

Newcastle SEND Accelerated Progress Plan (APP) DfE review meeting 5 October 2022



October 2022

1. Introduction

The [Accelerated Progress Plan](#) (APP) was produced following our SEND inspection revisit in May 2021, it was approved by the DfE and NHS England on 20 August 2021. DfE and NHS England returned to assess our progress in implementing the plan in February 2022 and asked that we demonstrate the following for the 12-month check in October 2022.

At the request of the DfE this document sets out:

Section 2: Progress against our APP on a page

Section 3: Progress made in addressing the issues the DfE's three key issues:

- 3.1 [How various new processes and systems for Education Health and Care \(EHC\) Plans are leading to sustained improvements in timeliness and quality.](#)
- 3.2 [The effectiveness of our revised graduated response in reducing absence and exclusions. We would also be interested to see evidence for the effectiveness of your wider work on the graduated response within schools.](#)
- 3.3 [How pupils and parents' experience of therapies, especially Occupational Therapy, has improved, including as a universal offer and new pathways are developed.](#)

Section 4: The APP, with a brief progress update against our area of weakness.

Section 5: A dashboard of performance measures showing whether targets and milestones are being met in a timely manner; any slippage; evidence of impact and whether we are on track to meet the next set of milestones.

Section 6: An updated risk register and mitigation plans.

Section 7: Evidence of systems being in place for collecting and analysing the impact of actions.

Section 8: Any local evidence that we already hold (e.g., through consultations and surveys) that key partners, including children and young people, families and schools are playing an active role in developing the APP and in improving services.

Section 9: Information about local accountability and governance structure.

Section 10: A brief update on any training that has been brokered by your SEND and NHSE Advisers since the revisit, or that we have bought in from elsewhere, and our assessment of its effectiveness.

2. APP update

We have made significant progress since the February review meeting. Almost all of the actions in the APP have been achieved and we are making good progress with the remaining three actions. Some highlights and impact of the actions are set out below.

From our work we are seeing impact in relation to the quality of EHC plans. We have a strong quality assurance framework, which will be strengthened further with a new Designated Social Care Officer (DSCO) post. Whilst we have not met our target in relation to the timeliness of EHC plans, we have received positive feedback from families that have recently gone through the assessment process, they say they felt supported and felt their voices were heard.

Services available from our SEND ASAP Panel and Locality Inclusion Panel are very well received, and we have examples of positive outcomes for children and young people following referral. This includes examples of where attendance and exclusions rates have improved after interventions from the services.

Some of the actions have taken longer to implement than we expected such as the:

- the production of the descriptors of need
- the production of the EHC Plan template
- the redesign of the therapies service for Newcastle
- ensuring that the outcomes that we have agreed are included in our commissioning specifications.

These are all huge pieces of work, and it takes time to truly co-produce and work on solutions with all partners, including children/young people and their parents/carers.

Performance scorecard

Our performance scorecard with the latest data has been 'RAG' rated below:

1a	Exclusions compared to national average 2020/2021	Overall SEND all schools - just above national average
		- Primary EHCP. Newcastle above national average (1 exclusion)
		- Primary SEN Support. Newcastle below national average
		- Secondary EHCP. Newcastle below national average
1b	Suspensions compared to national average 2020/2021	Overall SEND all schools - above national average
		- Primary EHCP. Newcastle above national average
		- Primary SEN Support. Newcastle same as national average
		- Secondary EHCP. Newcastle above national average
2	Attendance compared to national average 2020/2021	Absence - Overall SEND all schools - above national average
		- Primary EHCP absence. Newcastle below national average
		- Primary SEN Support absence. Newcastle above national average
		- Secondary EHCP absence. Newcastle above national average
		- Secondary SEN Support absence. Newcastle above national average

3	Complaints compared to last year	Yellow	Overall complaints have fallen, but not in line with our target of 50%
		Green	In relation to delays in EHC timescales complaint numbers have reduced.
4	Timeliness of EHCs compared to national average	Red	Significant risk we are below the timescale compared the national average.
5	Quality of EHC compared to previous audits	Green	Achieved target.
6	Compliance of advice audit with standards compared to previous audits	Green	Health advice exceeds target levels, and we are seeing improvement in education advices.
7	Occupational Therapy waiting lists	Yellow	The triage is finished but they are now taking on EHCP assessments from the waiting lists and OT staff have been appointed to pick up the waiting list.

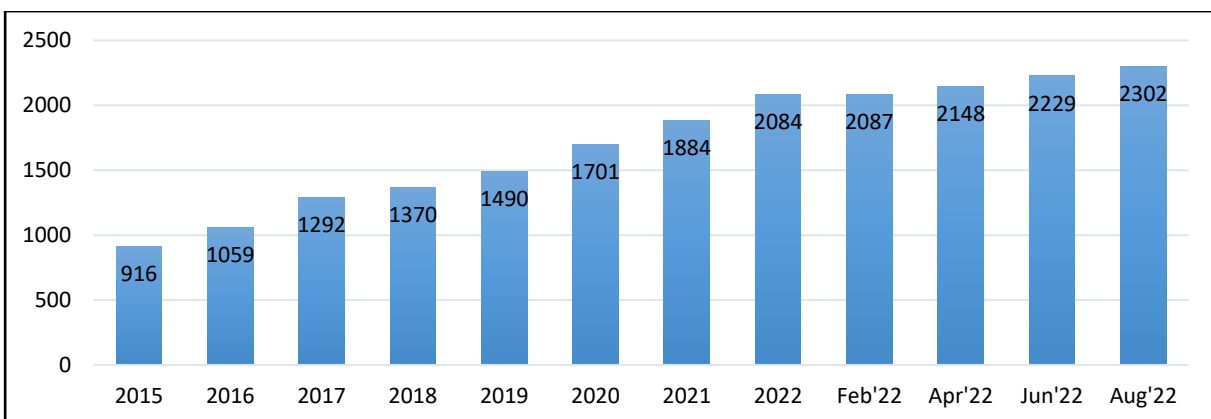
3.1 Key issues: How various new processes and systems for EHCPs are leading to sustained improvements in timeliness and quality.

