also use the assessment to make sure we provide the right support to children who learn in mainstream schools and settings. We will develop key-working to support families on their journey and develop a digital EHCP hub to deliver more timely communication and transparency with families and between practitioners. Our plans will have clear, co-produced outcomes setting out our shared expectations, so that each child and young person has the best possible opportunity to achieve their potential, and when plans need to be adjusted the key worker will be able to support the family to get the help they need to get back on track. Our goal is early identification of need and a more straightforward way for children and young people to access the support they need.

### **Priority 3: Developing Services and Provision**

Families tell us that having access to the right high quality health, education and care services at the right time and in the right place makes a huge difference to their lives. We will develop a SEND Sufficiency Plan to help shape future services and provision in a way that better meets the needs of Suffolk communities. We will use existing information from service users and providers, combined with knowledge of future demand to develop a clearer picture of the services that are needed. We will co-produce service pathways that create a shared understanding

of how we collectively want our services in Suffolk to work, and identify opportunities for integration of services across education, health and care. We can then use these pathways and our understanding of need to co-produce future plans for the development of our local offer for children and young people with SEND. These plans will be brought together within the SEND Sufficiency Plan. Better planning in this way will help us to get better at anticipating need and will also help our service providers to be ready to change their offer.

#### **Priority 4: Transitions/Moving into Adulthood**

We want all our children with SEND to develop into individuals who have purposeful and fulfilling lives that they can lead as independently as possible in their local communities. To achieve this, planning needs to begin early and involve health, education, and care partners from both children's and adult's services. This action plan puts in place the changes to start this joint planning with all young people with SEND and their families from age 13. Services will work in a joined-up way to enable each young person to plan the right steps over their teenage years to help them move towards their adult goals. We must also support young people with SEND to find their own voice, both about their personal future and services more broadly, so we have agreed to introduce person centred planning as the norm and included actions to establish a young persons' network to contribute to SEND co-production. Through this action plan we will also strengthen the information, advice, and support about transition to adulthood available to young people with SEND and their families. Finally, the action plan explains how we will extend the learning programmes and develop health services available to SEND young people, with an emphasis on supporting them into adulthood, independent living and work related activities.

#### **Resourcing the Strategy and Action Plan**

Many of our proposed actions in this plan are about changing the way that we use our current resources to deliver a more effective offer for children and young people with SEND. However, there are some aspects of the plan that will require additional resources and investment, either in the short term to undertake the change or over the longer term because of the establishment of an additional service offer. Now that we have an agreed, shared action plan we are working on the development of a joint resourcing plan to support this, so that we can ensure a collaborative approach to agreeing future resourcing. We plan to resource the programme through the following approach:

- Changing the way we work, but not increasing the overall amount of resource required for a particular activity
- Reducing the resources needed for some existing activities, or ceasing them altogether, to release staff time and funds for new activity

- Using the SEND Reform grant to finance the change process to get us from existing to new practice – The SEND Programme Board now has oversight of the SEND Reform Grant.
- Securing new funding to support specific developments within the SEND Sufficiency Plan, for example where we need to open a new school
- The Schools' Forum has agreed an additional allocation of dedicated schools' grant funding to be allocated to new education provision development for SEND

### **How will we know our Strategy and Plans are having a Positive Impact?**

Our SEND Programme Board has agreed fifteen headline indicators that will provide the Board with a clear indication of the outcomes being achieved through this programme and the speed at which progress is being made. These outcomes are set out in the table below and link directly to the more detailed outcome statements within the plan, providing both qualitative and quantitative assessments of our progress.

Number	OUTCOME	MEASURED BY	Baseline 2016	2017	2018	2019	2020
1.	Increase in the knowledge, understanding and use of the Local Offer website	SPCN Annual survey (knowledge and understanding)	24%	50%	80%	90%	90%
		Young persons' annual survey (to be developed)	n/a	n/a	60%	80%	90%
		Google analytics (number of unique users per month)	156	300	500	800	800
2.	Increase the percentage of Suffolk pupils with an EHCP or on SEN support making expected standards at KS2	DfE Progress data (Reading, Writing, Mathematics measure)	11% (Nat = 14%)	12%	14%	16%	18%
3.	Increase the average Progress 8 score for KS4 pupils in Suffolk on SEN support or with an EHC plan	DfE Progress 8	-0.7 (Nat -1)	-0.7	-0.5	-0.3	0.0
4.	Increase in the percentage of EHCPs finalised within 20 weeks	SEN2/ EHCP performance data	18.2%/16%	28.5/58%	90%	99%	99%
5.	All transfers from statements and LDAs to EHCPs completed by March 2018	EHCP performance data	22%	70% (by Oct)	100%		
6.	EHCP process is person centred and meets the needs of Children, young people and families	SPCN annual survey	35% (Proxy)	60%	75%	85%	95%
		Young Person's annual survey (to be developed)			75%	85%	95%
7.	Increase in the proportion of children and young people with SEND who can access the provision they need closer to home*	Ave distance to education setting	n/a	*	*	*	*
		Ave distance to health provision	n/a	*	*	*	*
8.	Increase in the percentage of Children and young people with SEND who have access to the right provision for their needs	Number of permanent exclusions	8	8	5	3	1
9.	Significant increase in families' satisfaction with provision and services for CYP with SEND.	SPCN annual survey	26% (Proxy)	40%	60%	70%	80%
		Appeals to mediation	65	50	30	20	15
12.	Increase in the percentage of young people aged 16-25 able to access appropriate education, employment or training	SEN2 NEET data	12%	10%	9%	7%	6%
13.	Increase the proportion of young people who say they have choice and control over things that are important to them	Young Person's annual survey (to be developed)	n/a	n/a	60%	70%	80%
14.	All young people with SEND aged 13 years and above will have a person centred transition plan	Proportion of 13+ year olds with SEND who have a transition plan	n/a	n/a	50%	90%	100%
15.	<i>We will develop an outcome measure regarding progress of children with EHCP against their stated outcomes once the action to introduce a system to measure this is in place</i>	<i>To be developed</i>					

\*Baselines currently not available, target will be added once baseline determined

n/a – not available for this time period



## SUFFOLK SEND STATEMENT OF ACTION – DETAILED PLANS

*Blue shading indicates a completed action*

### Suffolk SEND Strategy Action Plan – Governance and Leadership

<b>Governance and Leadership for SEND in Suffolk</b>	
<b>Objective: (a). Implement new governance arrangements that are rigorous and effective in developing a coordinated, cross-service approach to meeting the needs of children with SEND.</b>	<b>Objective Leads:</b> Chair of SEND Programme Board; Assistant Director Inclusion and Skills; Chief Nursing Officer, I&ES CCG / WS CCG,
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>Governance and the strategic leadership of the SEND reforms have not been rigorous or effective in developing a coordinated, cross-service approach to identifying, assessing, and meeting the needs of children and young people. Only in recent months have leaders acknowledged that the implementation of the reforms has not been good enough. They have publicly recognised this and apologised to parents for the poor quality of delivery and slow pace in developing education, health and care (EHC) plans.</i></p> <p><i>Since the reforms were introduced, the local area has attempted to implement a number of changes to better meet children’s and young people’s needs. These improvements have not been clear enough or well enough understood by different agencies. Joint commissioning of services is underdeveloped.</i></p> <p><i>Governance and leadership across agencies have not established a sufficiently rigorous approach to strategic planning, or a clear expectation of joint commissioning. As a result, services are disjointed and the roles and expectations of the various partners in the assessment and planning process are not clear. Leaders have not held staff to account for the outcomes of their work. This has led to patchy provision and the impact of services for education, health and care is limited. Parents overwhelmingly feel they have to ‘fight’ to achieve full recognition of their children’s needs.</i></p> <p><i>Strategic planning has been weak because, at every level, intended outcomes for children and young people are not clear. Structures for accountability and governance are weak across the partnership. Reviews of the impact of reforms on outcomes for children and young people undertaken to date have been too superficial. There is no shared understanding of the expectations of services or individuals.</i></p> <p><i>The ineffective governance and leadership of the joint strategic planning and delivery of the disability and special educational needs reforms.</i></p>	

*The lack of joint working to monitor, quality-assure and maximise the efficiency of the work undertaken to improve outcomes for children in a diverse range of settings and circumstances.*

**Outcomes:**

- By September 2017 a joint and robust education, health and care governance and leadership framework is in place that is effective in ensuring rapid improvements are made in Suffolk in identifying, assessing, and meeting the needs of children and young people with SEND and in joint commissioning for future service development (measured by progress in implementing the post inspection statement of need and improvements in performance of the area through data and feedback from service users).

<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Establish a formal Programme Board for SEND that has the right membership and infrastructure to provide rigorous and effective oversight and ensure accountability.	SEND Programme Manager	Terms of reference for SEND Programme Board developed and agreed (by Mar. 2017)	Terms of reference agreed and new board established
		SEND Programme Board established and operational (from Mar. 2017)	
		Accountability and programme monitoring arrangements developed and in place (by May 2017)	
		Internal governance review undertaken (by June 2018)	
		Independent governance review undertaken (by June 2019)	
ii) Establish robust pathways of accountability between the SEND Programme Board and other key governance bodies.	SEND Programme Manager	Identify key groups with responsibilities related to SEND and agree relational governance (by May 2017)	
		Establish and implement reporting arrangements between identified groups (by May 2017)	
		Review effectiveness of working arrangements with relational groups as part of internal governance review (by June 2018)	
		Review effectiveness of working arrangements with relational groups as part of independent governance review (by June 2019)	

iii) Co-produce a new Suffolk SEND Strategy for 2017-2020 to provide clarity for all service users and partners and a framework for system improvement.	Chair SPCN, SEND Programme Manager, Chief Nursing Officer, I&ES CCG / WS CCG, Assistant Director Inclusion and Skills	Task and finish group led by Suffolk Parent Carer Network established to develop outline strategy (by Jan. 2017)	Task and finish group established and outline strategy developed with key priorities and objectives. Consultation with stakeholders completed and results used to inform final version of strategy. Plans developed and submitted as part of written statement of action Strategy signed off by SEND Programme Board 10 May 2017. Programme leads operational group established.
		Outline strategy with key priorities and objectives co-produced by core partners (by Mar. 2017)	
		Consultation on outline strategy across stakeholders and core partners completed (by Apr. 2017)	
		Supporting action plans, incorporating requirements for Ofsted/CQC statement of action developed (by May 2017)	
		Programme risk register developed to underpin the delivery of the SEND action plans and the strategy (by May 2017)	
		Progress monitoring arrangements established for action plans (by May 2017)	
		Process for regularly updating plans to take account of changing needs in place (from June 2017)	
		Full review of strategy undertaken (by June 2019)	
iv) Establish a shared set of outcomes for SEND to establish shared expectations, drive improvement and benchmark progress.	SEND Programme Manager	Identify an agreed set of shared outcomes for SEND (by May 2017)	Agreed at SEND programme board in May a into statement of action
		Develop outcomes benchmark data and establish monitoring and reporting arrangements and timetable (by June 2017)	
		Annual publication of progress against outcomes commences (by July 2018)	
v) Develop an overarching joint commissioning framework for SEND to ensure a co-ordinated approach to	Assistant Director Inclusion and Skills, Chief	Review of existing arrangements for commissioning across education, health and care completed to provide a starting point for developing a joint approach (by Oct. 2017)	

identifying, assessing, and meeting the needs of children and young people.	Nursing Officer, I&ES CCG / WS CCG	Co-production of a new approach to joint commissioning that is needs led and involves providers more actively as partners in place (by Dec. 2017)	
		Development of a joint commissioning framework, linked to the SEND sufficiency planning in place, and approval from SEND Programme board for adoption secured (by Jan. 2018)	
		Identification of an early project to test the new approach to joint commissioning (by Oct. 2017) and use this as the basis to evaluate and refine the framework (by May 2018)	
		Joint commissioning approach refined based on test work and established as standard practice (from July 2018)	
vi) Develop an overarching quality assurance framework for SEND in Suffolk to establish shared service expectations and ensure rigorous oversight of service standards, based on outcomes.	SEND Programme Manager	Existing and planned future QA activity across SEND mapped (by Oct. 2017)	
		Existing activity evaluated by all partners jointly to identify strengths/overlaps/gaps (by Nov. 2017)	
		Overarching framework for quality assurance that draws together key QA elements across all SEND work co-produced and agreed (by Dec. 2017)	
		QA framework introduced (from Mar. 2018)	
		Review of QA framework undertaken as part of external governance review in June 2019 above	

# Suffolk's Special Educational Needs and Disability (SEND) Strategy 2017-2020

<p><b>Our vision for children and young people with SEND:</b> Working together with families and communities to support children and young people with SEND to meet their potential, and live healthy, fulfilling lives in their community.</p>	
<p><b>Our aim:</b> Children and young people with SEND and their families have access to the information, services and support they need to enable them to achieve their potential.</p>	<p><b>How we will measure our success:</b></p> <ul style="list-style-type: none"> <li>• Children and young people with SEND will achieve improved outcomes.</li> <li>• Children, and young people will have timely access to good-quality services.</li> <li>• Suffolk's offer will deliver the SEND reforms.</li> <li>• Feedback from children, young people and families will show they feel more supported by education, health and social care services.</li> </ul>
<p><b>Looking forward: what SEND success looks like in 2017:</b></p> <ul style="list-style-type: none"> <li>• Children, young people, families and professionals will be able to use the local offer effectively to support their own SEND journey.</li> <li>• Professionals will be working more closely to share information and through the new EHCP hub deliver more timely, high quality co-production with children, young people and families.</li> <li>• We will have developed a good understanding of the gaps in services and provision and be co-producing new offers to meet identified need.</li> <li>• The transition through to adulthood will be better understood by children young people and families with co-produced pathways being developed.</li> </ul>	

## Suffolk's SEND Priorities 2017-2020

1. Communicating the Local Offer	2. The SEND journey	3. Developing services and provision	4. Transitions/moving into adulthood
<p><b>Changes we want our children and young people to experience</b></p> <ul style="list-style-type: none"> <li>• I will achieve my expected outcomes.</li> <li>• I will get the provision that is right for me.</li> <li>• I will experience positive relationships with professionals regarding provision of education, health and care.</li> <li>• I have confidence in the professionals working with me.</li> <li>• I feel that I am an equal partner in the planning and decision making.</li> </ul>	<p><b>Changes we want our children and young people to experience</b></p> <ul style="list-style-type: none"> <li>• I can access services in my home community.</li> <li>• I know where I am now where I am going and the options I have to get there.</li> <li>• I will achieve my outcomes and work towards my aspirations.</li> <li>• I will be involved in the decision making of my plan.</li> <li>• I feel that I am an equal partner in the planning and decision making.</li> <li>• Information in my plan is of a high quality and my plan was undertaken within the correct timeframe.</li> </ul>	<p><b>Changes we want our children and young people to experience</b></p> <ul style="list-style-type: none"> <li>• I can access services which meet my presenting needs.</li> <li>• I am involved in designing and reviewing the services I use.</li> <li>• I can access the services I need where I live.</li> <li>• I use mainstream services that understand and accommodate my needs.</li> <li>• I am satisfied with the quality of services I am offered to meet my needs.</li> <li>• I feel supported to use the range of services.</li> </ul>	<p><b>Changes we want our children and young people to experience</b></p> <ul style="list-style-type: none"> <li>• I have my plan, I am ready for the future.</li> <li>• I am learning how to manage my own health and wellbeing.</li> <li>• I can access the activities that meet my needs and interests.</li> <li>• I have an effective support network, with friends and family.</li> <li>• I am accessing learning that helps me prepare for and enter the world of work, if appropriate.</li> <li>• My needs are met well by schools and settings liaising and working effectively together with health and social care agencies.</li> <li>• I have choice and control over things that are important to me.</li> </ul>
<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>Improve current Local Offer website platform to make sure it can deliver what children, young people, families and professionals need and listen to feedback.</li> <li>Work with children, young people, families and professionals to review current content on the Local Offer site to identify gaps in information and develop a plan to fill these.</li> <li>Develop the accessibility of the Local Offer website and alternative ways to access Local Offer information which complement the website and increase accessibility.</li> <li>Plan for ongoing communication and carry out a campaign to raise awareness of the Local Offer.</li> <li>Build the knowledge and understanding of SEND within the community to empower children, young people, and families.</li> <li>Provide clear information and advice about what children, young people and families can expect from services and provision for SEND and what to do if this doesn't happen.</li> </ol>	<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>Develop and introduce keyworkers to provide continuity of support and empower children, young people, and families in their SEND journey.</li> <li>Develop a joint health, education and care assessment programme that provides early and timely assessment of need either with or without an EHC plan</li> <li>Extend outreach services to support children to continue to access mainstream education where appropriate, and provide this support earlier.</li> <li>Introduce a new way of developing EHC plans that enables children, young people, and families to be fully involved in co-producing their plan and get the right support at the right time.</li> <li>Improve the way that the transfer of statements to EHC plans is undertaken.</li> <li>Ensure ongoing and regular review of EHC plans and timely adjustment to support progress.</li> <li>Develop a unified approach to data management for SEND children and young people across education, health and care and implement joint needs register for all children with SEND as a basis for planning to meet future needs.</li> </ol>	<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>Audit education, health and care services in order to agree, with all stakeholders, the pathways of the SEND offer and develop a SEND sufficiency plan to enhance provision and services.</li> <li>Introduce a new system of education funding for SEND provision that is transparent and consistent.</li> <li>Develop the training and support for education and other service providers to become more skilled in supporting children and young people with SEND and their families.</li> <li>Introduce a transparent way to assure the quality and inclusiveness of services provided, measure children and young peoples' progress towards achieving their education and health aspirations and challenge practice which does not reach expected standards.</li> <li>e-g. Undertake a commissioning review of provision and services for ASD, SaLT, therapeutic services and children's emotional well-being and mental health and co-produce new appropriate high quality services with a focus on early intervention and help.</li> </ol>	<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>Introduce person centred planning as the primary approach to planning transitions, initially from age 13, for young people with SEND, to encompass, health and well-being, independent living, and community inclusion.</li> <li>Empower children, young people, and their families to make informed decisions about preparing for adulthood through providing good quality information and support to access it.</li> <li>Develop the role of the Suffolk Young Person's Network to become an active partner in the development of SEND services.</li> <li>Develop a local learning offer for 16-25 year olds with a focus on quality, breadth, and progression.</li> <li>Strengthen the opportunities for young people with SEND to prepare for and move into work.</li> <li>Develop integrated health and social care services for 18-25 year olds to empower young people with SEND to understand and manage their health and care needs.</li> </ol>

## Suffolk SEND Strategy Action Plan

### Priority 1 Communicating the Local Offer

#### Priority Leads:

Adrian Leach, SEND Programme Manager

Mark Gower, Designated Clinical Officer (GY&W CCG)

Clare Besley, Early Help Service Manager

**SPCN critical friend:** Anne Humphrys

**We will achieve these changes by delivering the action plans set out below which cover the following objectives:**

**Objective: a.** Improve current Local Offer website platform to make sure it can deliver what children, young people, families, and professionals need and to listen to feedback.

