

Response to the Joint Local Area SEND Revisit in Suffolk - January 2019

The additional actions within this annex will be managed as part of the SEND Strategy Action Plan delivery programme

Blue indicates completed activity; Orange indicates delayed activity; black indicates actions in progress/ in the future

SCC – Suffolk County Council

CCG – Clinical Commissioning Group

NSFT – Norfolk and Suffolk Foundation Trust

ICPS – Integrated Community Paediatric Services

CYP – Children and Young People

Report Weakness/ Recommendation	Proposed response from local area	Lead	Impact measurement
1. Plans for change are not well understood by parents and carers because they have not been well communicated	<ul style="list-style-type: none"> • Establish a dedicated SEND communication lead/role by 31 May 2019 • Develop a joint proactive strategic comms plan to share key messages by 31 May 2019 • Introduce the routine practice of developing a key message from every strategic SEND meeting and share these with families and practitioners in a weekly bulletin, through twitter and a new Facebook page for Suffolk SEND by 30 June 2019 • Introduce a routine feedback loop for service users after each involvement with services to provide regular feedback by 30 June 2019. • Ensure that all involved in delivering services are clear about future plans and are able to communicate them to parents and carers by 30 June 2019 	Assistant Director (AD) Inclusion & Skills SCC	<p>Survey data from families and young people indicates greater levels of satisfaction with communication and greater understanding of the SEND programme.</p> <p>The number of issues/complaints will be reduced</p>

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<p>2. The timeliness of completed EHC assessments and plans remains too slow for too many.</p>	<ul style="list-style-type: none"> • To strengthen the caseworker resource within the areas where the volume of EHC requests is particularly high compared to the current level/capacity by 30 June 2019 • Increase the operational leadership within the EHC delivery team to increase capacity and support improved productivity within the EHC process by 31 August 2019 • Increase capacity in the education psychology function to reduce delays to completion of EHC Plans - caused in this part of the process by 31 May 2019 • Develop management information/data for response times to advice requests for each service area, so that managers in education, health and social care can improve local practice in the role of their staff for EHC needs assessments by 31 July 2019 	<p>Head of SEND Services for CYP, SCC</p>	<p>Monthly report on timeliness of issue of EHC Plans.</p> <ul style="list-style-type: none"> • Six-month trend of delivery at 41% - Q4 2018/19 and Q1 2019/20 compared with Q2/3 performance for 18/19 of 24%. • Q2 performance has dipped slightly to 37% this is because of more “backlog plans” being finalised. Over 20 - week backlog now

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<p>3. The quality of newly completed EHC plans is inconsistent and remains too weak for parents, carers and professionals to effectively track how well needs are met and the outcomes achieved.</p> <p>4. Individual and joint actions are not specific enough in EHC plans and where multiple provision is needed for health, education and care, these aspects are not integrated well</p>	<ul style="list-style-type: none"> Establish a joint SEND Quality Assurance (QA) team with a QA manager and development officer to speed up the development of the new integrated QA system for EHC plans and reviews, identify where practice improvements are needed and oversee these by 31 August 2019 Accelerate implementation of the online SEND training programme that has been developed with an expectation that all services will ensure a minimum standard of training for their staff in accordance with the partnership agreement by 31 August 2019 Continue work to implement new system for measuring progress against EHC outcomes live by 30 Sept 2019 Commission a peer review of the quality of EHC plans/reviews in summer 2020 to evaluate impact of action taken with focus on person centred approach by 31 July 2020 	<p>Head of SEND Services for CYP, SCC</p> <p>Senior Responsible Officers (SROs)</p> <p>Head of SEND Services for CYP, SCC</p>	<p>Quality audits identify that new plans produced after April 2019 are consistently of high quality with specific actions and clear outcomes</p> <p>Progress monitoring system in place and demonstrating year on year improvement in outcomes being delivered</p>

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5.The EHC plans often do not look far enough ahead at the needs, aspirations and independence within the community as CYP move towards adulthood	<ul style="list-style-type: none"> • Ensure that all providers are routinely using the new transitions guide to support CYP and their families to plan for transition through a programme of promotion and development support by a one-year appointment of a SEND transitions officer to support practitioners across education, health and care to develop their practice by 30 June 2019 • Introduce a new Moving Into Adulthood Plan (MIAP) as part of the EHC annual review from age 13 years from 30 Sept 2019 • A system to gather data from MIAPs will be established to provide early intelligence regarding future service needs by 31 Dec 2019 • Training will be provided for 200 SENCOs across education system to improve person centred practice by 30 Mar 2020 	SEND Consultant for Moving into Adulthood, SCC	Not in Education Employment or Training (NEET) figures will be reduced for CYP with SEND aged 16-25 years.