Timeliness

At the February APP review meeting we reported that we were not meeting the 20-week-timescale and that this was partly due to the high number of requests for EHC assessments that we have been receiving. In turn the high numbers of assessment requests were impacting on all parts of the system and resulted in advice being received late.

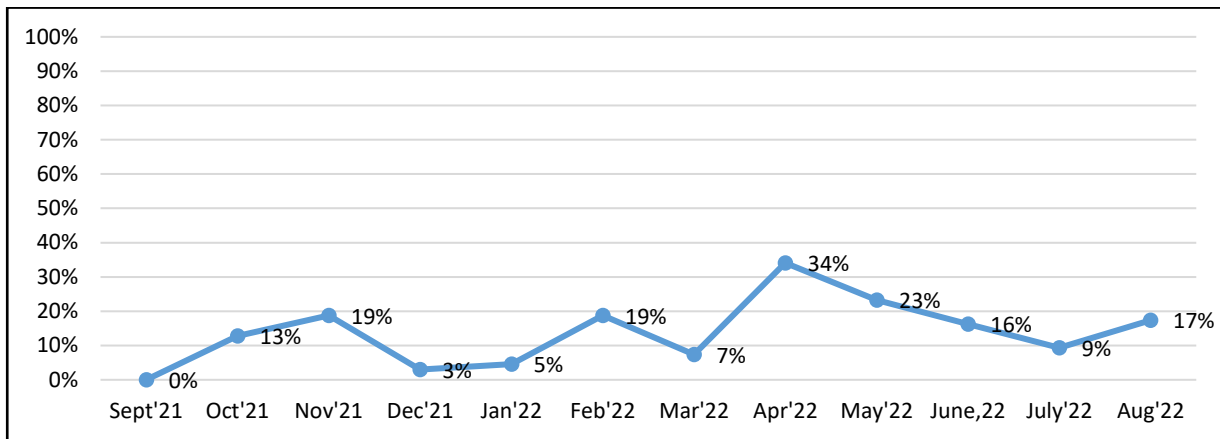
In line with the national picture, the trend in requests for EHC assessments continues to increase. We now have an additional 418 plans since September 2021, a 22% increase. The growth over the last year in Newcastle is above the national, northeast and statistic neighbour averages. Between September 2021 and August 2022, we had 565 requests for assessment and currently have over 340 open assessments, and over 2,300 children and young people have an EHC plan.

Figure 1: Number of EHC plans 2015-2022



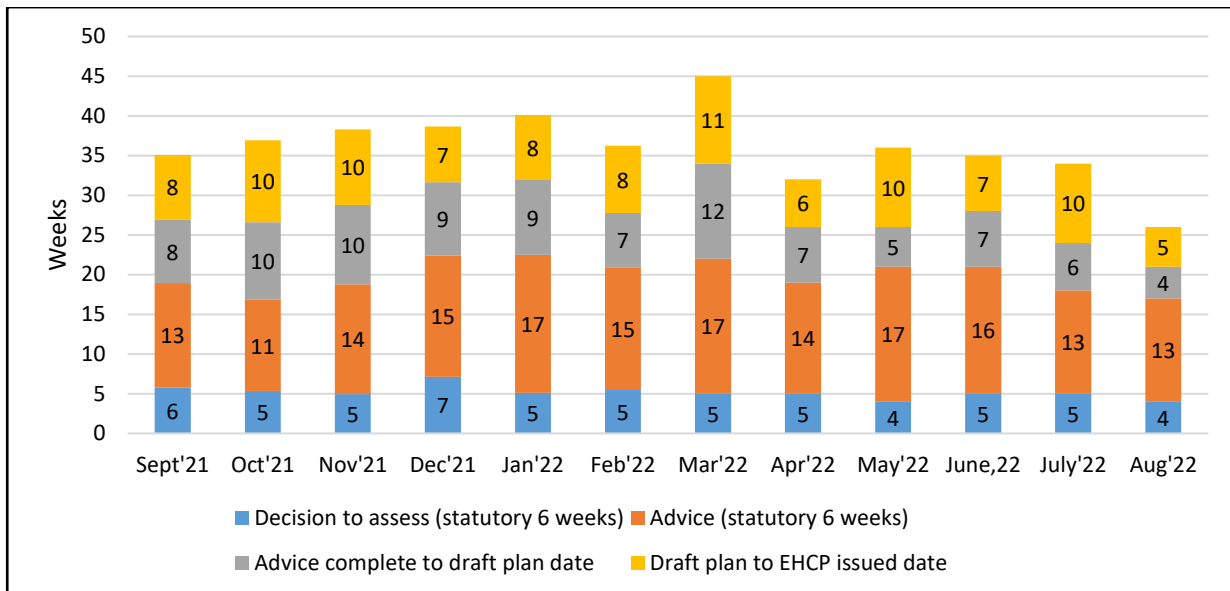
This growth in numbers has meant we have been unable to achieve our target of ensuring that 80% of our plans are completed within the 20-week period. Over the 2021/2022 16% of plans were completed within the 20-week timescale. However, this has fluctuated over the year as shown in the graph below:

Figure 2: EHCPs issued within 20 weeks



We closely examine the reasons why plans are late (Figure 3), and we report to the DfE on a monthly basis.