**Objective: b.** Work with children, young people, families, and professionals to review current content on the Local Offer site to identify gaps in information and develop a plan to fill these.

**Objective: c.** Develop the accessibility of the Local Offer website and develop alternative ways to access Local Offer information which complement the website and increase accessibility.

**Objective: d.** Plan for ongoing communication and carry out a campaign to raise awareness of the Local Offer.

**Objective: e.** Build the knowledge and understanding of SEND within the community to empower children, young people, and families.

**Objective: f.** Provide clear information and advice about what children, young people and families can expect from services and provision for SEND and what to do if this doesn't happen.

## Suffolk SEND Strategy Action Plan – Priority 1

<b>Priority: 1. Communicating the Local Offer</b>			
<b>Objective: (a) Improve current Local Offer website platform to make sure it can deliver what children, young people, families, and professionals need and to listen to feedback.</b>			<b>Objective Lead:</b> SEND Programme Manager; Early Help Services Manager; GY&W CCG DCO
<b>Related Ofsted/CQC Judgements:</b> <i>The quality of information about the local offer and the significant difficulties experienced by parents in accessing the information and support they need (MF).</i>			
<b>Outcomes:</b>			
<ul style="list-style-type: none"> <li>By October 2017 there will be an increase in knowledge of the Local Offer and of respondents reporting that they find it a useful tool. (Measured by SPCN and Young People’s survey).</li> <li>By January 2018 we will see a steady increase in unique user numbers, usage, and dwell time on pages (Google analytics data – quarterly reporting).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Develop a feedback process for service, and advice and guidance records to ensure that feedback is effectively gained, captured, and acted on across the system.	SEND Programme Manager	Feedback loop process agreed and in place across the system (by Sept. 2017)	
		Officers from across education, health, and social care systems responsible for responding to feedback identified (by Sept. 2017)	
ii) Support partners to provide comprehensive and accessible information in their service records including co-production of records.	Senior Customer Experience Manager; CYP Interim Digital Lead	Co-produced best practice guidance document published (by July 2017)	
		Key word guidance made available (by July 2017)	
		Service provider record form revised and new structure of form agreed: including where the Local Offer information sits within records (by Sept. 2017)	
		Ensure process for updating records encompasses 16-25 providers (by Sept. 2017)	
		User testing on the platform, including during engagement activities with children, young people, and families, undertaken as part of a continuous improvement and feedback mechanism and learning points adopted (by Mar. 2018)	

iii) Ensure that the requirement to contribute fully to the Local Offer is included in all provider contracts.	SEND Programme Manager, DCO GY&W CCG	Wording of provider contracts agreed across the system based on NHS England wording agreed by Programme Board (by Sept. 2017)	
		Review and implementation schedule agreed across the commissioners and established (by Nov. 2017)	
		All provider contracts altered to include Local Offer contribution clause (by Jan. 2019)	
iv) Undertake regular reviews of the platform hosting the Local Offer to ensure it can meet the requirements of Suffolk children, young people, and families.	Senior Customer Experience Manager	Review of the suitability of current platform to meet basic need undertaken (by March 2017)	Review of current platform and possible alternative options considered at Programme Bd in March 2017 and decision made to continue with current operating platform for the time being subject to compliance review by Sept. 2017.
		Compliance review of the Local Offer platform completed as part of a continuous improvement cycle (by Sept. 2017)	
		Local Offer record management system reviewed and recommendations on appropriate record management systems published (by Dec. 2019)	



## Suffolk SEND Strategy Action Plan – Priority 1

<p><b>Objective: (b) Work with children, young people, families, and professionals to review current content on the Local Offer site to identify gaps in information and develop a plan to fill these.</b></p>		<p><b>Objective Lead:</b> SEND Programme Manager; Early Help Services Manager; GY&amp;W CCG DCO</p>	
<p><b>Related Ofsted/CQC Judgements:</b>  <i>An overwhelming number of parents report that they have to seek advice from too many different places when they need information and support for their children (2.4)</i></p> <p><i>The quality of information about the Local Offer and the significant difficulties experienced by parents in accessing the information and support they need (MF).</i></p> <p><i>The lack of local understanding of the support available and the poor quality of the Local Offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety (SoA).</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By October 2018 we will see an increase in the proportion of children, young people and families surveyed who will find the Local Offer a useful and supportive website (Measured by SPCN and young people’s survey data).</li> <li>By October 2020 we will see a reduction in calls to independent support, mediation and corporate complaints relating to children, young people and families not understanding support and provision available (Measured by SENDIASS performance reporting, Corporate complaints reporting).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
<p>i) Develop a clear structure and systematic process to review the Local Offer website informed by views of parents/carers through SPCN relating to the areas of priorities.</p>	<p>CYP Interim Digital Lead</p>	<p>Gap analysis and review of pages containing the EHCP section will have been undertaken and pages revised (by Aug. 2017)</p>	
		<p>Gap analysis and review of pages containing the Preparing for Adulthood and employment section will have been undertaken and pages revised (by Sept. 2017) – v) below</p>	
		<p>A schedule of remaining Local Offer updates and section improvements will be co-produced with parent/carers and published (by Oct. 2017)</p>	

		Impact of improvements review undertaken as part of a continuous improvement cycle (by Oct. 18)	
ii) Work with Suffolk Assembly of Youth and other youth engagement networks to gather feedback about services.	CYP/ACS Senior Manager Workforce and Engagement	Youth Engagement plan agreed by Programme Board (by July 2017)	
		Plan for implementation of the Youth Engagement plan in place (by July 2017)	
		Feedback events held (by Dec. 17)	
iii) Put in place permanent dedicated resource and staff to support the development of the Local Offer and help children, young people, families, and professionals navigate the site.	SEND Programme Manager	Local Offer responsible officer identified and in place (permanently establish the current temporary arrangement) (by July 2017)	
		Local Offer helpline navigators identified and in post (by July 2017)	
iv) Develop an annual consultation plan for review of content, “how should it change” and “did we get it right” (Code of Practice compliance criteria) with results and changes to be published in the ‘You Said, We Did’ section of Local Offer website.	DCO GY&W CCG; Senior Customer Experience Manager	Consultation plan published alongside Local Offer annual review (by Oct. 2017)	
		Feedback loop process agreed and in place across the system to ensure continuous improvement and review of content pages (by Nov. 2017)	
v) Further develop the transition/moving into adulthood pages on the Local Offer website.	CYP/ACS Senior Manager for Workforce and Engagement	Review completion of the current Local Offer pages, involving young people and their parents, using the four moving into adulthood pathways to identify aspects requiring improvement/gaps in current website information (by Sept. 2017)	
		Transition pages for the Local Offer redesigned to address gaps (by Oct. 2017)	
		Guide developed explaining the roles and responsibilities of various workers/organisations in supporting transitions to adulthood to inform both service users and providers and publish this on the Local Offer website (by Sept. 2017)	
		A co-produced a guide for young people and families to support planning for adulthood published (by Sept. 2017)	

## Suffolk SEND Strategy Action Plan – Priority 1

<b>Objective: (c) Develop the accessibility of the Local Offer website and develop alternative ways to access Local Offer information which complement the website and increase accessibility.</b>			<b>Objective Lead:</b> SEND Programme Manager; Early Help Services Manager; GY&W CCG DCO
<b>Related Ofsted/CQC Judgements:</b> <i>The quality of information about the Local Offer and the significant difficulties experienced by parents in accessing the information and support they need (MF)</i>  <i>The lack of local understanding of the support available and the poor quality of the Local Offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety (SoA)</i>			
<b>Outcomes:</b> <ul style="list-style-type: none"> <li>By October 2018 there will be an increase in knowledge of the Local Offer and of respondents reporting that they find it a useful tool. (Measured by SPCN and Young People’s survey)</li> <li>By January 2018 (and reporting quarterly) we will see a steady increase in unique user numbers, usage, and dwell time on pages (Google analytics data quarterly reporting)</li> </ul>			
ACTIONS	Lead	Milestone	Progress made
i) Develop guidelines and other systems such as a helpline to support families, young people, and professionals to understand and navigate the Local Offer.	SEND Programme Manager	Web chat and other media requirements scoped and resources identified and in place (by Sept. 2017)	
		User testing on the platform during engagement activities with children, young people and families undertaken to test ease of navigation (by Mar. 2018)	
ii) Raise awareness of the Local Offer across education, health and social care for staff working directly with children, young people, and families.	DCO GY&W CCG	Plan to promote Local Offer and build confidence of staff to use it in place. To include specifically as part of new staff inductions and staff personal development for all staff working with children, young people, and families with SEND (by Dec. 2017)	

		Briefings and presentations at staff and stakeholder meetings/events established as a routine element (by Mar. 2018)	
iii) Work with all users to review Local Offer website accessibility including, but not limited to, an evaluation against 2015 Code of Practice requirements.	DCO GY&W CCG, SEND Programme Manager	Evaluation of Local Offer accessibility against the 2105 Code of Practice undertaken with identified gaps filled (by Nov. 2017)	
		Additional accessibility criteria co-produced with children, young people and families including best practice from other areas (by Feb. 2018)	
		Review of accessibility undertaken as part of a continuous improvement cycle (by July 2018)	
iv) Ensure that young people and their families are aware of and accessing the full range of information, advice, and support services available via a variety of communication channels.	CYP Interim Digital Lead,	Current range of information, advice, and support services available across Suffolk for children, young people, and families fully mapped (by July 2017)	
		Information on mapping shared with Emotional Health and Wellbeing Digital Workstream (by July 2017)	
		Current materials available from information, advice and support services including Suffolk Parent Carer Network, Special Educational Needs Information Advice and Support Service, Suffolk Young People's Network, Local Offer, Scope and specific support services in health, care and education reviewed (by July 2017)	
		Report (using feedback from SEND engagement events) on what information, advice and support services families would like to see published (by Aug. 2017)	
		Meeting of all information, advice and support service leads to review mapping and information materials arranged (by Aug. 2017)	
		Gaps in information relating to transition/Moving into Adulthood identified (by Sept. 2017)	
		Records of all information, advice and support services are on the Local Offer, can be found	

		using the search tools, and are up to date (by Sept. 2017)	
		Communication and marketing plan written to inform children, young people and families about information, advice and support services agreed (by Sept. 2017)	
		Evaluate children, young people and family's knowledge of information, advice, and support services (by May 2018)	
		Roll out of communication and marketing plan regarding all information, advice, and support services (by Mar. 2018)	

## Suffolk SEND Strategy Action Plan – Priority 1

<b>Objective: (d) Plan for ongoing communication and carry out a campaign to raise awareness of the Local Offer.</b>		<b>Objective Lead:</b> SEND Programme Manager; Early Help Services Manager; GY&W CCG DCO	
<p><b>Related Ofsted/CQC Judgements:</b>  <i>The lack of local understanding of the support available and the poor quality of the Local Offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety.</i></p> <p><i>Poor communication means that many parents do not know about the local offer and lack the support they need to best help their children. Too many feel that they are driven to crisis point before additional support and advice are identified and put in place for them and their children. The timescales and processes underpinning the implementation of EHC plans are not clear to many frontline health professionals or to parents.</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By October 2018 there will be an increase in knowledge of the Local Offer and of respondents reporting that they find it a useful tool. (Measured by SPCN and Young People’s survey)</li> <li>By January 2018 (and reporting quarterly) we will see a steady increase in unique user numbers, usage, and dwell time on pages (Google analytics data)</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Co-produce an annual communications action plan which will be implemented by stakeholders across the system.	Senior Strategic Communications Officer; SEND Programme Manager	Membership of existing Communication Group reviewed to ensure appropriate representation from all stakeholders (by June 2017)	Unified branding agreed and materials in production ready for 8 <sup>th</sup> June (SPCN AGM)
		Unified branding agreed across partners and materials developed to use to promote the Local Offer (by June 2017)	
		Communications publicity materials to inform children, young people and families about the Local Offer developed (by July 2017)	
		First annual communications plan published (by Aug. 2017)	
		Social media engagement plan to ensure effective communication with families, children and young people developed: ensuring it is targeted to specific audiences (by Aug. 2017)	

		All key content available in multimedia format to improve accessibility (by Sept. 2017)	
ii) Develop the Suffolk Local Offer by directly engaging children, young people, with SEND.	CYP/ACS Senior Manager Workforce and Engagement	Local Offer live events held (from May 2017)	First Local Offer Live event held at SPCN Fun Day May 2017; First engagement event held 22 <sup>nd</sup> May 2017.
		Phase 1 of the SEND engagement events completed (by July 2017)	
		Impact and learning points from engagement events published and phase 2 engagement events developed (by Oct. 17)	
		Young Persons Engagement plan developed (by Aug. 2017)	
iii) Use website analytics and feedback data to monitor the effectiveness of communications activity as part of quality assurance reporting to the SEND Programme Board.	CYP Interim Digital Lead	Web analytics feedback content and format agreed and baselines established (by Dec. 2017)	
		Impact of effectiveness assessed and reported on to the SEND Programme Board (by June 2018)	
		Learning points implemented and fed into revised communications plan (by Sept. 2018)	
iv) As part of communications plan ensure that activity reflects the communication channels that children and young people use to communicate.	CYP/ACS Senior Manager Workforce and Engagement	Evaluation of use of SCC Twitter accounts targeted at SEND audiences to ensure capacity for a Local Offer Twitter feed undertaken and outcomes shared (by May 2017)	
		Use information gained from Young Person's Network to focus activity and communications to young people. (Report published by Mar. 2018)	
		Social media engagement plan developed to ensure effective communication with children and young people. This will be integrated into the Young Persons' Engagement plan (by Aug. 2017)	
		Review of impact of plan evaluated to determine value and reach of various social media strategies (by Aug. 2018)	
		Revised children and young persons' engagement plan incorporating research results in place (by Sept. 18)	

## Suffolk SEND Strategy Action Plan – Priority 1

<b>Objective: (e) Build the knowledge and understanding of SEND within the community to empower children, young people, and families.</b>		<b>Objective Lead:</b> SEND Programme Manager; Early Help Services Manager; GY&W CCG DCO	
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>An overwhelming number of parents report that they have to seek advice from too many different places when they need information and support for their children (2.4)</i></p> <p><i>The quality of information about the local offer and the significant difficulties experienced by parents in accessing the information and support they need (MF)</i></p> <p><i>The lack of local understanding of the support available and the poor quality of the local offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety (SoA)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By 2020 children, young people and families will report that they feel more included in their local communities. (SPCN Survey)</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Implement an inclusive communities' framework for enabling a more inclusive approach. We want children, young people, and families to feel valued within community.	SEND Programme Manager	A schedule of "personal experience story" slots will be in place for presentation informing each Programme Board meeting (by Sept. 2017)	
		Best practice research and guidance for how inclusive communities can look presented to SEND Programme Board (by Feb. 2018)	
ii) Work through the LD community development cross-cutting theme to develop a programme of work for promoting and developing inclusivity.	Head of Localities and Partnerships	Suffolk Stronger Communities Group presented with challenge and plan of actions developed (by Oct. 2017)	
		Action Plan for the development of SEND friendly communities approved by SEND Programme Board and Suffolk Health and Wellbeing Board (by Feb. 2018)	
		Review of impact of actions undertaken and reported on to SEND Programme Board and Health and Wellbeing Board (by Jan. 2020)	



## Suffolk SEND Strategy Action Plan – Priority 1

<b>Objective: (f) Provide clear information and advice about what children, young people and families can expect from services and provision for SEND and what to do if this doesn't happen.</b>			<b>Objective Lead:</b> SEND Programme Manager; Early Help Services Manager; GY&W CCG DCO
<p><b>Related Ofsted/CQC Judgements:</b>  <i>The lack of local understanding of the support available and the poor quality of the Local Offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety (SoA).</i></p> <p><i>Too much time and resources are currently invested in dispute resolution. The number of complaints is high; at the time of the inspection, it already matched the figure from last year. Parents are commonly successful at tribunal because the local area has insufficient evidence to demonstrate that its response to needs has been timely and effective. The Special Educational Needs and Disabilities Information, Advice and Support Service (SENDIASS) and advocacy support are available, and in some instances are effective. However, in the main parents feel uninformed and unsupported.</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By January 2019 we will see an increase in numbers of parents, carers and young people surveyed who are confident that they understand the services and provision available to them. In particular they will know where to go to seek additional support, advice and guidance and understand what to do if services do not meet expectations (SPCN and Young People's surveys).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Use service record guidance to ensure that all services on the Local Offer site provide clear information, about their escalation routes and young people and families feel confident in using them.	Senior Strategic Communications Officer	Co-produce best practice guidance document (by July 2017)	
		Review with children, young people and families, service records to ensure escalation routes are clearly outlined (by Dec. 2017)	
ii) Communicate dispute resolution routes prior to the formal complaints process to address complaints more expediently.	CYP Interim Digital Lead	Opportunities to promote resolution routes identified in the annual communications plan (by Aug. 2017)	
		Identify service leads responsible for responding to complaints in each element of the system (by Sept. 2017)	
		Publish resolution routes on the Local Offer (by Dec. 2017)	
iii) Use regional and national peer review opportunities to embed continuous	DCO GY&W CCG	Establish next review date with regional partners (by Oct. 2017)	

improvement and assess progress against best practice.		Annual review by regional colleagues undertaken and report assessed. Redraft action plan to accommodate key findings and requirements (annual review starting Jan. 2018)	
iv) Provide a quality assurance mechanism to highlight issues via the “you said, we did” function on the Local Offer to ensure that concerns about providers are effectively acted on.	SEND Programme Manager; Senior Strategic Communications Officer	Ensure that feedback and review functionality on Local Offer website is clear, fit for purpose and well understood (by Jan. 2018)	
		Develop a Local Offer provider report to regularly inform the Programme Board on providers who are not meeting their own Local Offer commitments (by Feb. 2018)	
		Develop a process by which reviews and feedback form part of QA assessments used by commissioners (by Mar. 2018)	

## Suffolk SEND Strategy Action Plan

### Priority 2 The SEND Journey

#### Priority Leads:

Judith Mobbs, Assistant Director Inclusion and Skills

IE&WS CCG DCO, Designated Clinical Officer

Head of Service for Children's Social Care Fieldwork, Head of Service for Children's Social Care Fieldwork

**SPCN critical friend:** Jo Hammond, Chair SPCN

#### We will achieve the changes needed by delivering the action plans set out below which cover the following objectives:

**Objective: a.** Develop and introduce keyworkers to provide continuity of support and empower children, young people and families in their SEND journey.