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<p>6.The delivery of person-centred individual packages of support are a source of much dissatisfaction from parents and carers in relation to the availability of therapy, particularly from CAMHS</p> <p>* improving availability is addressed in point 11-17 below</p>	<ul style="list-style-type: none"> • <i>The Ideal Worker model co-produced with service users will feature as part of the CAMHS service specification.</i> • The review of Community Paediatrics scheduled to run June- Sept 2019 will include within its scope how well the current therapy services are meeting individual needs. Business case complete by 28 February 2020. • The new Speech, Language and Communication model implemented to improve access for children and young people who need Speech and Language Therapy (SALT) from 30 September 2019 onwards. • Waveney SALT – A direct impact of new SLCN support for Suffolk includes greater capacity in schools/universal services to use a consistent screening tool for SLCN to be implemented from 30 Sept 2019 onwards as a result of Suffolk changes 	<p>AD Transformation CYP, CCG</p> <p>AD Integrated Community Paediatric Services (ICPS) , CCG</p>	<p>Improved satisfaction of CFYP in the therapy provided measured by new outcome frameworks. Due to commence April 2020 (national timeframe)</p> <p>Access to therapy services will be within expected timeframes.</p> <p>Improved transparency of wait times due to improved performance reporting</p> <p>New outcomes measure will also be implemented during 2019/20 that includes parents being confident as communicative partners for their child, focus on personalised support packages and a shift away from activity data being used as a determinant of quality.</p>

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<p>7. Not all the frontline delivery teams in health have a good understanding of statutory assessment and EHC plan processes and further work is needed to develop sufficient expertise and confidence.</p>	<ul style="list-style-type: none"> • SEND training is mandatory for all health providers caring for CYP 0-25 years old • Appointment of SEND clinical leads to support EHC QA process/providers by July 2019 • EHC needs assessment decision making panel is circulated to include health clinical representation at those meetings by 30 May 2019 • There is face to face training programme arranged in Norfolk and Waveney health system on an annual basis for key staff groups contributing to EHC needs assessments (4 sessions a year) by 31 July 2019 • There a requirement in contracts for a Biannual audit of health advice for EHC needs assessments conducted with key staff groups. • Circulation of the eLearning package once finalised to complete as part on the mandatory training for health providers. 	<p>Clinical Commissioning Groups DCOs</p>	<p>Monthly QA process of EHC.</p> <p>Staff report increase awareness and confidence in their understanding of EHC needs assessment process.</p> <p>All providers recording percentage of staff trained at the level required.</p> <p>Feedback from service users indicates greater level of satisfaction</p>

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8. The local offer (website) has improved but the pace of improvement is too slow.	<ul style="list-style-type: none"> • Implement the “SEND Wheel” Tool that has been designed by families with the Local Offer (LO) team to improve navigation by 30May 19 • Provide staff training for all front line staff across education, health and care to use the LO site with families by 31 Dec 2019 • Include a check question in the annual review about the LO website so that it is raised as part of the annual conversation with families by 30 June 2019 	Head of SEND Funding & Contracts, SCC	<p>Survey data indicates increased knowledge of LO among CYP and their families</p> <p>Feedback from LO website users regarding its usefulness increases</p> <p>Website metrics regarding rates of use and dwell times indicate increased use</p>
9. The quality of support and accuracy of advice from individual frontline practitioners across health and education is too inconsistent. Work to put in place quality assurance programmes needs to move on urgently	<ul style="list-style-type: none"> • Appoint a SEND Training Officer to focus on upskilling frontline practitioners and lead on implementation of the training programme by 30 June 2019 • Increased training and awareness for multi-agency professionals. Initial plans for workforce training programme will be developed by 30 Oct 2019 • Accelerate implementation of the online SEND training programme, all services will ensure a minimum standard of training for their staff by 31 Dec 2019 	AD Inclusion & Skills, SCC	Survey data will indicate improved satisfaction with quality of support and advice from families

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<p>10. The absence of effective communication between families and local area officers is a constant source of frustration for parents and carers and can lead to unnecessary escalation of concerns.</p>	<ul style="list-style-type: none"> • Introduce a real time feedback loop to measure customer satisfaction and monitor each team directly after service provided, putting in place further development where needed for customer service by 30 June 2019 • Develop clear communications policy for all staff and service users by 31 July 2019 • Train all caseworkers in person centred planning by 30 Sept 2019 • Incorporate checks on response times and approaches in QA casework check – so check not just about outputs but also about process by 31 Dec 2019 • Strengthen performance management further through additional training for team leaders and introducing regular casework review/ performance conversations by 30 June 2019 • Introduce a new way of managing complaints to ensure these are responded to swiftly and the learning from them is embedded in future practice by 30 April 2019 	<p>AD Inclusion & Skills, SCC</p>	<ul style="list-style-type: none"> • Outcomes from QA audits indicate improvements in communication • Survey data from families indicates increased levels of satisfaction • Complaints data indicates reduction in issues raised re timely communications