Figure 3: Average number of weeks taken to complete each stage of the EHC process



The most common reason for overall delay is the delay in receiving advices. We now inform health and social care as soon as a request for assessment is received, to give services as much time as possible to write their advice.

We have been working hard to reduce the number of open assessments that are over the 20-week timescale. Whilst we are managing the referrals coming through we have a backlog. In September 2021 58% of open assessments were over the 20-week timescale by the end of the academic year 2022 this has reduced to 32%.

Our approach since February has been to further strengthen the graduated response to reduce the need for assessments, whilst at the same time increasing the capacity of the teams to meet the demand for EHC assessments such as:

SEND Support Assessment and Review (SAR) Team: We have increased the capacity of the SAR team. To demonstrate the scale of this investment we now have 23 dedicated SEND Caseworkers, three senior practitioner and two PFA leads. We previously had six

caseworkers, one senior practitioner, one PFA lead and some allocated time from the Connexions team to complete the assessments and plans for those who were post. The team is supported by a team of three service improvement assistants and six business support staff.

Educational Psychology Service (EPS): Our EPS has focused on completing statutory assessments. Two additional Educational Psychologists have been recruited but are currently still training and will join us in 2023, supported by four Assistant Educational Psychologists. We have also looked to recruit agency EPs and are interviewing in September. However, we acknowledge that the use of agency staff may have an impact on the consistency of quality of advice.

Integrated Care Board:

- **Recruitment:** We have recruited an additional 0.6 whole-time equivalent (WTE) SEND nurse coordinator who is now in post and is very experienced in working with children with disabilities
- **Teaching Programme:** Training has taken place on the content of EHCPs for multi-agency staff including health staff provided by the SEND nurses
- **Health Audit Tool:** We have supported the development of a health template for gathering health information to improve the quality and standard with regards to information gathering
- **Audits:** Biannual audits of EHCPs
- **Health Steering Group:** this group has been developed and will meet bimonthly to look specifically at health information. There will be SEND leads for each profession who will self-audit their EHCPs. This information will then be fed back to the steering group which will lead to increased standardisation, the opportunity to share good practice and implement improved quality information from health.

We continue to review our systems to ensure they are as lean as possible and ensure that advices are received on-time. We have developed a clear escalation process when advice is at risk of being late. For example, the DMO receives a weekly report of outstanding advices and is following up with services directly. The SEND Nurse coordinator provides advice and guidance on the quality of health advice and coordinates a steering group to ensure late health advices are escalated on a bimonthly basis or individually directly with services.

Next steps

The SEND SAR team have reviewed the EHC process and have rewritten the SEND Caseworker 'handbook' to ensure that processes are as efficient as possible and that it is clear 'who does what and when'.

Schools will start to make requests for assessments via the SEND portal from September 2022. It is anticipated that this will also speed up the process.

The recently co-produced EHC template will be used for all new assessments from September 2022. This will support improvements in both quality and timeliness as it will ensure:

- preparing for adulthood discussions from the earliest years

- that only provision above that expected in mainstream school is included in the EHC
- a clear link between outcomes and provision
- that families can put forward their views in whatever format they choose.

The plan template will be built into the SEND portal on the capita case management system, which will help to speed up the planning process.

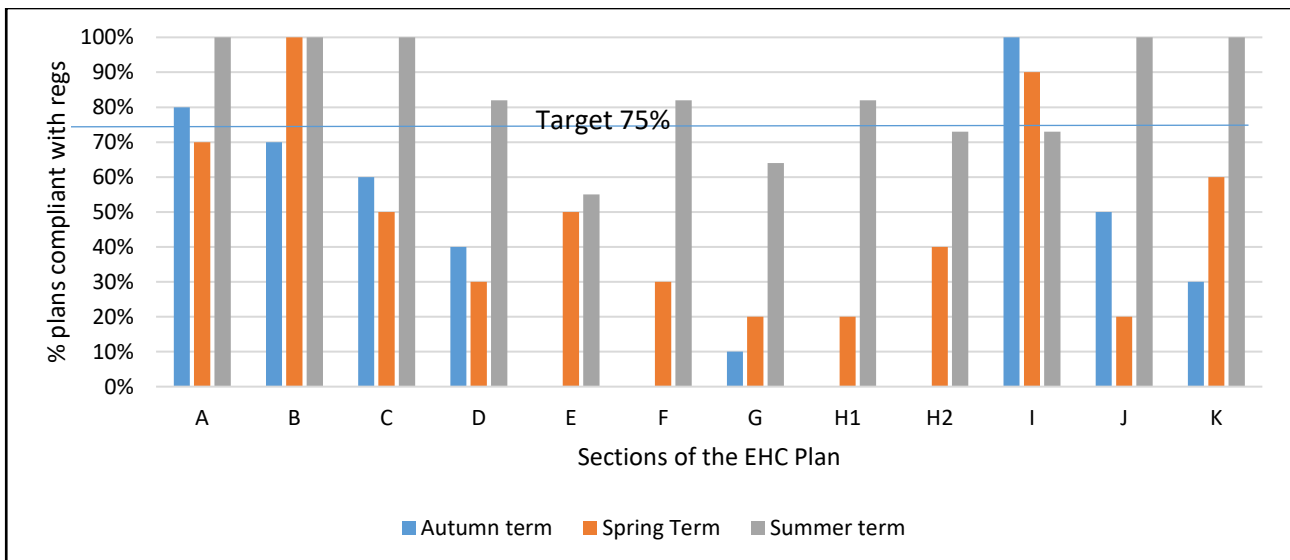
From September 2022, the families of children and young people who are not known to a community paediatrician will be asked to complete a physical health screening form. These will be reviewed by the DMO in order to streamline the medical advice process, allocating children and young people to remote or face-to-face consultation in a more-timely fashion.