**Objective: b.** Develop a joint health, education and care assessment programme that provides early and timely assessment of need either with or without an EHC plan.

**Objective: c.** Extend outreach services to support children with SEND to continue to access mainstream education where appropriate, and provide this support earlier.

**Objective: d.** Introduce a new way of developing EHC plans that enables children, young people and families to be fully involved in co-producing their plan and get the right support at the right time.

**Objective: e.** Improve the way that the transfer of statements to EHC plans is undertaken.

**Objective: f.** Ensure ongoing and regular review of EHC plans and timely adjustment to support progress.

**Objective: g.** Develop a unified approach to data management for SEND children and young people across education, health and care and implement a joint needs register for all children with SEND as the basis for planning to meet future needs.

## Suffolk SEND Strategy Action Plan – Priority 2

<b>Priority 2: The SEND Journey</b>			
<b>Objective: (a). Develop and introduce keyworkers to provide continuity of support and empower children, young people and families in their SEND journey.</b>		<b>Objective Leads:</b> Assistant Director Inclusion and Skills; Head of Service for Children’s Social Care Fieldwork; IE&WS CCG DCO (Designated Clinical Officer)	
<b>Related Ofsted/CQC Judgements:</b> <i>An overwhelming number of parents report that they have to seek advice from too many different places when they need information and support for their children. There is no single point of contact to facilitate the coordination of services and the co-production of plans. This leads to inconsistencies in the identification of a child’s or young person’s needs across providers. (2.4)</i>			
<b>Outcomes:</b>			
<ul style="list-style-type: none"> <li>By September 2019 all children and young people, who need a key worker will have one allocated and by September 2020 the practices of key working will be well understood and established across Suffolk. (Measured by data on allocation of keyworkers and feedback from families and young people through SPCN and YPN surveys).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Engage with stakeholders to develop an agreed definition of key working/key worker role and a model to adopt in Suffolk.	SEND Project Officer, IE&WS CCG DCO, Head of SEN, Head of Service for Children’s Social Care Fieldwork	Initial workshops held with key stakeholders to agree definition, role and approach for key working (by May 2017)	Workshop for key working model development taking place Friday 26 <sup>th</sup> May
		Model developed for key working by the core partners including proposed description, roles, responsibilities, boundaries, time for key working/key worker, links to existing processes eg CAF/ information and advice services (by June 2017)	
		Consult with stakeholders on the model developed (by July 2017)	
		Confirm the model for key working for the pilot phase (by Aug. 2017)	
ii) Establish specialist keyworker workforce and the supporting infrastructure for key working in wider teams as appropriate.	Assistant Director Inclusion and Skills, IE&WS CCG DCO, Head of	Identify and establish core team of specialist key workers (by Dec. 2017)	
		Identify those in the wider workforce, across health, education and social care, who are to be involved in key working pilot, if appropriate (by Dec. 2017)	

	Service for Children's Social Care Fieldwork		
iii) Establish programme of training for key working.	Senior Development Officer Workforce	Design and develop training programme for key working and sustainable training model of delivery (from 30 Oct. 2017) drawing on national best practice.	
		Training needs identified for initial cohort of key workers and training programme commenced (by 30 Dec. 2017)	
		Evaluation and updating of training provided completed and plan for next phase in place (by Dec. 2018)	
iv) Introduce and pilot agreed model of key working.	Assistant Director Inclusion and Skills, Head of Service for Children's Social Care Fieldwork, IE&WS CCG DCO	Reshape existing workforce to enable specialist key working to be introduced (from Sept 2017)	
		Develop and implement rollout plan, including evaluation and review for specialist key working (from Jan. 2018)	
		Develop plan to pilot for generic key working by key occupations in health, social care and education – if part of agreed model (from Apr. 2018)	
v) Evaluate pilot phase and plan for further development of key working approach.	Assistant Director Inclusion and Skills, IE&WS CCG DCO, Head of Service for Children's Social Care Fieldwork	Evaluation of key working pilot undertaken in partnership with SPCN and shared with stakeholders; feedback incorporated into final model for implementation (by May 2018)	
		Roll out final model to all identified key workers by (Nov. 2018)	
		Working model established and delivered county-wide (from Dec. 2018)	

<p><b>Objective: (b). Develop a joint health, education and care assessment programme that provides early and timely assessment of need either with or without an EHC plan.</b></p>		<p><b>Objective Leads:</b> Head of Service Development SEN/AP Chief Nursing Officer, I&amp;ES CCG / WS CCG; Head of Service for Children’s Social Care Fieldwork</p>	
<p><b>Related Ofsted/CQC Judgements:</b> <i>The poor quality and timeliness of assessment for, and transition to, EHC plans, including the seeking of advice from professionals and agencies where necessary. (MF)</i></p> <p><i>The quality of the identification of children’s and young people’s needs is too variable across the local area and across services. (1.2)</i></p> <p><i>Health professionals are not involved quickly enough in determining the level of children’s and young people’s need or in planning the necessary support for them. The lack of information sharing means that requirements for the co-production of EHC plans are not met. (1.3)</i></p> <p><i>Referrals made to the child development centres are too often returned for additional information. This results in delays in assessment and diagnosis for children and their families. There is a backlog of referrals for autism spectrum disorder diagnosis and clinical psychology intervention. This places children, young people and their families at risk of reaching crisis point. (1.4)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By December 2018 all children and young people with SEND who may require specialist services will have a robust multi-agency assessment of their needs to provide clarity for them, their families and supporting workers about where they are now, where they are going and the options they have to get there. (Measured by data from assessment centre and EHCP process).</li> </ul>			
ACTIONS	Lead	Milestone	Progress made
i) Identify short term improvements to the assessment of needs for children and young people with SEND.	Head of Service Development SEN/AP, Chief Nursing Officer, I&ES CCG / WS CCG, Head of Service for Children’s	Existing arrangements for assessment of need across health, education and social care (including CAFs, PEPs, CTRs and social care assessment routes to child development centres) mapped in partnership with SPCN and SENDIASS (by July 2017)	
		Opportunities to eliminate duplication/resolve lack of join up in existing systems identified (by July 2017)	
		Plan developed and implemented to make short term improvements to the system (by Aug. 2017)	

	Social Care Fieldwork		
ii) Co-produce with families a joint assessment framework across health, education and care that builds on existing processes and will accurately and efficiently identify additional needs for children and young people with SEND.	Head of Service Development SEN/AP, Chief Nursing Officer, I&ES CCG / WS CCG, Head of Service for Children's Social Care Fieldwork	Single assessment model co-produced for education, health, and care, for use both pre-statutory assessment and as part of the statutory process, informed by mapping work and previous piloting of joint assessment undertaken in north Suffolk (by Aug. 2017)	
		Linkage to existing planning processes for social work assessment, CAF, PEP, CTR and CDC agreed, including inter-relationships between the various plans, as a step towards "one child, one plan" (by Aug. 2017)	
		Standards agreed for information sharing for assessment purposes across education, health and care and clear guidance for all practitioners developed (by Oct. 2017)	
		Consultation on proposed assessment model with education, health, care practitioners and families completed (by Oct. 2017)	
		New assessment model agreed by education, health, and care governance bodies (by Nov. 2017)	
iii) Develop operational arrangements for a SEND assessment programme to implement the new model and pilot in an agreed locality.	Head of Service Development SEN/AP, Chief Nursing Officer, I&ES CCG / WS CCG, Head of Service for Children's Social Care Fieldwork	Operational arrangements, including funding, for the establishment of a SEND assessment programme implementing new model agreed between health, education, and care partners (by Oct. 2017)	
		Locality identified for trialling new model and practitioner teams to be involved (by Oct. 2017)	
		Implementation plan for trial developed by practitioner team (by Dec. 2017)	
		Trial assessment centre established offering pre-statutory and statutory joint assessments (from Jan. 2018)	

		Evaluation of trial operation period completed and model/operational arrangements refined (by Apr. 2018)	
iv) Rollout the model of Education, health and care joint SEND assessment programme across Suffolk.	Head of Service Development SEN/AP, Chief Nursing Officer, I&ES CCG / WS CCG, Head of Service for Children's Social Care Fieldwork	Rollout phasing agreed and practitioner teams to be involved identified (by Feb. 2018)	
		Implementation plan for rollout developed by practitioner teams (by Apr. 2018)	
		Education, health and care assessment programme implemented across Suffolk (by July 2018)	
		Review of impact and operation of new programme completed by July 2019 and further refinements identified.	



## Suffolk SEND Strategy Action Plan – Priority 2

<b>Objective: (c). Extend outreach services to support children with SEND to continue to access mainstream education where appropriate, and provide this support earlier.</b>		<b>Objective Lead:</b> Headteacher for County Inclusive Support Service	
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>The quality of the identification of children and young people’s needs is too variable across the local area and across services. It is over-reliant on individual expertise and the quality of providers and clinical commissioning groups.</i></p> <p><i>Leaders do not monitor how well schools and colleges assess and meet the needs of pupils who have an EHC plan and of pupils identified as SEND support.</i></p> <p><i>The lack of joint working to monitor, quality assure and maximise the efficiency of the work undertaken to improve outcomes for children in a diverse range of settings and circumstances.</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By September 2018 all children and young people with SEND learning in mainstream schools and their settings will have access to the outreach support they need to continue to learn, and when appropriate will be supported to make successful transitions, with continuity across education phases (measured by outreach service data).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Establish a new service - The County Inclusion Support Service (CISS) that builds the capacity of teachers in mainstream schools to support pupils with ASD, traits of ASD, ASD and challenging behaviour and SEMH and all associated behaviours.	Headteacher for County Inclusive Support Service, Chief Nursing Officer, I&ES CCG / WS CCG	All staff joining new merged service upskilled to work across the range of profiles supported within the new service (from June 2017)	
		Communications plan developed and implemented in partnership with health, care and SPCN to ensure wide understanding of the new CISS service (by June 2017)	
		Teacher capacity within CISS extended to enable support and challenge for inclusive practice in all Suffolk mainstream schools (by Dec. 2017)	
		CISS model further developed to increase focus on teacher support and enabling, and introduce half termly support surgeries to ensure early identification and support for all teachers working with children with additional needs (by Dec. 2017)	

		Review of new CISS model undertaken and impact assessed, action plan developed for next phase (by Dec. 2018)	
ii) Develop an affordable traded offer for mainstream schools through CISS, that can offer enhanced working with individual pupils with SEND, as requested by schools during market research undertaken.	Headteacher for County Inclusive Support Service	Design of traded offer based on previous consultation work undertaken, and offer communicated to schools and parents (by Mar. 2017)	Traded offer in place and available to all schools from April 2017.
		Early intervention annual package available for schools to purchase (from Apr. 2017)	
		Impact of 2017 traded offer reviewed with school partners and plans to further develop and extend the CISS traded offer focussed on early identification and intervention agreed (by Sept. 2018)	
iii) Extend the pupil level traded offer for ASD/SEMH to pre-school and post 16 providers.	Headteacher for County Inclusive Support Service	Extended traded CISS offer concept explored with pre- school, post 16 stakeholders and SPCN (by Dec. 2017)	
		Pre school/post 16 traded offer co-produced with SPCN and providers (by Feb. 2018)	
		Capacity of CISS extended to accommodate additional offer to pre-school and post 16 providers (by Nov. 2018)	
		New pre-school and post 16 CISS traded offer available (from Dec. 2018)	
iv) Support the Suffolk School to School Partnership to develop a comprehensive training programme for Suffolk schools to upskill school staff to be able to identify early the needs of pupils, implement early intervention strategies and improve whole school inclusive practice.	Education Strategic Lead for Leadership and Governance; CISS Headteacher	Collect and analyse data re training delivered and further develop training offer in line with feedback and need identified in Suffolk schools (by July 2017)	
		Develop new SEND training offer, including focus on transition support, through the school to school partnership based on the analysis undertaken (by Sept. 2017)	
		Review current SENCo training programme with schools and experienced SENCOs by Sept 2017 and identify/ plan delivery for enhanced offer based on this.	

		Explore potential for a SENCO support network to be established through the school to school support partnership (by Dec. 2017)	
v) Develop CISS to have a greater focus on early intervention so that the service is an integral part of the early intervention pathway for SEND pupils in Suffolk.	Headteacher for County Inclusive Support Service	Early intervention pathway that supports pupils needs in a graded approach from mainstream school through outreach support and assessment centre co-produced with providers and families (by June 2017)	
		Capacity plan developed and agreed for CISS, in partnership with the High Needs Working Group of Schools' Forum, so that the service can meet the increased requirement for early identification/intervention work (by July 2017)	
		Additional capacity in place to enable early intervention pathway to be established (by Apr. 2018)	
		Inclusion surgeries in place as part of the CISS model across all mainstream schools to support schools to manage effective early identification and intervention within their own setting (by Apr. 2018)	
vi) Establish a well understood and robust approach to challenge mainstream schools that are not inclusive in their practice and support them to improve.	CYP Assistant Director Education, Headteacher for County Inclusive Support Service, Standards and Excellence Officer (SEND)	SEND education sub-group established reporting to the SEND Programme Board, including membership from Regional Schools' Commissioner's team and SCC Education & Learning by July 2017, with role of identifying and agreeing action where there is poor inclusion practice within mainstream schools.	
		Education SEND challenge lead appointed with responsibility to lead on challenge and support re: delivering high quality inclusive practice in Suffolk schools (by Oct. 2017, temporary appointment made Jan. 2017 covering)	
		New challenge remit in place for CISS teachers and assistant heads re: challenging poor practice in education settings (from Sept 2017)	

		<p>Role of Education &amp; Learning team clarified and strengthened in relation to inclusive practice in schools – challenge and support (by July 2017)</p> <p>New data reporting developed to increase focus on inclusion in school performance review system (by Sept. 2017)</p> <p>Clear and well understood system established for escalating in the rare cases where a school refuses to admit or address poor inclusion practice (by Sept. 2017)</p>	
<p>vii) Strengthen the capacity of the system to support pupils with mental health needs by working together and aligning outreach work with children’s emotional health and wellbeing strategy</p>		<p>Ways of improving support for pupils with mental health needs explored with health and the School to School Partnership team (by Sept. 2017)</p> <p>Ways of implementing a countywide approach to improved integration of mental health support and education in Suffolk schools agreed by Jan. 2018 and plan developed for implementation.</p>	

**Objective: (d). Introduce a new way of developing EHC plans that enables children, young people and families to be fully involved in co-producing their plan and get the right support at the right time.**

**Objective Lead:** Head of SEN, Head of Service for Children’s Social Care Fieldwork, Designated Clinical Officer IE&WS CCG

**Related Ofsted/CQC Judgements:**

*The poor timeliness, integration and quality of SEND statutory assessments and plans, this includes when statements of special educational needs are transferred to EHC plans, and the delivery of subsequent individual packages of support. (SoA)*

*The poor quality and timeliness of assessment for, and transition to, EHC plans, including the seeking of advice from professionals and agencies where necessary. (MF)*

*The time taken to assess children’s and young people’s needs is concerning. EHC plans are too variable in quality. Notification of review and planning meetings to practitioners and parents is not always timely. Attendance of professionals at these events is also inconsistent. (2.2)*

*Co-production of EHC plans is not well established. The quality and appropriateness of provision are too dependent on the skills of staff in different establishments and on how well they understand and engage with the services available. Too often, education is given the highest priority and health agencies are not involved in identifying and meeting needs. (2.3)*

*An overwhelming number of parents report that they have to seek advice from too many different places when they need information and support for their children. There is no single point of contact to facilitate the coordination of services and the co-production of plans. This leads to inconsistencies in the identification of a child’s or young person’s needs across providers. (2.4)*

*Health professionals are not involved quickly enough in determining the level of children’s and young people’s need or in planning the necessary support for them. The lack of information sharing means that requirements for the co-production of EHC plans are not met. (1.3)*

*Referrals made to the child development centres are too often returned for additional information. This results in delays in assessment and diagnosis for children and their families. There is a backlog of referrals for autism spectrum disorder diagnosis and clinical psychology intervention. This places children, young people and their families at risk of reaching crisis point. (1.4)*

*Too often parents say that they feel they are a burden to schools and providers because of the costs incurred in seeking external specialist support for assessing and addressing pupils’ needs. In addition, when applications for an EHC plan are turned down, there is no explanation of why this decision has been made, or any follow-up advice and support. This leaves parents, and sometimes schools, feeling unsupported and unable to meet children’s and young people’s needs (2.6)*

*Too much time and resources are currently invested in dispute resolution. The number of complaints is high; at the time of the inspection, it already matched the figure from last year. Parents are commonly successful at tribunal because the local area has insufficient evidence to demonstrate that its response to*

*needs has been timely and effective. The Special Educational Needs and Disabilities Information, Advice and Support Service (SENDIASS) and advocacy support are available, and in some instances are effective. However, in the main parents feel uninformed and unsupported. (2.7)*

**Outcomes:**

- By December 2018 there will be a well-established, shared process across health, education and care for the development of EHC plans, with co-production as a central element, so that children and young people and their families are clear about where they are now, where they are going and the options they have to get there and can be supported as close to home as possible. (measured by SPCN and YPN survey; timeliness of new plans >90% in 20 weeks; new EHCP survey feedback results; QA process).