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<p>11. The teams delivering health provision are not seen to be sufficiently responsive to CYP with complex mental health needs.</p> <p>12. Timely access to emotional well-being and mental health services remains an area of significant concern...often long delays....and this can lead to deterioration in the mental health of CYP before they are seen by relevant health professionals.</p> <p>13. Once the appropriate care pathway has been</p>	<ul style="list-style-type: none"> • Develop Mental health strategies designed for Suffolk and prioritise Child and Adolescent Mental Health Services (CAMHS). • Re-commission mental health services, this will present an opportunity to re-design services which meet the needs of those CYP with complex needs as part of an integrated approach commencing 15 June 2019 and completing by 31 Dec 2020. • Improve the monitoring of wait times and access to CAMHS as part of contract review from 1 April 2019 onwards. • Expand Hub Board remit to look at access to onward services to ensure focus on CAMHS services and help timeliness of access to support (East and West Suffolk). • Undertake Service line reviews of all mental health services to ensure quality and clinical safety. The team have prioritised CAMHS and these have led to rapid action plans being developed and implemented where improvements have been identified. Complete by 30 Sept 2019 	<p>Chief Operating Officer (COO) NSFT AD Transformation CYP</p> <p>Director of Nursing (DON) CCG</p> <p>DON CCG</p> <p>DON CCG</p>	<p>Access to wellbeing and mental health services will be within expected timeframes.</p> <p>CYP will be able to access support in the most appropriate place and from the most appropriate source as identified by the CYP.</p> <p>Service user satisfaction rates will improve</p> <p>Access to wellbeing and mental health services will be within expected timeframes.</p>

<p>identified there is often a further wait due to practitioners' availability in some CAMHS teams.</p> <p>14. The level of complaints and feedback about the access to CAMHS is high compared to most other areas of NHS delivery.</p> <p>15. Timeliness of assessing and meeting need within contractual timescales for routine referrals to CAMHS is improving, but assessment and follow-up of urgent work is not sufficiently timely.</p>	<ul style="list-style-type: none"> • Redesign operational processes to ensure efficiency. Skill mix changes, workforce moves from other services and recruitment campaign to increase capacity in practitioners time beginning 15 April 2019 	<p>COO, NSFT</p>	
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<p>17. Waiting times for specialist assessments for Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are still lengthy and current pathways do not support best practice in line with NICE guidance.</p>	<ul style="list-style-type: none"> • ADHD prioritised for the first Service Review to increase understanding of the performance of the service and ensure action taken to address clinical quality and timely access to the service. • Implement a plan to deliver better joint working between the three neurodevelopment pathways currently commissioned, to reduce the likelihood that CYP are waiting in wrong/multiple pathways by 30 December 2019. • Implement a Rapid Recovery plan for ADHD which includes allocating additional resources to reduce the backlog of assessments and ensure clinical safety for caseload by 30 December 2019 	<p>COO, NSFT</p> <p>AD Transform ation CYP</p> <p>COO, NSFT</p>	<p>Access to ASD/ADHD services will be within expected timeframes.</p> <p>Service specifications will include metrics to measure outcomes- to be defined</p>

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18. A significant programme of work is still to be agreed to map the future care pathways and models of assessment and treatment to achieve equitable, evidence-based offer (for ASD and ADHD) across the whole of Suffolk	<ul style="list-style-type: none"> • The re-design of the Neurodevelopment and behaviour pathway will be completed and inform the commissioning of a single neurodevelopment service (high level model) will be proposed as part of the Most Capable Provider process by 31 July 2019 • Nine “quick wins” are implemented to make immediate change to these pathways and will provide a post-diagnostic support service, peer support, multi-agency training, online family support offer. 	AD Transform ation CYP	Timeliness of access to ASD and ADHD services across all CCG areas.

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<p>19. Leaders have not made sure that all partners communicate and coordinate effectively with one another to press on with agreed priorities and goals.</p> <p>The programme board does not have sufficiently detailed information about outcomes to help members challenge and evaluate rigorously the impact of the local area's work.</p>	<ul style="list-style-type: none"> • Develop an agreed set of KPIs that will be reported to each SEND programme board and used to challenge partners and ensure urgent focus is maintained on improvement across all priorities by 30 April 2019 • Establish a joint “non-exec” SEND Oversight Board to provide greater direct scrutiny of the work of the programme board and officers across education, health and care by 30 April 2019 	<p>AD Inclusion and Skills</p> <p>DON CCG</p>	<p>Outcomes being routinely monitored by SEND programme Board – every 2 months. <i>In place</i></p> <p>Oversight board is providing rigorous support and challenge to the programme <i>First meeting set/up and briefing. September will be second meeting with focus on support and challenge.</i></p>

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20. A comprehensive review of mental health services has started – it is paramount that all partners know what needs to be done to rectify the weaknesses and play their part in working to jointly strengthen early intervention services	<ul style="list-style-type: none"> • Increase Co-production and communication resources to support wide engagement of partners by 30 June 2019. • Produce Service specifications to deliver the strategy. The information gathered to understand the current provision will be complete by May in preparation for the start of the MCP process by 30 June 2019 	AD Trans CYP	<p>New mental health models will include the involvement of wide range of stakeholders in the delivery of mental health services for CYP</p> <p>Mental Health and Emotional Wellbeing outcomes for CYP will be improved as reported through the Healthwatch survey</p>

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21. The commissioning of health provision for the new multi-disciplinary assessment centres does not yet allow for full implementation of the new approach	<ul style="list-style-type: none"> • Ensure full involvement of health professionals in Multi-Agency assessment centre pilot by April 2019. 	AD Trans CYP	Health professionals are fully involved in the assessment centre programme.