Quality of EHC plans and advices

We have invested significantly in the SEND Quality Assurance work over this last year and each term we undertake audits of the quality of EHC plans and the supporting advices.

For the EHC plan audits, auditors consider whether each section of the plan complies with the regulations. As shown in the graph below, the summer term audit, which covered recently issued plans (the grey bar), confirms that for most sections of the plan, > 75% of plans audited are rated as compliant. We are undertaking additional activity such as additional targeted training etc to improve Sections E, G and H2.

Figure 4: 2021/2022 Multi-Agency EHCP Audits



Advice audits

The audit results for the advice providers are set out in Figure 5:

- **Health:** There have been significant improvements in the quality of health advice following training for health advice providers and a new health advice template. The latest audit found that 81% of the advices audited, were considered to be compliant with regulations and of these 69% were considered to be good practice.

- **Social Care:** Advice audits for the first two terms found that 62.5% of the advices were compliant. There has been a change of staff in social care and the new auditors have recently been trained and are currently completing the summer term advice audits.
- **Education advice:** The summer term audit showed huge improvement, 65% of advices were found to be compliant compared to 40% at the spring audit.

Figure 5: 2021/2022 Summary of Single Agency Advice Audits

	Spring 2022: % Audits compliant with regulations	Summer 2022: % Audits compliant with regulations
Social Care	55%	O/S
Education	40%	65%
Health	44%	81%

Note: Whilst we carried out audits in the autumn term, we are unable to compare the results as different assessment criteria was used at this time.

Next steps

There will be a focus on continuously improving the role of Social Care in the SEND process from September 2022. A report on the roles and responsibilities of social care will be discussed with the senior management team, and the training produced specifically for social care staff will be continuously rolled out which will include online learning modules. We have also recruited a Designated Social Care Officer, who will report directly to the Head of SEND, and they will lead on improving the quality of social care input into EHCPs.

Direct feedback from families

Each term SEND managers contact a family that has recently been through the EHC process to get their views. Timescales have not improved, and they are not where we want them to be. Despite plans not been finalised on time families have reported that they feel well supported and feel they can contribute to the process.

Figure 6: Examples of feedback from families that have recently been through the EHC process

Feedback from Families	
Did you feel involved in the EHC process?	<ul style="list-style-type: none"> • Yes, X felt involved in the process, the SENCO at school was helpful and she was contacted by the caseworker to seek her views. Very happy with the service and the outcome. • As a family, we have been kept informed about the progress. • Y felt that she was kept informed. She was supported by school and the education psychologist was very supportive and explained the process well • Yes, mum felt included and informed of what was going on and why thing were happening. • I worked with the school and was kept fully informed by the school staff and the professionals who helped in the assessment.
Did you feel your views were taken	<ul style="list-style-type: none"> • Yes, mum felt that she was listened to and was happy with the service she received. She is hoping that with the added support X will make progress at school. • As a family, we have conformed to the professionals' views as we have less knowledge of our child's condition apart from the information that was provided to us and other information available.

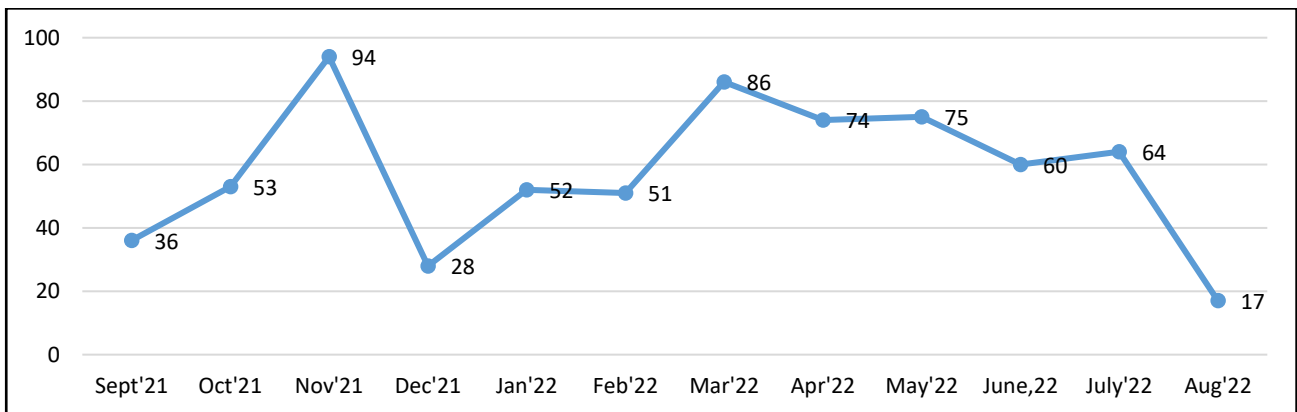
into account?	<ul style="list-style-type: none"> • L is none verbal and only mimics others, but the people involved in the assessment spent time with him to understand his needs • D is none verbal, but she was seen by the professionals, and they assessed her fully. • R is not able to give his views as he has limited verbal communication, but mum feels that the people around him work in a way that supports him and as • C has limited speech he was involved as much as he could be.
Were your happy with the outcome, plan?	<ul style="list-style-type: none"> • Mum was happy with both the plan and the outcome. She is happy with the placement at Z school. • Mum is happy with the plan and the support this brings in to the classroom for R but as it was only finalised during the summer holidays he only just got it she wants to wait to see how its implemented before commenting further.
Any other comments about the process?	<ul style="list-style-type: none"> • Mum feels it went well is happy • Mum feels that that the support she has received is amazing. She is getting advice on interventions to use at home which she hopes will make it easier for C.