<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Introduce immediate service improvements to provide children, young people and families with a better experience of the EHCP process.	IE&WS CCG DCO, Head of SEN	Weekly planning meetings introduced for each SEN team to improve workflow management and speed process of EHCP issue (by Jan. 2017)	Weekly planning meetings in place across all teams. Double enveloping and registered post ceased. Backlog of new requests for EHCPs reviewed and plan implemented to ensure all cases being actively worked by the end of May 2017. Review of transfer practice completed and new arrangements in place to increase contact with families and ensure advice sought when appropriate
		Process of double enveloping and registered post ceased by Mar. 2017 to enable families to access posted materials more quickly.	
		Use of email for despatch of plans to schools and health explored and decision re action taken (by May 2017)	
		Review of current backlog of new EHCPs undertaken and arrangements put in place to proactively manage the existing backlog to eliminate it (by May 2017)	
		Immediate improvements in co-production and communications with families identified and implemented (by May. 2017)	
ii) Develop an agreed approach to co-production with families, young people, and practitioners to ensure that parents, children and young people's views are captured in a way that works for everyone.	IE&WS CCG DCO, Head of SEN	New vision for our approach to EHCPs and working with families co-produced (by Jan. 2017)	Shared visual co-produced encapsulating changes we want to deliver
		EHCP process reviewed to identify where co-production should be happening and plan developed for future practice (by June 2017)	
		Co-production elements within the process agreed with all stakeholders and published (by Aug. 2017)	
		Information about independent support available through SENDIASS or Scope reviewed, to empower families to be able to engage more effectively (by June 2017)	

		Guidance and training to professionals in education, health and care to ensure high standards of practice across all agencies re co-production (by Sept. 2017)	
iii) Create an online EHCP hub for young people, families, and practitioners to use, where appropriate, to improve transparency, communication, and timeliness of process.	SCC Transformation Programme Manager, Head of SEN	New EHCP digital portal procured (by May 2017)	Open Objects portal contract signed March 2017.
		Stakeholder engagement to develop EHCP Hub (digital portal) completed (by July 2017)	
		User testing of EHC Hub completed (by Aug. 2017)	
		Training and guidance for EHCP hub developed and available (by Sept. 2017)	
		EHCP Hub delivered for 'go live' and offered as a pilot option for families making new EHCP requests (from Sept. 2017)	
		Survey developed and in use for feedback from young people and families about experience of using digital portal (from Oct. 2017)	
		Review of EHCP hub pilot completed and rollout plan agreed (by Jan. 2018)	
iv) Develop a clear and well understood pathway of support for children and families where an EHCP assessment/plan is refused.	Head of SEN, IE&WS CCG DCO	Immediate short term improvements in place to support those where a refusal to assess decision is made by February 2017 – (Interim lead for education challenge to attend all panel meetings and cases for follow up by them identified and actioned).	Interim lead for SEND education challenge in place and attending panel, following up work with families where assessment refused and also case work initiated where need for education challenge.
		Support pathway for management of refusal to assess/ issue a plan is co-produced involving outreach services, lead professional for education challenge and support, assessment centre and other services as appropriate (by July 2017)	
		Communication to young people, families and practitioners following a refusal decision reviewed to update and include in support pathway (by July 2017)	
		Support pathway shared with practitioners and family support agencies and published on local offer website (by Sept. 2017)	
		Panel, advocacy, mediation and appeal processes reviewed by Sept. 2017 to ensure that they are clear,	

		transparent and accessible to families and education, health and care practitioners.	
v) Improve quality of advice from education, health and care practitioners and ensure sharing of information and existing support plans, including from health and social care.	Head of SEN, IE&WS CCG DCO	EHC Needs Assessment referral and advice forms reviewed and updated to include appropriate questions about information sharing and consent (by July 2017)	
		Information regarding various support plans for children and young people and who these should be requested from clarified and shared with SEN team (by July 2017)	
		Practitioner advice forms reviewed and updated to include questions about existing support plans and a request for plans to be submitted (by July 2017)	
		Training programme to upskill education, health and care professionals in the sharing of information and giving of advice for EHCPs developed and implemented (from Sept. 2017)	
		Key contact points within education, health and care services in place for requesting of practitioner advice and arrangements for ensuring that all professionals share information and give advice in a timely way for EHCPs established (by July 2017)	
vi) Develop quality assurance processes to monitor the timeliness and quality of the EHC needs assessment and plans from education, health and care professionals.	IE&WS CCG DCO, Head of SEN	Routine arrangement in place to analyse complaints and responses from EHCP feedback survey and report on themes and actions to be taken (from Apr. 2017)	First aggregated quarterly complaints report considered by SEND Programme Bd in April 2017
		New quality assurance process co-produced with education, health and care professionals and service users (by Aug. 2017)	
		Standards published with clear information about the roles and responsibilities of all practitioners in improving outcomes for children with SEND (by Aug. 2017)	
		New QA system introduced to monitor and review quality of information and advice from health, care and education professionals and act on improvement needs identified (by Oct. 2017)	



		Impact of new QA system reviewed and any necessary adjustments made to ensure effectiveness (by Sept. 2018)	
vii) Further develop the accessibility to, and use of personal budgets and direct payments for children, young people and families with SEND including extending personal budgets in education.	SEND Programme Manager, Head of Service DCYP	Membership and terms of reference of the Personal Budgets group established focus to all personal budget development revised (as cited in Children and Families Act 2014) (by July 2017)	
		Process for managing personal budgets including the use of pre-payment cards established. (by Oct. 2017)	
		Pilot for the use of education, health and social care personal budgets established (by Nov. 2017)	
		Personal budgets and direct payments fully integrated, as part of a transparent resource allocation process, in the EHCP process (by Apr. 2018)	
viii) Develop the use of pre-payment cards as the method of managing direct payments for all children, young people and families for who a direct payment has been agreed	CYP Team Manager for Contract Management Inclusion Services, Head of Service DCYP	Use best practice from other areas to identify and commission a pre-payment card provider (by June 2017)	
		1 <sup>st</sup> wave of pre-payment cards delivered as a preference to new disabled children and young peoples service users and all new Activities Unlimited Service users (by Oct. 2017)	
		2 <sup>nd</sup> wave of pre-payment cards offered to existing direct payment users within DCYP and Activities Unlimited (by May 2018)	
		Impact evaluation undertaken on 1 <sup>st</sup> wave of pre-payment card users (by Oct. 2018)	

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<b>Objective: (e). Improve the way that the transfer of statements to EHCPs is undertaken.</b>		<b>Objective Lead:</b> Head of SEN; IE&WS CCG DCO (Designated Clinical Officer); Head of Service for Children’s Social Care Fieldwork	
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>The local area’s approach to converting statements of special educational needs to EHC plans has been very poor. Too few have been completed and too many remain in the process of transition. Insufficient resources have been allocated to ensure that children’s and young people’s needs are identified and reassessed or that additional advice is sought when necessary. Parents report that long waiting periods, minimal assessment and a lack of communication have undermined their confidence in the process. (1.1)</i></p> <p><i>In too many instances, the assessment and advice necessary to ensure effective transition from a statement of special educational needs to an EHC plan have not been timely or have not been sought. As a result, individuals are not well enough supported to make the progress they are capable of in improving their well-being or their academic outcomes (3.2)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By June 2017 all identified improvements to the transfer process will be operational and families will report greater levels of communication and co-production. All transfers from statements to EHC Plans completed by March 2018 (measured by EHCP transfer data and survey data from families following issue of completed EHCP following transfer).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Improve extent, quality and timeliness of advice from education, health and care practitioners.	Head of SEN, IE&WS CCG DCO, Head of Service for Children’s Social Care Fieldwork	Guidance developed for education, health and care practitioners, providing clear instruction about advice needed for transfer review and timescales (by June 2017)	
		Written communications to practitioners when requesting advice for transfer reviewed and updated; expectations are explicit (by June 2017)	
		Clear direction provided to education settings/transfer review meeting organisers regarding when transfer meetings should take place and the advice to be sought from involved practitioners before the meeting (by June 2017)	
		Establish secure email contacts in all relevant health provider organisations to ensure health professionals receive requests electronically for advice in a timely manner (by June 2017)	

		Extend family views survey to invite all families who receive a final EHCP following a transfer to respond on their experience (by June 2017)	
		Monitor timescales and quality of advice submitted by health providers for EHCP reviews through monthly contract monitoring (from June 2017)	
ii) Increase direct contact with and involvement of YP & families during transfer process.	Head of SEN	Arrangements in place to ensure direct contact between SEN team and young people and families by June 2017 as follows: a) Before commencement of transfer review to identify priorities for the review/new advice needed. b) on receipt of transfer review report to confirm all relevant advice is available/has been requested. c) when advice has been received and caseworker is drafting EHC plan.	
		All young people and families receive email or other appropriate communication about what to expect during transfer process and about independent support available through SENDIASS or Scope, to empower families to be able to engage more effectively (from June 2017 onwards).	
		Ensure meetings with young people/families are being offered when draft EHC plan is issued (from May 2017)	
		Ensure follow-up phone call/email/text to YP/families one week after draft is issued (from May 2017)	
iii) Improve timeliness of transfers to ensure that at least 90% of those not in the backlog are completed within 20 weeks of commencement and all transfers are completed by March 2018.	Head of SEN	Undertake a resource review to accurately model the staffing required for completion of all transfers by March 2018 and agree a staffing plan to ensure adequate SEN and business support staff to deliver (by May 2017)	Resource review completed and the need for additional short term capacity identified to complete transfers on time. Recruitment currently in progress.
		Weekly workload reviews using data analysis for SEN Business Support and SNO/ASNO teams in place (by June 2017)	
		Develop data reporting that enables a full understanding of the backlog of transfers and take	

		steps to manage its reduction and elimination (by June 2017)	
		Review use of current data management system to identify potential changes and/or increased use to increase efficiency of business support functions and accuracy of reporting (by end of Jun. 2017)	
		Consider and implement agreed changes re: data system (internal changes facilitated by SEN Team by June 2017 to include any training/changes requiring external input SCC IT or Capita (by end of Aug. 2017)	
		Analyse differences between local performance reporting and systems reporting and address (by Aug. 2017)	

<b>Objective: (f). Ensure ongoing and regular review of EHCPs and timely adjustment to support/timely support for transitions.</b>		<b>Objective Lead:</b> Head of SEN; IE&WS CCG DCO (Designated Clinical Officer); Head of Service for Children’s Social Care Fieldwork	
<p><b>Related Ofsted/CQC Judgements:</b>  <i>Leaders do not appropriately monitor how well schools and colleges assess and meet the needs both of pupils who have an EHC plan and of pupils identified as SEND support. Although there are some positive examples of school improvement services identifying and following up instances where provision is identified as weak, systems to check on provision are insufficiently well developed to improve outcomes for pupils and their families. (2.5)</i></p> <p><i>Review health assessments for looked after children are not sufficiently robust or well enough aligned to the EHC plan process. Reviews do not take enough account of the specific needs and wishes of children and young people. (2.8)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By September 2018 a new system for annual reviews will be well established to ensure that each review is thorough, involves all necessary parties to be effective, reviews the success of the EHC plan in supporting the child or young person to achieve their stated outcomes and takes into account their changing needs (measured by annual review timeliness data; outcome data; views of children, young people and families about the impact of the annual review).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Ensure EHCP Reviews are undertaken annually and include updated quality information/advice from appropriate health, education and social care practitioners.	Head of SEN	Schedule and method of Annual Review reminders to education settings/review co-ordinators reviewed and updated. Alert introduced for families (by Oct. 2017)	
		Receipt of annual review reports monitored and a clear process is in place when documents are not received within timescales (by Oct. 2017)	
		Process to ensure that annual reviews can be used to feedback and inform CISS and standards and excellence team agreed and in place (Oct 17)	
		To implement an education, health and care system that will record the progress of all CYP with an EHCP so that robust reporting can be provided to senior managers and targeted intervention deployed where required both on an individual pupil level and a setting level (by Dec. 2017)	

		Annual Review meeting format reviewed with all stakeholders to ensure effective approach and links to all other plans help by the child or young person, and updated guidance provided (by Mar. 2018)	
		Guidance and training developed for health, social care, education practitioners providing clear instruction about advice/reports needed for new annual reviews format and timescales (by June 2018)	
		New system for annual reviews operational (from Sept. 2018)	
ii) Establish a system to routinely monitor progress of all children and young people with SEND (SEND support and with an EHCP) and ensure all annual EHCP reviews effectively measure outcomes.	Head of SEN	Existing literature and tools explored (including SOS and Virtual School) regarding measuring children's outcomes (by Sept. 2017)	
		Lead for SEND children's progress and outcomes identified (by Sept. 2017)	
		System for monitoring quality of outcome writing in EHC Plans implemented as part of QA system (from Sept. 2017)	
		Further training undertaken for staff who are not yet writing good outcome statements (by Oct. 2017)	
		System established to enable routine setting and reporting of child level outcomes for all SEND children (by Mar. 2018)	
		Reporting of outcomes at Annual Review meetings updated to reflect above (from Mar. 2018)	
		System established to ensure that where provision is not implemented/outcomes not met there is rapid follow up and escalation (from Mar. 2018)	
		Reporting arrangements in place to feed findings of outcome monitoring to SEND education sub-	

		group to enabling to contribute to wider institutional picture (by Mar. 2018)	
iii) Amend EHC plans within timescales to ensure appropriate adjustment of provision and support for transitions.	Head of SEN	Performance Management processes developed to monitor that timescales are met for amending EHC plans following annual review (by Sept. 2017)	
		Follow up process developed to ensure EHCP provision is being delivered after final amended plan has been issued (by Dec. 17)	

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<b>Objective: (g). Develop a unified approach to data management for SEND children and young people across education, health and care and implement a multi-agency needs register for all children with SEND as the basis for planning to meet future needs.</b>			<b>Objective Lead:</b> ACS Senior Project Manager
<b>Related Ofsted/CQC Judgements:</b> <i>When children and young people move between providers, identification of needs does not happen soon enough prior to transition. In particular, this is the case for the Year 11 transition to college. Schools and settings do not routinely have the opportunity to plan proactively together. This means that new providers cannot strategically respond to children’s and young people’s needs with an appropriate curriculum or provision. (1.5)</i>  <i>Health professionals are not involved quickly enough in determining the level of children’s and young people’s need or in planning the necessary support for them. The lack of information sharing means that requirements for the co-production of EHC plans are not met. (1.3)</i>			
<b>Outcomes:</b> <ul style="list-style-type: none"> <li>By December 2017 new data reporting arrangements will enable the establishment of a single register for SEND need that enables it to be effectively used to inform joint commissioning and future service planning.</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Develop standards for information sharing and clear guidance for staff in children and young people’s services (0-25 years)	ACS Senior Project Manager; Senior Customer Experience Manager	Engage with service leads in health education and social care and review existing data sharing protocols to enable sharing of information (by June 2017)	
		Develop draft information sharing agreement and multi-agency guidance (by Aug. 2017)	
		Present draft agreement and guidance to all relevant organisation boards for sign off (by Sept. 2017)	
		Finalise draft agreement and guidance and disseminate (by Sept. 2017)	
ii) Extend existing disability register to provide a more comprehensive overview of the full range of joint commissioning needs.	ACS Senior Project Manager; Senior	Existing systems across education health and care where information is held relating to SEND children and young people identified (by July 2017)	



	Customer Experience Manager	<p>Information needed for SEND joint commissioning disability register determined by partners (by Aug. 2017)</p> <p>Business information project used to develop a single commissioning report drawing information from all source databases (by Oct. 2017)</p> <p>Opportunity for SPCN to play a role in extending the sign up to/promotion of the disability registered explored (by Sept. 2017)</p> <p>New data reports routinely available for informing joint planning and commissioning across education, health and care (from Sept. 2017 onwards)</p>	
iii) Develop the use of the “single view of a child” capability within the new Liquidlogic software to support joint commissioning across education, health and care.	ACS Senior Project Manager; Senior Customer Experience Manager	<p>Potential for single view of a child functionality to generate joint commissioning intelligence explored (by June 2018)</p> <p>Plan developed to take forward the new case management system as a tool to build reporting to inform SEND joint commissioning (by Dec. 2018)</p>	

## Priority 3

### Suffolk SEND Strategy Action Plan

#### Priority 3 Developing Services and Provision

##### Priority Leads:

Georgina Green, Head of Service Development SEN/AP

Gabby Irwin, Head of Clinical Quality and Patient Experience

Cliff James, Head of Corporate Parenting

**SPCN critical friend:** Jo Hammond, Chair SPCN

##### We will achieve these changes by delivering the action plans set out below which cover the following objectives:

**Objective: a.** Audit education, health and care services in order to agree, with all stakeholders, the pathways of the SEND offer and develop a SEND sufficiency plan to enhance provision and services.

**Objective: b.** Introduce a new system of education funding for SEND provision that is transparent and consistent.

**Objective: c.** Develop the training and support for education, health and care service providers to become more skilled in supporting children and young people (CYP) with SEND and their families.

**Objective: d.** Introduce a transparent way to assure the quality and inclusiveness of SEND services provided, measure children and young peoples' progress towards achieving their person-centred outcomes and challenge practice which does not reach expected standards.

**Objective: e.** Undertake a commissioning review across the education, health and care of ASD services and support, and work in co-production to develop and establish a local pathway involving these services.

**Objective: f.** Undertake a commissioning review of SaLT and occupational therapy provision across education, health and care involving these services to improve access to appropriate high quality services.

**Objective: g.** Undertake a commissioning review of emotional wellbeing and mental health services to improve access to good quality, early help and specialist services.