3.2 Key issue: The effectiveness of our revised graduated response in reducing absence and exclusions. Evidence for the effectiveness of wider work on the graduated response within schools.

Investment in the Graduated Response

In 2021/2022 we had 690 requests to the SEND ASAP panel, an average of 58 a month as shown below. The dips in numbers correspond to the school holidays but surprisingly requests remained relatively high during the Easter holidays and the Spring break.

Figure 7: Requests to SEND ASAP September 2021 – August 2022



The work of the specialist teams available via the Panel has been very well received in schools and is showing a positive impact. Some extracts from case studies are set out below:

Figure 8: Feedback about the work of SEND ASAP



To support inclusion, we have invested in a core outreach offer for SEND, and we have also co-produced [SEND Descriptors of Need](#), alongside a resource pack and training programme to upskill staff working with children who have SEMH needs. The resources are available on the Local Offer: [Understanding and Developing SEMH Skills](#).

We have invested in additional staff in our SEND Outreach Service: an additional two FTE specialist teachers, one Nursery Nurse and three FTE SEN Support workers. Their role is to provide advice and support to families, schools and settings for individual children and young people with SEND including communication and interaction needs.

SEND teams have delivered bespoke **training to targeted schools** where children have low attendance/are at risk of exclusion. For example, schools have received training on 'trauma informed practice', 'staff supervision', 'emotion coaching' and 'Zones of regulation' and this has been directly triggered in response to a child's identified significant SEMH needs as a result of being raised at the Inclusion Panel/ASAP panel, or as an identified need following review of the **SEND School Profile**. The outcome of this work has directly supported the child to continue their education within their school, improve their attendance and reduce the risk of exclusion.

We have continued to roll out **Autism Education Trust (AET) training** to all schools. There is a range of training from general autism awareness through to specialist training. Our intention is to explore to what extent the training has impacted on exclusions and suspensions in the short term and how we can measure this in the medium to longer term.

With the Promise Board SEND sub-group we have carried out a **deep dive into exclusions and attendance data** and held workshops to review the data, share good practice, what needs to be improved and the next steps. The following actions have been identified:

- Share further information on the operation of 'Team Around Schools'
- Standardise reintegration packages following exclusion
- Launch the SEMH training programme for schools

We have established **Locality Inclusion Panels (LIPs)** to support secondary schools. Schools are requesting support for students who are at risk of permanent exclusion, as well as students without a school place through the Fair Access Panel process. 50% of the referrals received are on a SEN support plan.

To reflect the complexity of need, the LIPs include officers from SEND, Educational Psychology, 0-19 Service, Children's Social Care, Children and Families Newcastle, Youth Services, Careers and Guidance, Youth Justice Service and Virtual School, as well as officers from School Effectiveness and school leaders.

Although it is too early to ascertain long term impact on individuals, attendance of pupils referred to LIP panel has in most cases improved considerably. This is particularly marked for pupils attending alternative provision. Very early indications are that attendance reduces again upon return to mainstream but remains significantly higher than prior to referral. The data for two cases are set out below:

Figure 9: Examples of attendance and suspensions after interventions by the LIP panel

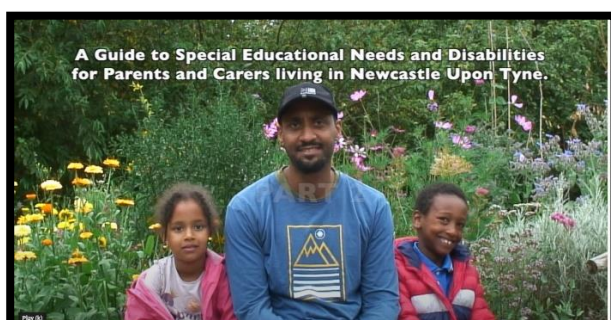
Pupil	SEND Support	Attendance %			Suspensions (No / total days)					
		Before	During	After	Before	During	After			
A	No	37.68	89.36	56**	5	40.5	3	3	1	1
B	Yes	0	100	97.78	0	0	0	0	0	0

** Partial timetable for transition to mainstream

We have worked with parents/carers and children and young people and published **explainer videos to help raise awareness of support** available for families. They are available on the local offer:

<https://youtu.be/06PgJ5zP3IU>

<https://youtu.be/grzzfYPDfF0>



We continue to promote our work to families and publish 'You said - We did' biteable videos each term: [You said, we did!](#) .

Next Steps

From September 2022 we have invested in additional SEND services which are available to schools for free via the **SEND ASAP panel**. The services that are available and examples of positive outcomes that have been achieved for children and young people were promoted at the ASAP relaunch event in June 2022. 200 representatives from schools, parent carers and SEND services attended the relaunch. The work of our panel and case studies of impact can viewed on the local offer: [Newcastle SEND ASAP](#).

Implementation of the **SEND Descriptors of Need** and the **SEMH training programme** will be brought into use across the City from September and will help to improve outcomes for children and young people, including reducing exclusions and improving attendance.