<p><b>Objective: (a) Audit education, health and care services in order to agree, with all stakeholders, the pathways of the SEND offer and develop a SEND sufficiency plan to enhance provision and services.</b></p>	<p><b>Objective Lead:</b> Head of Service Development SEN/AP; Head of Clinical Quality and Patient Experience; Head of Corporate Parenting</p>
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>The lack of advice, support and local provision for children with autism spectrum disorder and mental Health difficulties (MF)</i></p> <p><i>The quality of the identification of children’s and young people’s needs is too variable across the local area and across services (1.2)</i></p> <p><i>Health professionals are not involved quickly enough in determining the level of children’s and young people’s need or in planning the necessary support for them. The lack of information sharing means that requirements for the co-production of EHC plans are not met. (1.3)</i></p> <p><i>The pathway of provision from ages 0 to 25 is not secure. Young adults and their parents and Carers expressed the view that adult social Care is not proactive in supporting their needs. Health professionals noted gaps in support services in the transition to adulthood phase, including in mental Health services and in the provision of appropriate resources. (2.8)</i></p> <p><i>The local area has acknowledged the insufficiency of provision for children and young people with autism spectrum disorder and mental Health needs. Early plans are in place to start to address this. (2.10)</i></p> <p><i>Provision of support for children and young people with mental Health difficulties out of hours is not well enough coordinated to prevent the need for admission to paediatric wards. (2.11)</i></p> <p><i>The capacity of speech and language therapists, CAMHS and occupational therapists in Waveney to provide longer-term direct work is insufficient. (2.13)</i></p> <p><i>There is no strong evidence that the 2014 reforms have led to improvement in the academic outcomes achieved by pupils with SEND. Overall, at each key stage other than in the early years, pupils do not attain as well as similarly identified pupils nationally. (3.3)</i></p> <p><i>Many parents report that their children are absent or unofficially excluded from school because their needs are not diagnosed or met (3.5)</i></p> <p><i>The lack of appropriate provision means that the absence levels of pupils with SEND, while similar to national levels, are well above those of other pupils and are not reducing. (3.5)</i></p> <p><i>Many parents report that their children are absent or unofficially excluded from school because their needs are not diagnosed or met (3.5)</i></p> <p><i>Frontline Health professionals are not sufficiently clear about their roles as individuals or as a team in supporting improved outcomes for children and young people. Auditing is partial and limited to Education. This is further evidence that the impact of Health work is not well enough understood or evaluated (3.7)</i></p>	
<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• By April 2018 we will have a thorough and joint understanding of the gaps in services and provision across education, health and care set out in the SEND Sufficiency Plan and plans will be in place to develop the local offer to meet these gaps.</li> </ul>	

- There is a significant increase in family's satisfaction with provision and services for CYP with SEND, both in terms of their ability to have quick access to effective support and provision and the quality of these services. This will be measured by the annual SPCN survey. (October 2018 and 2019)

ACTIONS	Lead	Milestone	Progress made
i) Undertake a data analysis across education, health and care services that provides a detailed forecast of need.	Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience, Head of Corporate Parenting	Education, health and care data sets proposed, agreed and signed off by all partners (by July 2017)	
		Communication to all services and providers of our intention to collate education, health and care data for the purpose of ensuring adequate services and provision for CYP with SEND will be completed (by July. 2017)	
		Additional resources identified and agreed by education, health and care leaders to support the data collection and analysis process (by July 2017)	
		Key stakeholder working group has been established to develop the signed off recommendations into a proposed SEND Sufficiency Plan that will include other strategies such as the Children In Care Sufficiency Strategy for children with complex needs and learning disabilities. (by Sept. 2017)	
		The identification of gaps in services and provision through the analysis of the data that includes SPCN survey results will be completed (by Oct. 2017)	
		A set of co-produced recommendations that have been based on the outcome of the data analysis will be presented to SEND Programme Board, the CCG and Directorate Management Team for sign off (by Jan. 2018)	
		SEND dashboard developed with senior leaders across organisations and agreed by education, health and care to provide a basis for ongoing	

		shared intelligence that will inform future planning of services and provision (by June 2018)	
ii) Develop the SEND Sufficiency Plan (a plan that ensures we have enough adequate provision and services to meet the need of CYP with SEND for the future).	Head of Service Development SEN/AP, I,E and W Suffolk CCG Assistant Director Redesign, Head of Corporate Parenting	SEND Sufficiency work streams established with co-accountable leads in each work stream from education, health and care authority and an SPCN critical friend (by Jan. 2018) The financial modelling for education, health and care to deliver on the SEND Sufficiency Plan has been completed (by March 2018) An action plan that has specific, measurable, achievable, relevant and time bound targets (SMART) has been produced for each SEND Sufficiency work stream (by March 2018) Works stream action plans have been approved by SEND Programme Board and other key governance bodies (by April 2018) SEND Sufficiency Plan for Suffolk has been published with agreed delivery dates (by April 2018).	
iii) Implement the SEND Sufficiency Plan	Head of Service Development SEN/AP, I,E and W Suffolk CCG Assistant Director Redesign, Head of Corporate Parenting	Commissioning strategies have been agreed and where required by the relevant work stream and procurement team to procure new services/provision (by May 2018) Regular review and monitoring arrangements established by the work stream chair to ensure Sufficiency Plan delivery is on track (by May 2019) SEND Programme Board receive a report on the progress of the SEND Sufficiency Plan as per the reporting schedule (from May 2019 onwards)	
iv) Review impact of SEND Sufficiency Plan on families and children and young people with SEND and update plan to take account of changing need.	Head of Service Development SEN/AP, I,E and W Suffolk CCG	Establish an annual evaluation of impact and review of SEND Sufficiency Plan through the comparison of data post implementation to the baseline dataset used to inform the initial planning by July 2019 and each year thereafter. This will include survey feedback from SPCN.	

	Assistant Director Redesign, Head of Corporate Parenting	SEND Sufficiency Plan amended/updated as necessary to take account of interim evaluation (by Sept. 2019)	
v) Develop service pathways for key aspects of the SEND offer to support the delivery of the SEND Sufficiency Plan.	Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience	<p>Education, health and social care senior leaders have agreed to the principle of alignment of their services as detailed in the SEND Code of Practice. For example, the co-location/alignment of front line services such as the County Inclusion Support Team, Early Help and Primary Mental Health Workers (by July 2017).</p> <p>Existing pathways in each service have been aligned to ensure cross-agency working where it is appropriate and beneficial to children, young people and their families such as the Common Assessment Framework (CAF) (by Dec. 2017)</p> <p>Consultation will be completed with wider stakeholder groups on the integration of the existing and proposed pathways to provide a comprehensive and joined up SEND local offer that will support the SEND Sufficiency Plan (by Apr. 2018)</p>	
vi) Co-locate services wherever possible to create a holistic and comprehensive early identification and intervention process within the universal offer.	Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience, Head of Corporate Parenting	<p>Education, health and care to scope out possible co-location of frontline teams (by June 2017)</p> <p>Workshop/summit organised with service leaders, families and key influencers to further develop ideas re co-location and co-produce the timescales for co-location (by Sept 2017)</p> <p>A 'shared' competencies framework (where practitioners from all front-line services are trained to provide an initial level of additional support regardless of their specialism) is proposed and developed by key stakeholders including education, health and care that will</p>	

		<p>help to deliver an early assessment in support of the universal offer. (by Dec. 2017)</p> <p>The 'shared' competencies framework has been agreed by education, health and care and implemented across all service front line teams (by June 2018)</p>	
vii) Review referral pathways to local specialist education provision.	<p>Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience, Head of Corporate Parenting</p>	<p>Current pathways to local specialist provision have been reviewed in line with the new integrated approach to working through the co-production working group (by Oct 2017)</p> <p>Clear joint agency criteria/thresholds have been identified for access to different levels of local specialist provision so admission arrangements are transparent to all stakeholders particularly families (by Dec. 2017)</p> <p>Local specialist provision has clear transition criteria so that where children and young people have achieved the outcomes identified on their admission they have a supported transition back into either a universal/mainstream service or another more appropriate provision (by Apr. 2018)</p>	
viii) Change admission arrangements for local special schools to clearly establish the role of commissioner and provider.	<p>Head of Service Development SEN/AP</p>	<p>A new service level agreement implemented with maintained special schools or a contract in the case of an academy that clearly sets out the role of commissioner and provider in terms of admissions (by July 2018)</p>	

<b>Priority 3: Developing Services and Provision</b>			
<b>Objective: (b). Introduce a new system of education funding for SEND provision in Suffolk that is transparent and consistent.</b>			<b>Objective Lead:</b> SEND Programme Manager
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>The pathway of provision from ages 0-25 is not secure. Young adults and their parents and carers expressed the view that adult social care is not proactive in supporting their needs. Health professionals noted gaps in support services in the transition to adulthood phase, including in mental health services and in the provision of appropriate resources. (2.8)</i></p> <p><i>Strategic planning has been weak because, at every level, intended outcomes for children and young people are not clear. Structures for accountability and governance are weak across the partnership. Reviews of the impact of reforms on outcomes for children and young people undertaken to date have been too superficial. There is no shared understanding of the expectations of services or individuals. (3.1)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By September 2020 new funding and commissioning arrangements for high needs learners will be in place ensuring that local providers are equitably funded</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Building on the existing system and using best practice from other areas, implement a banded funding model which applies to all Suffolk SEND learners 0-25 irrespective of the type of education establishment (FE college, early years, mainstream and special schools etc.)	SEND Programme Manager, School Funding Policy Manager	High needs working group involving providers established and terms of reference agreed to guide the development of new banding system (by April 2017)	High Needs Working Group in place to support the development of this work with agreed terms of reference – April 2017.
		Descriptors for universal bandings agreed (by Jun 17)	
		Process for aligning current EHCP/HTN/specialist provision pupils agreed (by Oct. 2017)	
		First draft of model attaching funding to descriptors shared with key partners for review (by Nov, 2017)	
		Funding formula and policy for 2019/20 published for consultation (by Dec. 2017)	
		Mirror allocations for new funding model published alongside allocations for Education providers (by Feb.-Apr. 2018)	
		Consultation events held with all stakeholders (by Mar 2018)	



		Transitional protections formula agreed (by Apr. 2018)	
		Final funding policy published (by May/June 2018)	
ii) Align the process for allocating additional funding for SEND pupils with the Education, Health and Care referral and assessment process for EHCPs and early intervention	SEND Programme Manager	Process map developed (by June 2017)	
		Guidance to schools drafted and published (by July 2017)	
		Single, education, health and social care assessment, resource allocation, and admissions panel process in place (by Sept. 2017)	
		Panel process adopted and integrated into area assessment centres (by Apr. 2018)	
iii) Use effective attendance monitoring processes to support effective contract management for all specialist placements.	SEND Programme Manager	Welfare call informs on attendance at independent specialist providers (by May 2017)	Welfare Call operational from w/c 08 May
		Process in place to allow contract management to work with placement panel process in a timely way to ensure cost savings (by Dec. 2017)	
		Contracts to providers revised to allow for clawback of payments if non-attendance (see milestone 1 above) (by Dec. 2017)	
		Regional agreement and sharing of placement costs at independent specialist providers (by June 2018)	

### Suffolk SEND Strategy Action Plan – Priority 3

<p><b>Objective: (c). Develop the training and support for education, health and care providers to become more skilled in supporting children and young people with SEND and their families.</b></p>		<p><b>Objective Lead:</b> Head of Service Development SEN/AP; Head of Clinical Quality and Patient Experience; Head of Corporate Parenting</p>	
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>Leaders do not appropriately monitor how well schools and colleges assess and meet the needs both of pupils who have an EHC plan and of pupils identified as SEND support. Although there are some positive examples of school improvement services identifying and following up instances where provision is identified as weak, Education, Health and Cares to check on provision are insufficiently well developed to improve outcomes for pupils and their families. (2.5)</i></p> <p><i>The role and contribution of CAMHS to wider partnership working are very limited. Opportunities are missed for the early identification of risk to prevent a mental Health crisis, school absence or placement breakdown.(2.10)</i></p> <p><i>Frontline health professionals are not sufficiently clear about their roles as individuals or as a team in supporting improved outcomes for children and young people. Auditing is partial and limited to education. This is further evidence that the impact of Health work is not well enough understood or evaluated (3.7)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>All staff will receive appropriate training so that children and young people with SEND will receive the right support at the earliest opportunity. There will be a reduction in referrals for more specialist intervention. January 2019</li> </ul>			
ACTIONS	Lead	Milestone	Progress made
<p>i) Develop the training and support for education, health and care providers.</p>	<p>Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience, Head of Corporate Parenting</p>	<p>Potential for County Inclusion Support Service working with the Primary Mental Health team to develop a set of ‘shared’ competencies has been explored, and approach agreed so there is a level of skill and expertise established across the teams that can be delivered by any worker who is working directly with the child and their family (by Oct. 2017)</p>	
		<p>Potential explored to extend approach to Early Help Teams based in localities to receive this training to expand the ‘shared’ competency framework (by Dec. 2017)</p>	

		Health community hubs in Great Yarmouth and Waveney aligned with social care in the north of Suffolk (by Dec 2017)	
		Training programme on SEND has been developed by East and West Suffolk CCG and agreed by the board and all providers to implement this within their organisation and reported on SEND dashboard (by Sept. 2017)	
		Extended offer from Special Schools in place to support schools who are working with CYP who have learning difficulties (by Apr. 2018)	
		Further training needs for education staff have been identified through the assessment centre/programme for individual children and young people and plan to address agreed (by July 2018)	
		Primary Mental Health Service have further developed their offer of training to schools on mental health first aid (by Apr. 2018)	
ii) Increase skillset for staff who deliver the universal offer.	Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience Head of Corporate Parenting	Universal offer to be clearly defined and agreed by education, health and care stakeholders (by Dec. 2017)	
		Education outreach services to research and deliver nationally recognised intervention and assessment programmes such as THRIVE (an approach that helps us understand the needs of children being signalled by their behaviour and gives them strategies to help them re-engage) (by Apr. 2018)	
		The training offer of the Positive Behaviour work that has been delivered in special schools has been increased (by Apr. 2018)	
		All front line workers, including health staff, are trained in the Signs of Safety approach to equip them with further skills in working with families (by Apr. 2018)	

		<p>3-year education, health and care SEND training plan developed based on Council for Disabled Children training suite for SEND including and incorporating current CCG Gt Yarmouth and Waveney training programme for SEND including:</p> <ul style="list-style-type: none"> <li>• SEND law</li> <li>• EHCP Outcomes</li> <li>• How to write advice for EHCP for health social care and education professionals.</li> </ul> <p>First cohort will be trained (by Apr. 2018)</p>	
<p>iii) Ensure health professionals are aware of their roles and responsibilities in improving outcomes for children with SEND through the EHC process</p>	<p>Head of Clinical Quality and Patient Experience</p>	<p>Develop online SEND resources for multi-agency staff and link to the local offer and SEND Button on My SCC portal (by June 2018)</p>	
		<p>A training plan has been developed for health professionals that addresses joint assessment and health and care planning in EHCPs (by Dec 2017)</p>	
		<p>Agree on SEND training compliance self-audit for providers and reporting into CCGs (by May 2018)</p>	
		<p>Agree on establishing SEND Executive leads and SEND champions within all relevant health providers (by June 2018)</p>	
		<p>Agree on review of Child Health Information service responsibilities to include upload of final EHC onto child or young person's electronic health information records to enable appropriate information sharing within health (by Sept. 2018)</p>	

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<p><b>Objective: (d). Introduce a transparent way to assure the quality and inclusiveness of SEND services provided, measure children and young peoples’ progress towards achieving their person-centred outcomes and challenge practice which does not reach expected standards.</b></p>	<p><b>Objective Lead:</b> Head of Service Development SEN/AP; Head of Clinical Quality and Patient Experience; Head of Corporate Parenting</p>		
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>There is no strong evidence that the 2014 reforms have led to improvement in the academic outcomes achieved by pupils with SEND. Overall, at each key stage other than in the early years, pupils do not attain as well as similarly identified pupils nationally (3.3)</i></p> <p><i>Leaders do not appropriately monitor how well schools and colleges assess and meet the needs both of pupils who have an EHC plan and of pupils identified as SEND support. Although there are some positive examples of school improvement services identifying and following up instances where provision is identified as weak, Education, Health and Cares to check on provision are insufficiently well developed to improve outcomes for pupils and their families (2.5)</i></p> <p><i>Frontline Health professionals are not sufficiently clear about their roles as individuals or as a team in supporting improved outcomes for children and young people. Auditing is partial and limited to Education. This is further evidence that the impact of Health work is not well enough understood or evaluated (3.7)</i></p> <p><i>The lack of joint working to monitor, quality assure and maximise the efficiency of the work undertaken to improve outcomes for children in a diverse range of settings and circumstances. (SoA)</i></p> <p><i>The lack of local understanding and the poor quality of the local offer, including access to CAMHS support across the area, which leads to the high levels of parental complaint and anxiety. (SoA)</i></p> <p><i>In the Great Yarmouth and Waveney clinical commissioning group, there are additional complexities because services are commissioned on a joint area basis with Norfolk. Key performance information that would enable benchmarking at locality level and provide assurance of equitable delivery of health services across the Suffolk local area is not available. This means that the outcomes achieved for individuals and their families cannot be meaningfully measured.</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• The education, health and care quality assurance processes will demonstrate high quality provision and services as evidence through reduction in complaints and appeals. April 2019.</li> <li>• Practice in schools will become more inclusive as appropriate challenge to poor practice, is delivered by the County Inclusion Support Service. This will be evidenced by a reduction in fixed term and permanent exclusions for children and young people with SEND. April 2018.</li> </ul>			
<p><b>ACTIONS</b></p>	<p><b>Lead</b></p>	<p><b>Milestone</b></p>	<p><b>Progress made</b></p>

i) Introduce a transparent way to assure the quality and inclusiveness of providers and their SEND services provided in education, health and social care	Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience, Head of Corporate Parenting & SPCN Chairs	A quality assurance process for providers has been co-produced that includes robust contract monitoring arrangements and cross service Key Performance and Quality Indicators for aligned reporting (by Oct. 2017)	
		The new process will further shape the Education, Health and Care Quality Assurance Board Model and ensure the introduction of joint organisation visits to providers (by Oct 2017)	
		An SPCN survey in place that measures families satisfaction with services and provision (by Oct. 2017)	
ii) Measure children and young peoples' progress towards achieving their person centred outcomes.	Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience, Head of SEN	Monitor progress of individual children and young people with clear guidance on escalation when their person-centred outcomes have not been met (by Dec. 2017)	
		An education, health and care dashboard for measuring shared outcomes for the cohort of children and young people with EHCP has been developed. This will be based on the Joint SCC/CiC dashboard (by Apr. 2018)	
iii) Challenge education practice which does not reach expected standards in supporting young people with SEND and their expected outcomes.	Head of Service Development SEN/AP	The role of the County Inclusion Support Service enhanced to create the capacity to challenge schools where they are not providing the right support to enable the child or young person to access the curriculum (by July 2017)	
		System in place to challenge independent education providers where practice is not enabling pupils to reach expected standards through the quality assurance process lead by Provision Development Officers and local school leaders (by Dec. 2017)	
		Where quality and standards have not been reached a system in in place to challenge the health providers through existing monthly contract meetings (by Apr. 2018)	

		Challenge quality and standards by the implementation of more rigorous monthly contract meetings with independent education providers and private providers (by July 2018)	
iv) Establish a robust quality assurance system for EHC Plan development	Head of SEN	Set up an education, health and care quality board for the quality assurance of information and advice received during an EHC needs assessment. (June 2017)	
		Research undertaken to consider other local authority models to inform the design of the quality assurance education, health and care plans (by July 2017)	
		Draft and consult with stakeholders (which will include parents) on a local proposal that will be implemented to ensure the quality of advice (by July 2017)	
		Monthly checks on feedback on Survey Monkey from parents who access the link at the end of the EHC plan process in place. This feedback will inform practice and a termly report will be presented to the SEND Programme Board from July 2017.	
v) To improve the quality of EHCP by ensuring practitioners advice is accurately translated so outcomes can be clearly measured.	Head of SEN	The EHC plan template has been reviewed for compliance and develop a quality assurance document/checklist based on the DfE guidance to specify what should be expected in each plan (by June 2017)	
		Half termly sampling of case holders EHCPs for advice and outcome quality in place (by July 2017)	
		Participate in regional moderation of EHCP at least on a termly basis (by Dec. 2017)	
vi) To challenge schools where the key stage attainment data for children and young people with SEND is below expected.	Assistant Director Education and Learning	Standards & Excellence team to identify schools where the progress of children and young people with SEND is below the expected benchmark (by May 2017)	

		School to School partnership and CISS to work with these schools on whole school training to ensure their staff are equipped with the skills necessary to support pupils with SEND so they make expected progress (from Sept. 2017)	
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### Suffolk SEND Strategy Action Plan – Priority 3