We have developed a resource pack and training programme to upskill staff working with children who have **SEMH needs**. This is available on the local offer: [Understanding and Developing SEMH Skills](#). The broader context for this work is that it will contribute to a training offer for all staff in Newcastle's schools and colleges. By completing core training, staff's capacity to support children with social, emotional and mental health needs will hopefully increase.

We have developed a scope for what new **SEMH Primary provision** based on the very best practice across the country and substantial research in this area, and we are working with schools to look at options for delivery. The emphasis is on outreach, and early support, in addition to 'day 6' provision for primary pupils.

The new **SEND Core Offer** will involve a range of non-statutory, non-traded activities that are free at the point of delivery to schools and settings, and which will focus on jointly agreed Local Authority and school priorities. Early assessment, preventative work, consultation, interventions and training to develop good practice across schools and settings will be prioritised. There will be a significant commitment of time and resource to the 'Team Around the School' model as well as additional time into SEND ASAP (including for children experiencing Emotionally Based School Avoidance) and for early years work. Specific support will also be available to other services such as the Sensory Impairment team, the Youth Justice Service and Children's Homes. The increase in the number of Assistant Educational Psychologists has allowed an increase in the number of schools benefiting from the 'Art Intervention project' and 'Zones of Regulation' training as well as allowing the Service to offer specific interventions agreed through discussion with individual schools.

We are bringing in a **Locality Inclusion Panel** for the primary sector for 2022/23.

Over the 2022/23 Academic year, all schools will have the opportunity to participate in **mental health training** on developing a whole school approach.

Whilst inclusion in mainstream is a priority, we are also doing everything we can to ensure there are **sufficient specialist placements** for those that are assessed as needing it. To this end, we are continuing to closely monitor the number of specialist placements required

and are considering short-term and medium-term options to address the demand for specialist provision, such as creating Additional Resourced Provision (ARP) spaces, reviewing our offer of support for those with SEMH needs in primary and secondary provisions, and expanding our specialist schools. We are moving ahead with a proposal for a free school with DfE for children and young people with autism.

In addition to creating additional educational placements, we are also continuing our development in partnership with Newcastle Upon Tyne Hospitals (NUTH). We are working towards opening a SEND Early Years Hub providing multi agency support and advice and assessments to our parents and carers of children aged 0-5 years.

Attendance

The latest published national absence data is set out in Figure 10. Whilst covid will have impacted on all areas at this time, Newcastle's absence rates are higher than national averages, with the exception of those at primary stage with an EHCP.

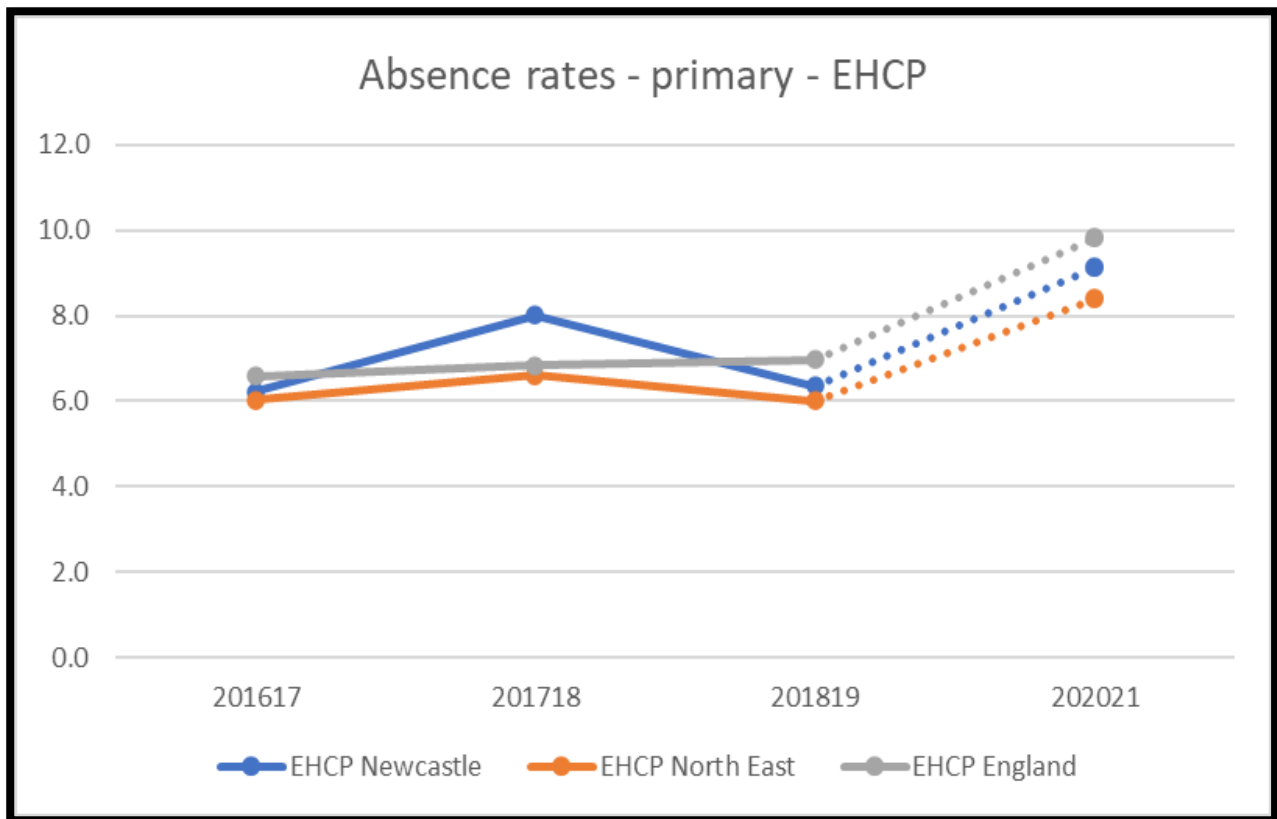
Figure 10: Newcastle absence rates compare to the national average 2016 - 2021

Primary	EHCP			SEN Support			SEND (combined)		
	Newc'le	North East	England	Newc'le	North East	England	Newc'le	North East	England
201617	6.2	6.0	6.6	5.4	5.2	5.4	5.4	5.2	5.5
201718	8.0	6.6	6.8	5.6	5.4	5.5	5.7	5.5	5.7
201819	6.4	6.0	7.0	5.3	5.2	5.4	5.3	5.2	5.6
202021	9.1	8.4	9.8	5.6	4.8	5.2	6.1	5.2	5.8

Second-ary	EHCP			SEN Support			SEND (combined)		
	Newc'le	North East	England	Newc'le	North East	England	Newc'le	North East	England
201617	6.8	7.3	7.7	7.3	7.9	7.7	7.2	7.9	7.7
201718	7.8	8.6	8.2	8.0	8.4	8.0	7.9	8.4	8.0
201819	8.9	8.9	8.6	9.0	8.5	8.1	9.0	8.6	8.2
202021	15.5	14.9	13.9	9.9	9.0	8.3	10.5	9.7	9.1

Note: There was no national data for 2019/2020

Figure 11: Newcastle absence rates for primary pupils with EHCP compared to the national average 2016 - 2021



Exclusions and suspensions

The latest published national data on permanent exclusions and suspensions is set out below. **Overall, permanent exclusion** rates for Newcastle pupils with SEND (EHCP and SEND Support combined) are **just above national levels** in 2020-21 (0.14% compared with 0.13% nationally). Permanent exclusion rates for pupils with:

- **EHCPs continues to be below** the national average in 2020-21.
- **SEN Support, permanent exclusion rates have reduced to near the national average** level (0.14% compared with 0.13% nationally) and below the North East average (0.21%).

In particular, there has been **a reduction in permanent exclusions for SEN Support pupils in Newcastle secondary schools**. Rates remain just above national levels in 2020-21.

Figure 12: Newcastle permanent exclusion rates for pupils with EHCPs compared to the North East and England average 2017-18 to 2020-21

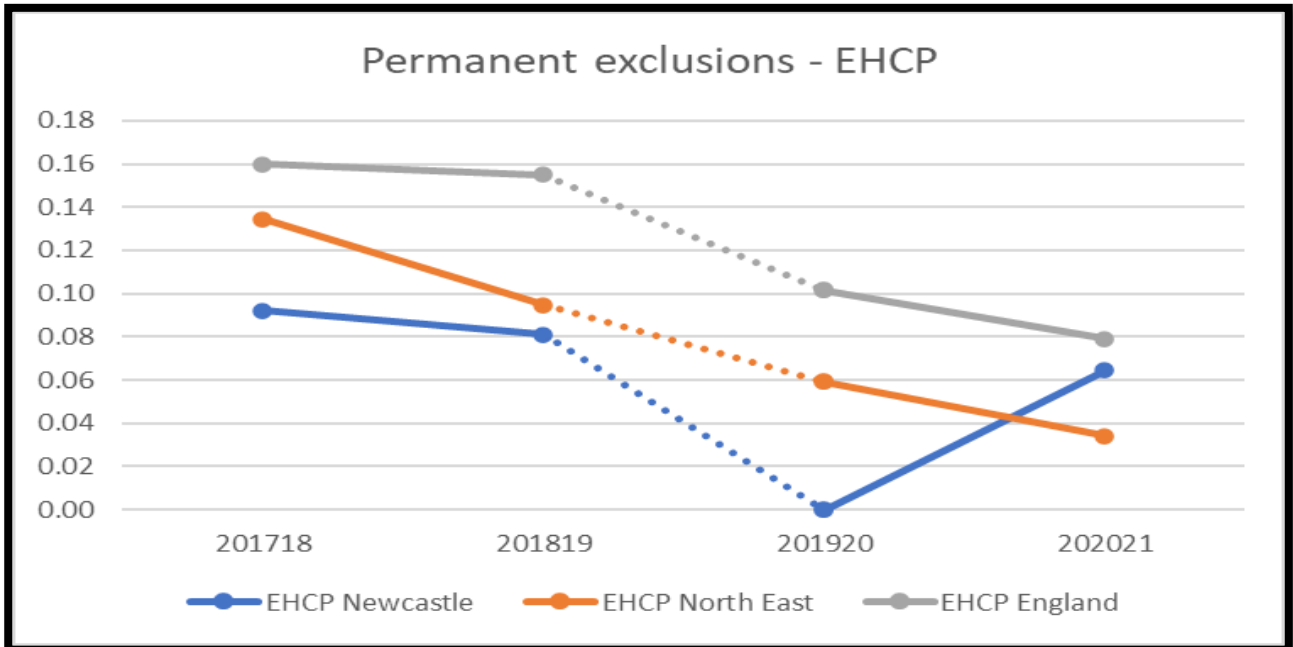
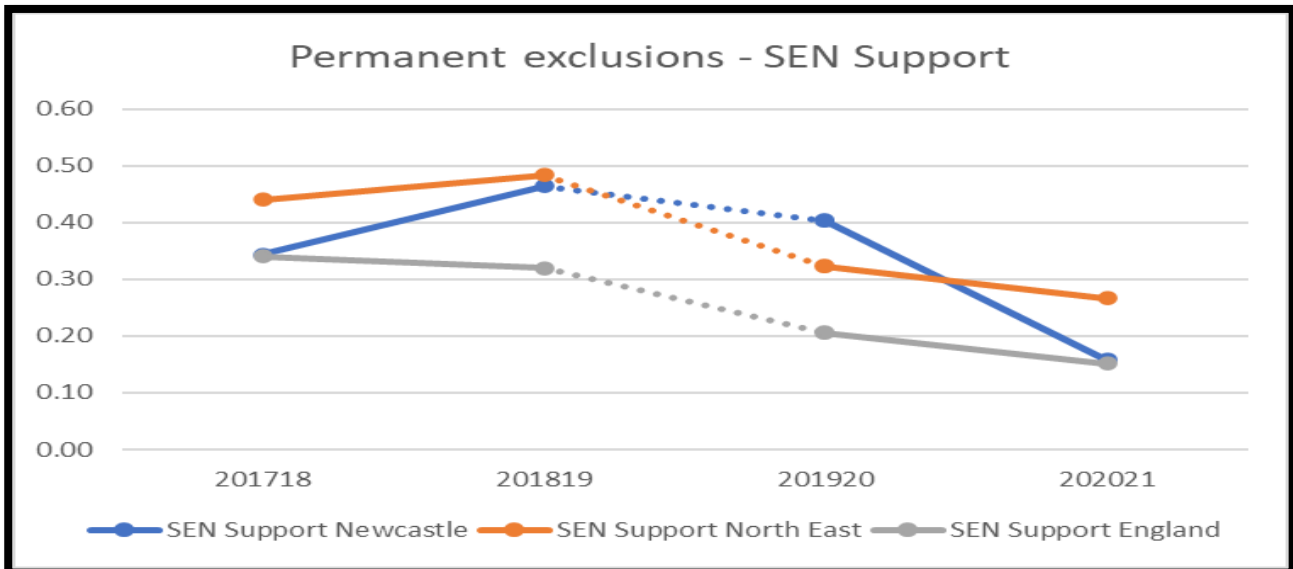