<p><b>Objective: (e). Undertake a commissioning review across education, health and care of ASD services and support, and work in co-production to develop and establish a local pathway involving these services.</b></p>		<p><b>Objective Lead:</b> Head of Service Development SEN/AP; Head of Clinical Quality and Patient Experience; Head of Corporate Parenting</p>	
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>Referrals made to the child development centres are too often returned for additional information. This results in delays in assessment and diagnosis for children and their families. There is a backlog of referrals for autism spectrum disorder diagnosis and clinical psychology intervention. This places children, young people and their families at risk of reaching crisis point. (1.4)</i></p> <p><i>The pathway of provision from ages 0 to 25 is not secure. Young adults and their parents and Carers expressed the view that adult social Care is not proactive in supporting their needs. Health professionals noted gaps in support services in the transition to adulthood phase, including in mental Health services and in the provision of appropriate resources. (2.8)</i></p> <p><i>The role and contribution of CAMHS to wider partnership working are very limited. Opportunities are missed for the early identification of risk to prevent a mental Health crisis, school absence or placement breakdown. Parents do not know which agency or professional is responsible for addressing the needs of school-aged children who are presenting with a combination of developmental delay and emotional, mental Health and behavioural needs. The local area has acknowledged the insufficiency of provision for children and young people with autism spectrum disorder and mental Health needs. Early plans are in place to start to address this. (2.10)</i></p> <p><i>Provision of support for children and young people with mental Health difficulties out of hours is not well enough coordinated to prevent the need for admission to paediatric wards. In Great Yarmouth and Waveney, the recent development of follow-up visits to wards on weekend mornings is helping to reduce the need for young people to remain on the ward over the weekend if they are safe to be discharged. (2.11)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By October 2018 there is a clear pathway for ASD spectrum which means all children and young people on the ASD spectrum receive the appropriate early support they need, measured by SPCN survey.</li> </ul>			
ACTIONS	Lead	Milestone	Progress made
i) Map current provision for individuals with Autistic Spectrum Disorders (ASD)	Head of Service Development SEN/AP, Head of Clinical Quality and	Education, health and care (SCC) contribution to ASD (including sensory support) mapped against statutory SEND Code of Practice. Any gaps and resource implications to be defined, prioritised and agreed between partners (by Sept. 2017)	

	Patient Experience, Head of Corporate Parenting		
ii) Establish the pathways for ASD.	Head of Service Development SEN/AP, Head of Clinical Quality and Patient Experience, Head of Corporate Parenting	ASD pathway co-produced with families for education, health and care (by Dec 2017)	
		Offer developed based on the needs analysis in the sufficiency plan. The plan will also include how we address the specific issue identified by inspectors regarding the insufficiency of provision for children and young people with ASD and mental health needs. (by Mar. 2018)	
iii) Reduce delays for ASD diagnosis and clinical psychology intervention with SCH and NSFT.	Head of Clinical Quality and Patient Experience	Develop a recovery plan to clear back log for referrals for an ASD diagnosis through contractual route (by Aug. 2017)	
		Review referral processes for assessment and diagnosis for ASD in co-production with parents and carers, commissioners and providers (by Dec. 2017)	
		Arrangements are in place to monitor waiting times for access to ASD Diagnostic services at monthly contract monitoring meetings (by Dec. 2017)	
		Monitor service user satisfaction feedback at monthly contract monitoring meetings and take action (by Apr. 2018)	
iv) Ensure children and young people and their families receive post diagnostic support.	Head of Service	Develop a post diagnostic support model between health, education and social care following scoping outlined above (by Sept. 2017)	

	Development SEN/AP, Head of Clinical Quality and Patient Experience	County Inclusion Support Service to be expanded to extend support to CYP and schools to enable those pupils with a diagnosis to succeed and thrive in mainstream school (from July 2017)	
v) Develop a follow on programme to the Early Bird scheme that supports families as children with autism reach adolescence.	Head of Service Development SEN/AP	Identify a co-production group via SPCN autism survey to work on developing an Early Bird follow on programme (by Aug. 2017)	
		Scope existing materials/programmes that could be utilised to support this need (by Aug. 2017)	
		Outline programme for autism and adolescence co-produced (by Oct. 2017)	
		Pilot cohort programme completed, with follow up evaluation and refinement (by Feb. 2018)	
		Future arrangements for commissioning the agreed autism and adolescence support programme implemented (by Apr. 2018)	

### Suffolk SEND Strategy Action Plan – Priority 3

<b>Objective: (f). Undertake a commissioning review of SaLT and occupational therapy provision across education, health and care involving these services to improve access to appropriate high quality services.</b>			<b>Objective Lead:</b> I,E and W Suffolk CCG Assistant Director Redesign; CYP Assistant Director Commissioning
<b>Related Ofsted/CQC Judgements:</b> <i>The pathway of provision from ages 0 to 25 is not secure. Young adults and their parents and Carers expressed the view that adult social Care is not proactive in supporting their needs. Health professionals noted gaps in support services in the transition to adulthood phase, including in mental Health services and in the provision of appropriate resources. (2.8)</i>  <i>The capacity of speech and language therapists, CAMHS and occupational therapists in Waveney to provide longer-term direct work is insufficient. Action has been taken to provide targeted time-limited speech and language and occupational therapy input in East and West Suffolk. However, significant concerns remain about the sustainability of these arrangements. They are too variable and provision for some children is being purchased by schools or by the families themselves. This means they are not well enough supported and poses significant challenges in relation to governance, risk management, quality assurance and accountabilities (2.13)</i>			
<b>Outcomes:</b> <ul style="list-style-type: none"> <li>By October 2018 Children and young people receive timely SaLT and OT measured by contract data and feedback from children, young people and their families through the SPCN Survey.</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Conduct a short term review of OT offer in Great Yarmouth and Waveney to identify good practice and explore potential to extend this across Suffolk.	CYP Assistant Director Commissioning, I,E and W Suffolk CCG Assistant Director Redesign	Review undertaken and best practice implementation plan put in place (by Sept. 2017)	
ii) Undertake a commissioning review of Speech, Language, and Communication Needs.	CYP Assistant Director Commissioning,	Review summative progress with current redesign work for health led SALT contract and agree next steps with all stakeholders to reduce waiting times (by June 2017)	

		I,E and W Suffolk CCG Assistant Director Redesign; IE and WS CCG Chief Nursing Officer	Undertake system wide SALT needs analysis, service map and service gaps and stakeholder feedback (by Dec. 2017)	
			Agree a plan for the further development of SALT services as part of the SEND Sufficiency Plan (by April 2018)	
iii)	To undertake a commissioning review of OT therapy services. In response to SEND sufficiency plan	CYP Assistant Director Commissioning, I,E and W Suffolk CCG Assistant Director Redesign	Decision taken regarding scope and plan for review of OT services (by June 2018)	
			OT commissioning review completed (by Dec 2018)	

<b>Objective: (g). Undertake a commissioning review of emotional well-being and mental health services to improve access to good quality, early help.</b>	<b>Objective Lead:</b> I,E and W Suffolk CCG Assistant Director Redesign; Head of Service Development SEN/AP; Head of Corporate Parenting
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**Related Ofsted/CQC Judgements:**  
*The role and contribution of CAMHS to wider partnership working are very limited. Opportunities are missed for the early identification of risk to prevent a mental health crisis, school absence or placement breakdown.*

*Parents do not know which agency or professional is responsible for addressing the needs of school-aged children who are presenting with a combination of developmental delay and emotional, mental health and behavioural needs.*

*The local area has acknowledged the insufficiency of provision for children and young people with autism spectrum disorder and mental health needs. Early plans are in place to start to address this.*

*The pathway of provision from ages 0 to 25 is not secure. Young adults and their parents and Carers expressed the view that adult social Care is not proactive in supporting their needs. Health professionals noted gaps in support services in the transition to adulthood phase, including in mental Health services and in the provision of appropriate resources. (2.8)*

*The capacity of speech and language therapists, CAMHS and occupational therapists in Waveney to provide longer-term direct work is insufficient. Action has been taken to provide targeted time-limited speech and language and occupational therapy input in East and West Suffolk. However, significant concerns remain about the sustainability of these arrangements. They are too variable and provision for some children is being purchased by schools or by the families themselves. This means they are not well enough supported and poses significant challenges in relation to governance, risk management, quality assurance and accountabilities (2.13)*

**Outcomes:**

- Children and young people with SEND presenting with emotional wellbeing, behavioural or mental health problems will receive timely support and interventions from the most appropriate service, including specialist mental health services when clinically assessed as necessary. This will be measured by the referrals, feedback and outcomes data from the HUB. (by July. 2018)

ACTIONS	Lead	Milestone	Progress made
i) Ensure children and young people with SEND are offered early identification and support for their emotional, mental health and behavioural needs from all appropriate services.	I,E and W Suffolk CCG Assistant Director Redesign,	ADHD 0 - 18 years pathway to be commissioned county wide merging the East and West previous arrangements. (by Sept. 2017)	
	CYP Assistant Director	Agree and implement the multi-agency well-being hub for mental health, behaviour and conduct disorder.	

	Commissioning, Head of Service Development SEN/AP, Head of Corporate Parenting	Phase 1 will cover (mental health) NSFT 0-25 year referrals and SCC (behaviour and conduct disorder) Early Help offer (by Nov. 2017)	
		Further phase to be scoped by partners. (by Mar. 2018)	
		Remodel the 0-25 CAMHS service in East and West Suffolk to ensure equity of service across the whole county and specifically address the issues raised in the inspection regarding transition to adulthood. (by Mar.2018)	
		Training and development resources provided to support children's emotional health and wellbeing including 'Mental Health First Aid' training and 'Suffolk Needs Met'. (March 2018)	
		Training to continue to be rolled out supporting education, health and care professionals and accessible to parents and carers who support young people and raising awareness of emotional health and well-being. (by March 2018)	
		A behaviour pathway will be co-produced with all partners (By May 2018)	
		Eating Disorders: New community based Eating Disorder service commissioned from NSFT (July 2016).	
ii) Ensure that children and young people with mental health difficulties receive support out of hours.	I,E and W Suffolk CCG Assistant Director Redesign, CYP Assistant Director Commissioning,	CONNECT service for Children in Care. New service specification agreed and implemented providing additional capacity to particularly focus on supporting carers to avoid placement breakdown. (by Aug. 2017)	
		Providing an evaluation of the projects which support early intervention, prevention and crisis and recovery. Clarifying those which supported children and young people with mental health difficulties out of hours. (by Sept. 2017)	

	Head of Service Development SEN/AP	A crisis work stream has been established and a draft proposal is in development to pilot 'out of hours' service. (by Sept 2017)	
		Building on and, taking into account, feedback on the existing service offer to develop a Parent/Carer and Professional Portal to be in place. (by Nov. 2017)	



## Suffolk SEND Strategy Action Plan

### Priority 4 Transitions / Moving into Adulthood

#### Priority Leads:

Judith Mobbs, Assistant Director Inclusion and Skills

Janet Cooper-Medrano, Head of Services Disabled Children and Young People

Barbara McLean, Chief Nursing Officer, I&ES CCG / WS CCG

**SPCN critical friend:** Anne Humphrys, Chair SPCN

#### We will achieve the changes needed by delivering the action plans set out below which cover the following objectives:

**Objective: a.** Introduce person centred planning as the primary approach to planning transitions, initially from age 13, for young people with SEND, to encompass employment, health and wellbeing, independent living, and community inclusion.

**Objective: b.** Empower children, young people, and their families to make informed decisions about preparing for adulthood through providing good quality information and support to access it.

**Objective: c.** Develop the role of the Suffolk Young Persons' Network to become an active partner in the development of SEND services.

**Objective: d.** Develop a local learning offer for 16-25 year olds with a focus on quality, breadth, and progression.

**Objective: e.** Strengthen the opportunities for young people with SEND to prepare for and move into work.

**Objective: f.** Develop integrated health and social care services for 18-25 year olds to empower young people with SEND to understand and manage their health and care needs.

## Suffolk SEND Strategy Action Plan – Priority 4

<b>Priority: 4. Transitions/Moving into Adulthood</b>			
<b>Objective: (a). Introduce person centred planning as the primary approach to planning transitions, initially from age 13, for young people with SEND, to encompass employment, health and wellbeing, independent living, and community inclusion.</b>			<b>Objective Lead:</b> Practice Transformation Lead, Moving into Adulthood
<p><b>Related Ofsted/CQC Judgements:</b></p> <p><i>When children and young people move between providers, identification of needs does not happen soon enough prior to transition. In particular, this is the case for the Year 11 transition to college. Schools and settings do not routinely have the opportunity to plan proactively together. This means that new providers cannot strategically respond to children’s and young people’s needs with an appropriate curriculum or provision. (1.5)</i></p> <p><i>The pathway of provision from ages 0 to 25 is not secure. Young adults and their parents and carers expressed the view that adult social care is not proactive in supporting their needs. (2.8)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By April 2020 all young people with SEND aged 13 years and above will have their person centred transition plan that gives them choice and control and be ready for the future. The plan will be reviewed annually and set out clear steps to enable them to make progress towards their long term goals. (Measured by transition plan data on plans created and outcome tracking).</li> <li>By April 2018 all children with an EHCP will have their plan shared with their future education provider as soon as a transition has been agreed to enable proactive planning. (Measured by proportion of children making a transition whose plans have been shared at the point when the transition is agreed).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Develop a transition tool to support planning for preparation for adulthood outcomes.	Practice Transformation Lead, Moving into Adulthood	Initial prototype transition planning tool developed, drawing on good practice model from Council for Disabled Children (by May 2017)	
		Consultation regarding initial prototype completed with range of lead professionals (health, social care, pre and post-16 education providers, special needs officers, SPCN, SENDIASS) (by July 2017)	

		<p>Small scale testing of prototype planning tool completed with young people to incorporate their ideas and feedback (by Sept. 2017)</p> <p>Transition planning tool prototype refined in preparation for wider piloting (by Sept. 2017)</p> <p>Processes developed and agreed between all partner organisations to use the tool developed and ensure timely sharing of information regarding transitions (by Sept. 2017)</p>	
ii) Pilot prototype transition planning tool with a large sample of young people and their families and roll out associated workforce development plan	Practice Transformation Lead, Moving into Adulthood	<p>Training in transition planning methodology for a multi-agency group of workers developed and schedule planned for delivery (from July 2017)</p> <p>Training for initial targeted cohort of workers, including SENCOs and Post-16 settings, health, social care, and key workers completed (by Dec. 2017)</p> <p>System for routine quality checking established and reflection on new approach (by Sept. 2017)</p> <p>Pilot model used to support development of a long term transition plan for all Year 11 pupils with EHCP/Statements (17/18 academic year cohort) as part of their annual review (by July 2018)</p> <p>Pilot model used to support development of a long term transition plan for all Year 13 pupils with EHCP/Statements (17/18 academic year cohort) as part of their annual review (by July 2018)</p> <p>Evaluate learning from pilots and refine model in collaboration with key stakeholders (by Aug. 2018)</p> <p>Training programme planned and implemented to support wider group of workers involved in using transition planning tool (by Sept. 2018)</p>	

iii) Introduce the finalised transition planning tool for all children aged 13 years and over with EHCPs and where appropriate for those with SEND who do not require an EHCP.	Practice Transformation Lead, Moving into Adulthood	Transition planning tool used routinely as part of annual review process for all children aged 13 plus (Year 9) with an EHCP (by July 2019)	
		Transition tool incorporated into the SEND assessment centre model for all children attending aged 13 years and over (by Sept. 2018)	
		Wider use of the tool promoted for all children with SEND through the local offer (by Sept. 2018)	
		Review of impact of new transitions planning approach undertaken, informed by views of young people, parents, and workers and the QA process (by Dec. 2019)	
		Plan agreed to embed the transition planning approach as part of routine practice (by Dec. 2019)	
iv) Strengthen arrangements for proactive planning between education settings at points of transition.	Standards and Excellence Officer (SEND)	Guidance developed to promote proactive planning for transitions for children and young people with SEND by all education providers (by July 2017)	
		Procedures established to ensure EHCPs are shared with a new education setting as soon as they are identified as the next planned provider for a child or young person (by July 2017)	
		Protocols for supported transition in place and supported by effective monitoring and reporting into Standards and Excellence (By Apr 2018)	

## Suffolk SEND Strategy Action Plan – Priority 4

<b>Priority: 4. Transitions/Moving into Adulthood</b>			
<b>Objective: (b). Empower Children, young people, and their families to make informed decisions about preparing for adulthood through providing good quality information and support to access it.</b>		<b>Objective Lead:</b> Practice Transformation Lead, Moving into Adulthoodr (Practice Transformation Lead, Moving into Adulthood)	
<p><b>Related Ofsted / CQC Judgements:</b></p> <p><i>An overwhelming number of parents report that they have to seek advice from too many different places when they need information and support for their children (2.4)</i></p> <p><i>The quality of information about the local offer and the significant difficulties experienced by parents in accessing the information and support they need (MF)</i></p> <p><i>The lack of local understanding of the support available and the poor quality of the local offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety (SoA)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By July 2018 young people and their families have ready access to the information they need and an effective support network to make informed decisions making choices and taking control about planning for their futures. (Measured by Young Persons’ Network and SPCN survey responses).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Develop a programme of training and support for families to help them enable their young people with SEND to make a successful transition to adulthood.	Practice Transformation Lead, Moving into Adulthood	Research completed into programmes available nationally to support families with transition to adulthood for young people with SEND (by May 2017)	
		Learning package to support families in enabling transitions to adulthood co-produced (by Sept. 2017)	
		Pilot programme commissioned to support families of those pupils in the pilot group in objective (a) ii) above (by Dec. 2017)	
		Model evaluated and refined for family transitions programme (by June 2018)	
		Rollout of family transitions approach (by Sept. 2018)	

<p>ii) Annual health checks for and young people with a learning disability 14 -25 years will be offered.</p>	<p>DCO I,E and WS CCG, DCO GY&amp;W CCG</p>	<p>Campaign to raise awareness of the opportunity to register for annual health checks commenced (by Sept. 2017)</p> <p>All children and young people with learning disabilities age 14 years and over known to GPs included on the GPs Quality and Outcomes Framework (QOF) Register and offered an annual health check (by Dec. 2017)</p> <p>Process agreed between health and Local Authority to identify children and young people with learning disabilities age 14 years and over as part of single view of the child and share this information with GPs to enable health checks to be offered (by Dec. 2019)</p>	
<p>iii) Ensure all young people with SEND and their families have access to high quality careers information, advice and guidance to inform their future planning for adulthood.</p>	<p>Careers and IAG Project Lead</p>	<p>Participation reviews refreshed for 2017/2018 to focus on outcomes for SEND students in mainstream schools (from Sept. 2017 onwards)</p> <p>Evaluation completed of the impact of the new “All Together” guidance services in specialist settings in Suffolk and action plans developed to further enhance IAG in these providers (by Dec. 2018)</p> <p>Quality assurance programme for independently commissioned specialist providers extended to include a review of Careers IAG (by Dec. 2017)</p> <p>Careers IAG information included in the Local Offer website to support families and provide links to other useful sites (by Dec. 2017)</p> <p>An Enterprise Adviser recruited and active in all specialist SEND providers in Suffolk (by Dec. 2017)</p>	

## Suffolk SEND Strategy Action Plan – Priority 4

<b>Priority: 4. Transitions/Moving into Adulthood</b>			
<b>Objective: (c). Develop the role of the Suffolk Young Persons’ Network to become an active partner in the development of SEND services.</b>		<b>Objective Lead:</b> Practice Transformation Lead, Moving into Adulthood (Practice Transformation Lead, Moving into Adulthood)	
<b>Related Ofsted / CQC Judgements:</b>			
<i>No specific judgements</i>			
<b>Outcomes:</b>			
<ul style="list-style-type: none"> <li>By April 2018 young people will have greater choice and control over things that are important to them and the ability to shape activities to meet their needs and interests through the establishment of the Suffolk Young Persons’ Network as an active partner in the development of SEND services (measured by network’s activity and Suffolk Young Persons’ Network survey).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Support young people to design a Suffolk Young Persons’ Network (SYPN) for SEND under umbrella of the Suffolk Assembly of Youth.	Practice Transformation Lead, Moving into Adulthood	Good practice researched and used to inform initial planning for a SYPN (by June 2017)	
		Three SYPN planning workshops held with young people across Suffolk (by June 2017)	
		Guidelines drawn up for the network operation (by May 2017)	
		Arrangements for the network agreed by the young people involved (by Sept. 2017)	
ii) Establish the Suffolk Young Persons’ Network ensuring wide coverage of different young peoples’ voices.	Practice Transformation Lead, Moving into Adulthood	Communication to practitioners regarding the network and its role completed (by July 2017)	
		Co-produced programme of activity for the initial work of the SYPN within the SEND and LD strategies developed and agreed (by Aug. 2017)	
		Youth ambassadors identified and trained to lead on aspects of the network (by Dec. 2017)	
		Working arrangements and impact of SYPN reviewed and evaluated (by May. 2018)	
		Changes agreed and plan in place to implement informed by evaluation (by Jan. 2018)	

## Suffolk SEND Strategy Action Plan – Priority 4

<b>Priority: 4. Transitions/Moving into Adulthood</b>			
<b>Objective: (d). Develop a local learning offer for 16-25 year olds with a focus on quality, breadth, and progression.</b>			<b>Objective Lead:</b> Head of Skills
<p><b>Related Ofsted/CQC Judgements:</b>  <i>The poor quality of some post-16 provision and the significant proportion of young people who are not in education, employment or training (MF)</i></p> <p><i>The proportion of young people who are aged 16 to 18, who have SEND and who are not in education, employment or training is almost double that of other pupils in the local area. While this is decreasing because of new initiatives, it is still too high. (3.4)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By 2020 the large majority of young people with SEND will be able to access a full range of learning that helps them prepare for and enter the world of work as part of the local offer; and will be able to access learning opportunities that meet their needs and interests. (Measured by number/proportion of young people with SEND accessing the local learning offer)</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Develop a plan to extend the range of the 16-25 specialist further education local offer and incorporate into the SEND Sufficiency Plan.	SCC Head of Skills	Current 16-25 specialist further education offer across Suffolk mapped (by Dec. 2016)	Mapping completed and shared with Post 16 SEND committee
		Initial Level/Qualification/Pathway Gap analysis completed (by May 2017) identifying immediate need within the current offer	
		Providers invited to respond to this initial level/qualification/pathway gap analysis and present their high level proposals for development to Post 16 SEND Committee (by July 2017)	
		Provision identified in July 2017 for development in place (by Aug. 2018)	
		Post 16 section of Sufficiency Plan developed identifying longer term provision development needs (by Apr. 2018)	
		Providers invited to respond to identified needs by presenting their high level proposals for	



		development of new SEND provision (by July 2018)	
		Development plan agreed for commissioned growth in local post-16 SEND learning offer for period 2018–2020 (from Sept. 2018)	
		Regular review of implementation and impact of development plan scheduled into forward plan for the Post 16 SEND Committee (from Sept. 2017)	
ii) Ensure all post-16 providers have effective transition support planning in place to enable all young people to progress successfully into post 16 learning.	SCC Head of Skills	Model of best practice for transition to post-16 learning is shared with providers (by May 2017)	
		Transition arrangements/programmes shared with the Post 16 SEND Committee by all post-16 providers (by May 2017)	
		Suffolk Post-16 transition arrangements developed by the committee (by June 2017)	
		Transition arrangements for SEND learners published by each provider and on the local offer website (by August 2017)	
		Agreed transition arrangements delivered in academic year 2017-18 and reviewed for effectiveness by the Post-16 SEND Committee (by June 2018)	
iii) Ensure integrated travel training is offered across Suffolk to support more young people to travel independently.	Head of Transport CYP	Travel training commissioning agreed to run until 30/04/2019 (signed by end of May. 2017)	
		Travel training offer to be communicated to all Post 16 providers, parents, and young people (by Aug. 2017)	
		Contract to be reviewed quarterly so that appropriate action can be taken to increase uptake or extend contract to ensure all young people are offered the opportunity of travel training in Suffolk. Feedback and action points to be taken to Post 16 SEND Committee quarterly (from Sept. 2017 onwards)	

		Travel training offer to be maximised and utilised (by Apr. 2019) with a robust evaluation of impact and effectiveness. This evaluation to be used for future commissioning of the service	
iv) Work with our local higher education institutions (HEIs) to develop their bespoke support offer for young people with SEND and publish on the Local Offer website.	SCC Head of Skills	Details of the current bespoke SEND support offer from local higher education providers collected (by July 2017)	
		Higher education representative invited to join the SEND Post-16 Committee (by Aug. 2017)	
		Details of current local offer for bespoke support from HEIs published on Local Offer website (by Sept. 2017)	
		Review of current offer completed (in partnership with parents and young persons' networks and HEIs) to identify opportunities for greater collaboration/ development of current offer (by Oct. 2017)	
		Plan developed and implementation begun for extension of bespoke SEND support in local HEIs (by Dec. 2017)	
v) Develop the Post 16 SEND Operations Group to be a focus for quality assurance and learner outcomes, including oversight of the Local Authority's assurance of all post-16 provision commissioned through the high needs block.	SCC Head of Skills	Quality Assurance policy/protocol developed in collaboration with providers and adopted (by Dec. 2017)	
		Quality assurance processes tested and evaluated (by May 2017)	
		Quality assurance strategy developed (by Sept. 2017) in line with all quality assurance activity for commissioned high needs provision	
		Programme of quality assurance reviews implemented and outcomes reported back to the SEND Post 16 Committee on a rolling basis (from Jan. 2017 onwards)	
		Series of practice network sessions established by the SEND Post 16 Committee (by May 2017)	
		First practice network session delivered (in June 2017)	

		Rolling delivery plan of practice network sessions established (by July 2017) for academic year 2017-18	
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## Suffolk SEND Strategy Action Plan – Priority 4

<b>Priority: 4. Transitions/Moving into Adulthood</b>			
<b>Objective: (e). Strengthen the opportunities for young people with SEND to prepare for and move into work.</b>			<b>Objective Lead:</b> Head of Skills
<p><b>Related Ofsted/CQC Judgements:</b>  <i>The poor quality of some post-16 provision and the significant proportion of young people who are not in education, employment or training (MF)</i></p> <p><i>The proportion of young people who are aged 16 to 18, who have SEND and who are not in education, employment or training is almost double that of other pupils in the local area. While this is decreasing because of new initiatives, it is still too high. (3.4)</i></p>			
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>By 2020 the young people with SEND will be able to access a full range of opportunities that help them prepare for and enter the world of work as part of the local offer. (measured by number/proportion of young people with SEND progressing into work and work related activity; number of supported internships and number of SENDsational employers).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) Increase the number of employers offering work placements or supported internships to young people with SEND through the SENDsational campaign.	SCC CEAG Lead	SENDsational Campaign launched (by Apr. 2017)	SENDsational campaign launched as planned
		50 employers recruited through the campaign who are committed to offering young people with SEND experience of the workplace (by Jan. 2018)	
		SENDsational campaign reviewed and developed for relaunch (by Apr. 2018), using case studies from existing employers and their students	
		Further 50 employers recruited to offer work placements (by Jan. 2019)	
ii) Grow supported internships to provide a route to supported employment for young people with SEND.	Head of Skills	Establish an ongoing programme to promote supported internships as a valuable route to supported employment for young people with SEND (by May 2017)	
		Supported Internships and progression to traineeships an integral part of the Apprenticeships Suffolk Strategy (from Nov 2017)	

		Supported internships offered as a progression route from study programme to employment by all appropriate Education Skills Funding Agency funded providers (by May 2018)	
		Impact of supported internships reviewed to inform further phase of development (by Dec. 2019)	
iii) Establish a single set of pathways to adulthood, used by all organisations to inform the development of their offer and to support planning for adulthood with each young person with SEND.	SCC Head of Skills	Pathways to adulthood co-produced by working with SPCN, health and care representatives to establish clear progression pathways that can be used to identify the intended destinations of young people and planning for their futures (by July 2017)	
		Consultation with wider stakeholders completed (by Sept. 2017)	
		Suffolk Pathways to Adulthood launched and in use (from Nov. 2017)	
		Pathways published on the Local Offer website and awareness campaign for service users and professionals launched (by Nov. 2017)	
		Shared language of pathways is routinely used across service and provider literature and in supporting young people's progression planning (by Dec. 2019) (interim review of progress in Dec. 2018)	
iv) Through working with LD strategy leads, appropriately develop ACS commissioned contracts include 'employment support' for those young adults with SEND for whom secure future employment is an appropriate outcome.	SCC	Specifications for 'Employment Support' jointly developed (by the end of May 2017)	
		New commissioning model (framework) within ACS to be agreed which will define work related activity and employment separately (by July 2018).	
		All adult LLDD customers with a personal budget can buy support to get into, and remain in, paid employment (by May 2018)	

## Suffolk SEND Strategy Action Plan – Priority 4

<b>Priority: 4. Transitions/Moving into Adulthood</b>			
<b>Objective: (f). Develop integrated health and social care services for 18-25 year olds to empower young people with SEND to understand and manage their health and care needs.</b>			<b>Objective Lead:</b> Head of Clinical Quality and Patient Experience
<b>Related Ofsted/CQC Judgements:</b>			
<i>The pathway of provision from ages 0 to 25 is not secure. Young adults and their parents and carers expressed the view that adult social care is not proactive in supporting their needs. Health professionals noted gaps in support services in the transition to adulthood phase, including in mental health services and in the provision of appropriate resources.</i>			
<b>Outcomes:</b>			
<ul style="list-style-type: none"> <li>By April 2019 young adults with SEND will feel fully supported to manage their own health and care needs (measured by the Young Persons' Network survey).</li> </ul>			
<b>ACTIONS</b>	<b>Lead</b>	<b>Milestone</b>	<b>Progress made</b>
i) GP practices to have access to appropriate guidance and templates to support individuals with SEND where appropriate.	Head of Clinical Quality and Patient Experience	Annual health check templates installed on IT systems in all GP practices (by Dec 2017)	
		Annual health check templates for all young people with LD 14 + installed on IT systems in all GP practices (by Dec 2017)	
		SEND Health Guidance from professional bodies uploaded onto all GPs IT systems (by Dec 2017)	
		All Suffolk GPs offered SEND awareness training (by April 2020.)	
ii) Establishment of Primary Care Nurses.	Head of Clinical Quality and Patient Experience	Provider organisation to establish Primary Care Link Nurses to work with individuals with SEND to ensure access to GP when required (by Dec 2017)	
iii) Establish reasonable adjustments within primary care	Head of Clinical Quality and	Arrangements made to ensure that ACE advocacy agency and service users work with Primary Care	

	Patient Experience	to ensure reasonable adjustments to health care services in place (by Apr 2018)	
	Head of Clinical Quality and Patient Experience	ACE advocacy agency and service users work with Primary Care to ensure documentation and guidance provided is in easy read format (by Apr 2018)	
iv) Access to specialist health related information e.g. diabetes.	Head of Clinical Quality and Patient Experience	CCG will ensure that dedicated pages on the CCG web site are available to host information relevant to health care services for both professionals and for public users (by Apr 2018)	
v) To improve access for service users to provider services.	Head of Clinical Quality and Patient Experience	NSFT will continue to develop the Green Light toolkit to ensure services are accessible to those with SEND where appropriate (by Dec 2017)	

# APPENDIX A: SEND PROGRAMME BOARD TERMS OF REFERENCE



Great Yarmouth and Waveney  
Clinical Commissioning Group

HealthEast



Ipswich and East Suffolk  
Clinical Commissioning Group



West Suffolk  
Clinical Commissioning Group

<b>SUBJECT:</b>	SEND Programme Board Terms of Reference
<b>AUTHOR:</b>	Adrian Leach
<b>DATE:</b>	24 <sup>th</sup> March 2017
<b>PURPOSE:</b>	For Ratification

## **MEMBERSHIP**

Allan Cadzow (Chair)	Service Director for CYPS
Adrian Leach	Programme Manager
Anne Humphrys/Jo Hammond	Co-chairs: Suffolk Parent Carer Network
Lawrence Chapman	CEO SENDAT
Patricia Hagan	Great Yarmouth & Waveney CCG
Barbara McLean	Chief Nursing Officer, I&ES CCG / WS CCG
Julie Bateman	AD, Personalisation, Quality & Safeguarding(ACS)
Adrian Orr	AD, Education & Learning (CYPS)
Judith Mobbs (SRO)	AD, Inclusion and Skills (CYPS)
Richard Selwyn	AD, Joint Commissioning (CYPS)
Stacey Ford	SENDIASS
Sharon Jarrett	Head of CYP Health Improvement (Public Health)
Andy Goff	NSFT (Gt Yarmouth & Waveney)
Nic Smith-Howell	Associate Director of Integrated Community Paediatric Services, Suffolk Community Healthcare

## **ATTENDEES** (to support members)

Hannah Simpson	Project Officer
Gabbi Irwin	IE&W CCG
Beulah Chizimbah	IE&W CCG DCO
Mark Gower	GY&W CCG DCO

## **REMIT AND PURPOSE**

- Be the driving force behind the implementation of SEND reform ensuring pace and strategic direction.



- Directs and supports the project sponsor by providing strategic oversight and direction of the SEND reforms including SEND related reforms delivered through the Transforming Care Partnership Board and CEWG.
- Serves as an arbiter of last resort for all SEND workstream project issues.
- Reports to and is accountable to Suffolk CYP Trust board and Suffolk Health and Wellbeing Board on progress towards implementation of SEND reforms and informs them of associated risks and issues.
- Serves as a strategic level link to associated service reforms such as LD, DSG funding reforms, associated health commissioning etc.
- Sets the direction of, and agrees the Suffolk SEND Strategy and is the body responsible for ensuring that it is delivered effectively.
- Receives the Suffolk Area SEND Self Improvement Plan.
- Monitors spend of SEND Implementation Grant.
- Responsible for the delivery of the post inspection Action Plan and Statement of Action.
- Responsible for ensuring that SEND reforms contribute to delivery of Family 2020 outcomes and that the principle of co-production is embedded in all development work.
- Lead representatives from each partner organisations who are on the SEND Programme Board will be responsible for reporting directly to the appropriate governance board of their partner organisations. This will include the Ipswich and East Suffolk CCG Clinical Executive, West Suffolk CCG Clinical Executive, Great Yarmouth and Waveney Clinical Executive and Suffolk County Council CYP Directorate Management Team and Children's Services Accountability Board.

### **Linkages to Wider Programmes Relating to SEND**

- Senior responsible officers (SROs) for Transforming care; CHWG and other associated service development programmes will, as appropriate, account to SPB for the 0-25 aspects of their programmes.
- SPB members who sit on associated programmes shown (see below) are responsible for informing those programmes on progress and developments within the SEND reform programme

### **AREA OF RESPONSIBILITY FOR MEMBERS**

Allan Cadzow (Chair)	Reports up to and down from Children's Trust and Health and Wellbeing Board; Children's service transition developments
Adrian Leach	Programme pace, reporting, budget control and documentation
Anne Humphrys/Jo Hammond	Representing parent voice
Lawrence Chapman	Stakeholder representation for education
Patricia Hagan	CCG service development and integration (GYandW)
Barbara McLean	CCG Service development and integration (I&ES CCG)
Julie Bateman	ACS service development and transition developments
Adrian Orr	Challenge to leadership in schools to ensure quality teaching and inclusion
Judith Mobbs (SRO)	Overall responsibility for SEND reform for Suffolk County Council
Richard Selwyn	Transforming Care for SEND (CEWG, CAMHS); Joint commissioning framework
Stacey Ford	Parent, children and young person voice
Hannah Simpson	Minutes and co-ordination

**MEETING FREQUENCY AND ATTENDANCE**

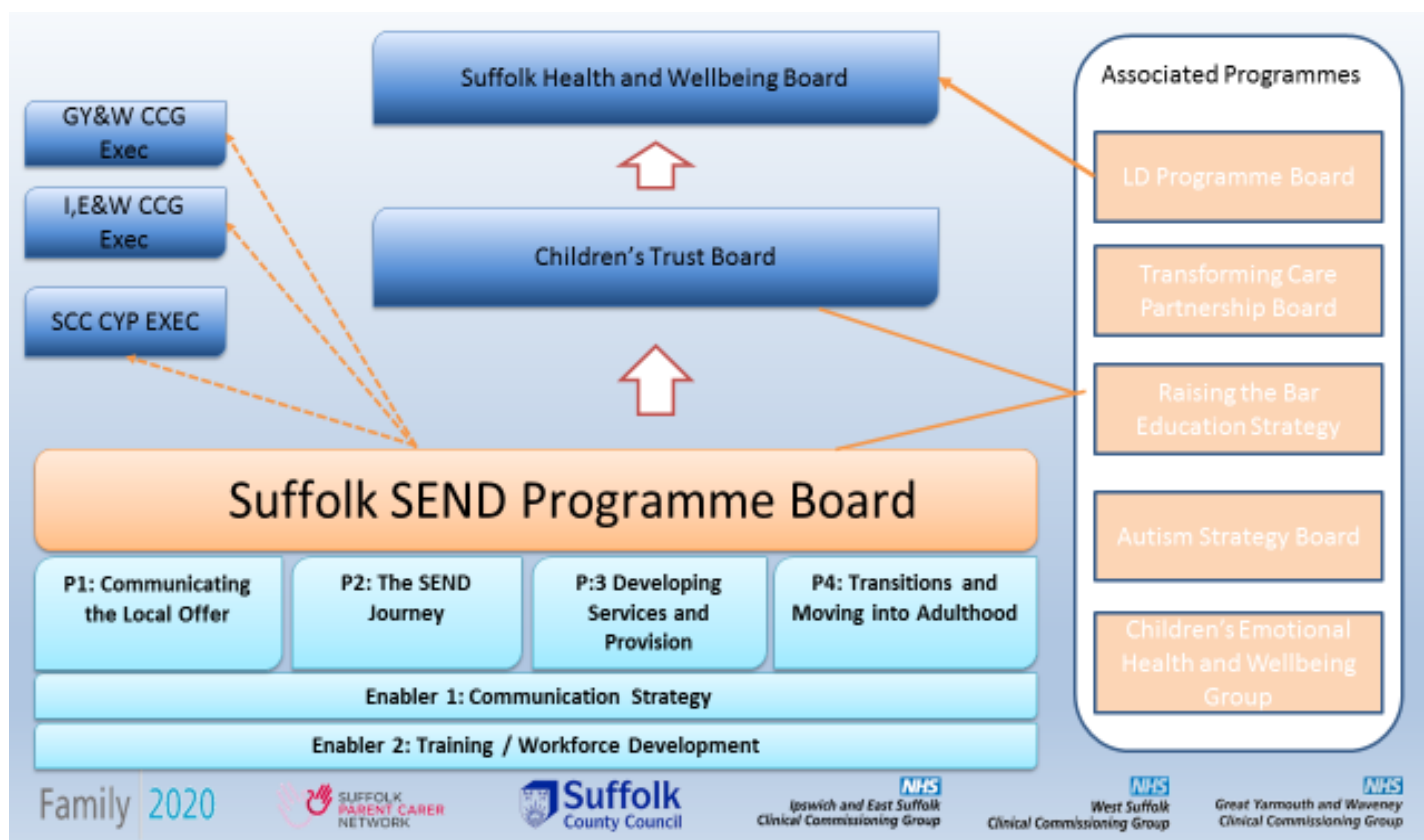
The Steering group will meet monthly. Meeting dates for 2017 are:

- 10:00am 24<sup>th</sup> January
- 12:30pm 24<sup>th</sup> February
- 10:00am 29<sup>th</sup> March
- 12:30pm 27<sup>th</sup> April
- 09:30am 10<sup>th</sup> May
- 12:00pm 5<sup>th</sup> June
- 10:00am 10<sup>th</sup> July
- 12:00pm 11<sup>th</sup> September
- 12:00pm 12<sup>th</sup> October
- 12:00pm 13<sup>th</sup> November
- 11:30am 11<sup>th</sup> December

All meetings will be held at a time that allows for parent carer representation.

If Steering group members are not able to attend they should send a deputy empowered to make decisions in their place. Deputising should be used as little as possible.

**GOVERNANCE STRUCTURE**



## APPENDIX B: GLOSSARY OF ABBREVIATIONS

ACS	Adult and Community Services
ADHD	Attention Deficit Hyperactivity Disorder
AHT	Assistant Headteacher
AP	Alternative Provision
ASD	Autistic Spectrum Disorder
ASNO	Assistant Special Needs Officer
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CDC	Council for Disabled Children
CIC	Children in Care
CISS	County Inclusion Support Service
CPD	Continuing Professional Development
CYP	Children and Young People
CYPS	Children and Young People's Services
DfE	Department for Education
EHC	Education, Health and Care
EHCP	Education, Health and Care Plan
EMS	Electronic Management System
FE	Further Education
HEI	Higher Education Institutions
HTN	High Tariff Needs
IAG	Information, Advice and Guidance
LD	Learning Disability
LLDD	Learners with Learning Difficulties and/or Disabilities
MF	Main Findings
NICE	National Institute for Health and Care Excellence
NSFT	Norfolk and Suffolk Foundation Trust

OT	Occupational Therapy
QA	Quality Assurance
SALT	Speech and Language Therapy
SAY	Suffolk Assembly of Youth
SCC	Suffolk County Council
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinator
SEND	Special Educational Needs and Disabilities
SENDAT	Special Educational Needs and Disabilities Academy Trust
SENDIASS	Special Educational Needs and Disabilities Information, Advice and Support Service
SLT	Senior Leadership Team
SMART	Specific, Measurable, Achievable, Responsible, Time-related
SNO	Special Needs Officer
SoA	Statement of Action
SOS	Signs of Safety
SPCN	Suffolk Parent Carer Network
SYPN	Suffolk Young Persons' Network
WFD	Workforce Development
YP	Young people

## APPENDIX C: MAPPING OFSTED/CQC FINDINGS TO THE WRITTEN STATEMENT OF ACTION

The table below breaks down the inspection outcome letter into individual points and actions and presents Suffolk's response.

MAIN FINDINGS	
INSPECTION OUTCOME LETTER AREA FOR DEVELOPMENT	Suffolk's Response
The needs of many children and young people are not effectively met. Feedback from parents, in response both to the inspection and to a recent survey undertaken by the Suffolk Parent Carer Network (SPCN), overwhelmingly reflects dissatisfaction, frustration and confusion regarding the local area's provision for children and young people who have SEND.	Revised SEND Strategy for 2017-2020: <ul style="list-style-type: none"> <li>➤ Priority 2: The SEND Journey</li> <li>➤ Priority 3 Developing Services and Provision</li> </ul> Satisfaction of families and young people will be a headline outcome measure
Governance and the strategic leadership of the SEND reforms have not been rigorous or effective in developing a coordinated, cross-service approach to identifying, assessing and meeting the needs of children and young people. Only in recent months have leaders acknowledged that the implementation of the reforms has not been good enough. They have publicly recognised this and apologised to parents for the poor quality of delivery and slow pace in developing education, health and care (EHC) plans.	Governance and Leadership for SEND in Suffolk – Action Plan
The local area's 2015 to 2018 strategy for children and young people with special educational needs and/or disabilities is currently under planned review. It has not driven the reforms effectively.	Revised SEND Strategy 2017-2020
Senior leaders' evaluation of the effectiveness of provision, while generous, correctly identifies most of the areas where significant improvement is required. Leaders across services acknowledge the weaknesses in partnership working and in current processes. They are now working closely with SPCN to address inefficiencies in practice and gaps in service provision. Key weaknesses urgently need addressing.	Revised SEND Strategy 2017-2020
Since the reforms were introduced, the local area has attempted to implement a number of changes to better meet children's and young people's needs. These improvements have not been clear enough or well enough understood by different agencies. Joint commissioning of services is underdeveloped. The co-production of EHC plans, where services and families work together to identify, plan and review provision, is too dependent on the variable quality and knowledge of individual practitioners and providers.	Revised SEND Strategy 2017-2020  Governance and Leadership for SEND in Suffolk – Action Plan
Poor communication means that many parents do not know about the local offer and lack the support they need to best help their children. Too many feel that they are driven to crisis point before	Priority 1: Objective D

additional support and advice are identified and put in place for them and their children. The timescales and processes underpinning the implementation of EHC plans are not clear to many frontline health professionals or to parents.	
Parents report very mixed views of the quality of advice and support for children and young people who have SEND in schools and colleges. When school staff and health professionals collaboratively identify needs and arrange appropriate specialist provision, parents are more confident that their children's needs are met well.	Priority 1: Communicating the Local Offer Priority 2: The SEND Journey Priority 3: Developing Services and Provision
Very recent changes have been made to the leadership of the local area's transition to EHC plans, to the quality assurance of the plans and to the process for implementing new plans. The local area now has the mechanisms in place to ensure that EHC plans are produced in a timelier manner and are of an appropriate quality.	Priority 2: The SEND Journey – Plan C & D continue the development of new processes
The role played by the SPCN in the drive for improvement is an emerging area of strength. The co-chairs of this group are determinedly ensuring that local area leaders engage with the feedback they get from parents. Leaders have taken on board the seriousness of concerns raised by parents. However, a number of parents did not know about this network or about how they could access support through advice agencies. This is a priority for development.	Cross-cutting theme across all priorities
<b>The effectiveness of the local area in the identification of children and young people who have special educational needs and/or disabilities</b>	
<b>INSPECTION OUTCOME LETTER AREA FOR DEVELOPMENT</b>	<b>Suffolk's Response</b>
The local area's approach to converting statements of special educational needs to EHC plans has been very poor. Too few have been completed and too many remain in the process of transition. Insufficient resources have been allocated to ensure that children's and young people's needs are identified and reassessed or that additional advice is sought when necessary. Parents report that long waiting periods, minimal assessment and a lack of communication have undermined their confidence in the process.	Priority 2: Objective E
The quality of the identification of children's and young people's needs is too variable across the local area and across services. It is over-reliant on individual expertise and the quality of providers and the clinical commissioning groups. As a result, there is significant inequality in the services provided. For example, the proportion of ante-natal visits and three-to-four month reviews completed on time in East and West Suffolk is too low.	Priority 2: Objectives B and C Priority 3: Objective A
Health professionals are not involved quickly enough in determining the level of children's and young people's need or in planning the necessary support for them.	Priority 2: Objectives B, D and G Priority 3: Objective A

The lack of information sharing means that requirements for the co-production of EHC plans are not met.	
Referrals made to the child development centres are too often returned for additional information. This results in delays in assessment and diagnosis for children and their families. There is a backlog of referrals for autism spectrum disorder diagnosis and clinical psychology intervention. This places children, young people and their families at risk of reaching crisis point	Priority 2: Objectives B and D Priority 3: Objective E
When children and young people move between providers, identification of needs does not happen soon enough prior to transition. In particular, this is the case for the Year 11 transition to college. Schools and settings do not routinely have the opportunity to plan proactively together. This means that new providers cannot strategically respond to children's and young people's needs with an appropriate curriculum or provision.	Priority 2: Objectives G Priority 4: Objectives A
<b>The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities</b>	
<b>INSPECTION OUTCOME LETTER AREA FOR DEVELOPMENT</b>	<b>Suffolk's Response</b>
Governance and leadership across agencies have not established a sufficiently rigorous approach to strategic planning, or a clear expectation of joint commissioning. As a result, services are disjointed and the roles and expectations of the various partners in the assessment and planning process are not clear. Leaders have not held staff to account for the outcomes of their work. This has led to patchy provision and the impact of services for education, health and care is limited. Parents overwhelmingly feel they have to 'fight' to achieve full recognition of their children's needs.	Governance and Leadership for SEND in Suffolk – Action Plan
The time taken to assess children's and young people's needs is concerning. EHC plans are too variable in quality. Notification of review and planning meetings to practitioners and parents is not always timely. Attendance of professionals at these events is also inconsistent.	Priority 2: Objective D
Co-production of EHC plans is not well established. The quality and appropriateness of provision are too dependent on the skills of staff in different establishments and on how well they understand and engage with the services available. Too often, education is given the highest priority and health agencies are not involved in identifying and meeting needs	Priority 2: Objective D
An overwhelming number of parents report that they have to seek advice from too many different places when they need information and support for their children. There is no single point of contact to facilitate the coordination of services and the co-production of	Priority 1: Objectives B and E Priority 2: Objectives A and D Priority 4: Objective B

plans. This leads to inconsistencies in the identification of a child's or young person's needs across providers.	
Leaders do not appropriately monitor how well schools and colleges assess and meet the needs both of pupils who have an EHC plan and of pupils identified as SEND support. Although there are some positive examples of school improvement services identifying and following up instances where provision is identified as weak, systems to check on provision are insufficiently well developed to improve outcomes for pupils and their families	Priority 2: Objective F Priority 3: Objectives C and D
Too often parents say that they feel they are a burden to schools and providers because of the costs incurred in seeking external specialist support for assessing and addressing pupils' needs. In addition, when applications for an EHC plan are turned down, there is no explanation of why this decision has been made, or any follow-up advice and support. This leaves parents, and sometimes schools, feeling unsupported and unable to meet children's and young people's needs.	Priority 2: Objective D
Too much time and resources are currently invested in dispute resolution. The number of complaints is high; at the time of the inspection, it already matched the figure from last year. Parents are commonly successful at tribunal because the local area has insufficient evidence to demonstrate that its response to needs has been timely and effective. The Special Educational Needs and Disabilities Information, Advice and Support Service (SENDIASS) and advocacy support are available, and in some instances are effective. However, in the main parents feel uninformed and unsupported.	Priority 1: Objective F Priority 2: Objective D
The pathway of provision from ages 0 to 25 is not secure. Young adults and their parents and carers expressed the view that adult social care is not proactive in supporting their needs. Health professionals noted gaps in support services in the transition to adulthood phase, including in mental health services and in the provision of appropriate resources.	Priority 3: Objectives A, B, E, F and G Priority 4: Objectives A and F
Review health assessments for looked after children are not sufficiently robust or well enough aligned to the EHC plan process. Reviews do not take enough account of the specific needs and wishes of children and young people.	Priority 2: Objective F
Some staff in universal, early years, school nursing and complex health needs services, and most staff in child and adolescent mental health services (CAMHS), have a limited understanding or experience of using EHC plans to help drive improved outcomes for children. Most child health records do not contain any copies of the plans. This is unacceptable given the time period since the implementation of the SEND reforms.	Priority 2 The SEND Journey – integration and EHCP process Priority 3 Developing provision and services – staff training activities



<p>The role and contribution of CAMHS to wider partnership working are very limited. Opportunities are missed for the early identification of risk to prevent a mental health crisis, school absence or placement breakdown. Parents do not know which agency or professional is responsible for addressing the needs of school-aged children who are presenting with a combination of developmental delay and emotional, mental health and behavioural needs. The local area has acknowledged the insufficiency of provision for children and young people with autism spectrum disorder and mental health needs. Early plans are in place to start to address this.</p>	<p>Priority 3: Objectives A, C, E and G</p>
<p>Provision of support for children and young people with mental health difficulties out of hours is not well enough coordinated to prevent the need for admission to paediatric wards. In Great Yarmouth and Waveney, the recent development of follow-up visits to wards on weekend mornings is helping to reduce the need for young people to remain on the ward over the weekend if they are safe to be discharged.</p>	<p>Priority 3: Objectives A and E</p>
<p>Therapists have a good understanding of children and young people's requirements. However, almost all work is undertaken virtually. Local arrangements are not designed to enable a joint face-to-face, co-produced approach to meeting needs. This leads to the risk that some advice is neither appropriately understood nor used to inform a child's plan.</p>	<p>Priority 2: The SEND Journey Priority 3: Objective F</p>
<p>The capacity of speech and language therapists, CAMHS and occupational therapists in Waveney to provide longer-term direct work is insufficient. Action has been taken to provide targeted time-limited speech and language and occupational therapy input in East and West Suffolk. However, significant concerns remain about the sustainability of these arrangements. They are too variable and provision for some children is being purchased by schools or by the families themselves. This means they are not well enough supported and poses significant challenges in relation to governance, risk management, quality assurance and accountabilities.</p>	<p>Priority 3: Objectives A, F and G</p>
<p><b>The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities</b></p>	
<p><b>INSPECTION OUTCOME LETTER AREA FOR DEVELOPMENT</b></p>	<p><b>Suffolk's Response</b></p>
<p>Strategic planning has been weak because, at every level, intended outcomes for children and young people are not clear. Structures for accountability and governance are weak across the partnership. Reviews of the impact of reforms on outcomes for children and young people undertaken to date have been too superficial. There is no shared understanding of the expectations of services or individuals.</p>	<p>Governance and Leadership for SEND in Suffolk – Action Plan  Priority 3: Objective B</p>
<p>In too many instances, the assessment and advice necessary to ensure effective transition from a statement of special educational needs to an EHC plan have not been timely or have not been sought.</p>	<p>Priority 2: Objective E</p>

As a result, individuals are not well enough supported to make the progress they are capable of in improving their well-being or their academic outcomes	
There is no strong evidence that the 2014 reforms have led to improvement in the academic outcomes achieved by pupils with SEND. Overall, at each key stage other than in the early years, pupils do not attain as well as similarly identified pupils nationally.	Priority 3: Objectives A and D
The proportion of young people who are aged 16 to 18, who have SEND and who are not in education, employment or training is almost double that of other pupils in the local area. While this is decreasing because of new initiatives, it is still too high.	Priority 4: Objectives D and E
The lack of appropriate provision means that the absence levels of pupils with SEND, while similar to national levels, are well above those of other pupils and are not reducing. Transport remains a barrier to securing the good attendance of young people in further education. Many parents report that their children are absent or unofficially excluded from school because their needs are not diagnosed or met.	Priority 3: Objective A
In the Great Yarmouth and Waveney clinical commissioning group, there are additional complexities because services are commissioned on a joint area basis with Norfolk. Key performance information that would enable benchmarking at locality level and provide assurance of equitable delivery of health services across the Suffolk local area is not available. This means that the outcomes achieved for individuals and their families cannot be meaningfully measured.	Priority 3: Objective D
Frontline health professionals are not sufficiently clear about their roles as individuals or as a team in supporting improved outcomes for children and young people. Auditing is partial and limited to education. This is further evidence that the impact of health work is not well enough understood or evaluated.	Priority 3: Objectives A, C and D WFD SEND Strategy (Enabler)
<b>The local area is required to submit a written statement of action to Ofsted which addresses how it will tackle the following areas of significant weakness.</b>	
<b>WSA Area of Focus</b>	<b>Suffolk's Response</b>
The ineffective governance and leadership of the joint strategic planning and delivery of the disability and special educational needs reforms.	Governance and Leadership for SEND in Suffolk – Action Plan
The poor timeliness, integration and quality of SEND statutory assessments and plans, this includes when statements of special educational needs are transferred to EHC plans, and the delivery of subsequent individual packages of support.	Priority 2: Objective D

<p>The lack of local understanding of the support available and the poor quality of the local offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety</p>	<p>Priority 1: Objectives B, C, D, E and F</p> <p>Priority 3: Objective D</p> <p>Priority 4: Objective B</p>
<p>The lack of joint working to monitor, quality-assure and maximise the efficiency of the work undertaken to improve outcomes for children in a diverse range of settings and circumstances</p>	<p>Governance and Leadership for SEND in Suffolk – Action Plan</p> <p>Priority 2: Objective C</p> <p>Priority 3: Objective D</p>