Figure 13: Newcastle permanent exclusion rates for pupils with SEN Support compared to the North East and England average 2017-18 to 2020-21



Note: This data is the number of permanent exclusions (over year) as a proportion of cohort pupils (as of Jan Census)

Suspensions

Overall suspensions rates for Newcastle pupils with SEND (EHCP and SEN Support combined) are above the national average (15.9% compared with 12.1%). Suspension

rates for primary pupils with an EHCP are above the national averages. However, for primary pupils with SEN Support suspension rates have reduced to the national average level (4.4%).

Figure 14: Newcastle suspensions data compared to North East and national averages 2020/21

	EHCP			SEN Support			SEND (combined)		
	Newc'le	NE	Eng	Newc'le	NE	Eng	Newc'le	NE	Eng
Primary	15.7	8.9	11.0	4.4	3.4	4.4	5.8	4.0	5.3
Secondary	36.3	44.3	27.2	32.0	39.3	22.8	32.5	40.0	23.5

Note: Data is Number of suspensions (over year) as a proportion of cohort pupils (as of Jan Census)

Figure 15: Newcastle suspension rates for primary aged pupils with EHCP compared to the North East and England average 2017-18 to 2020-21

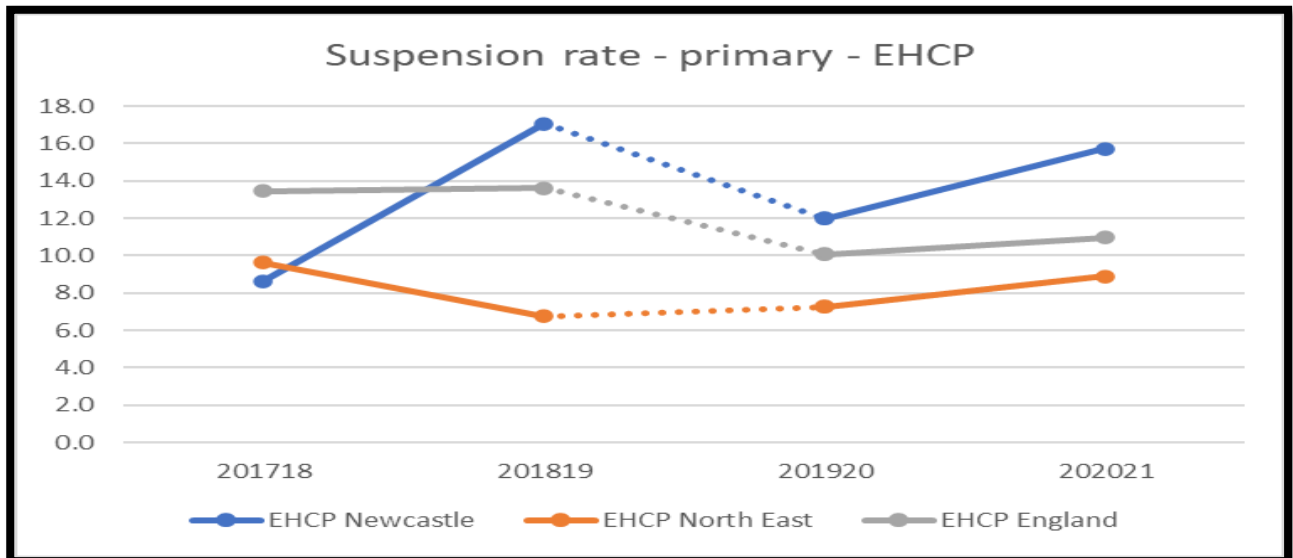
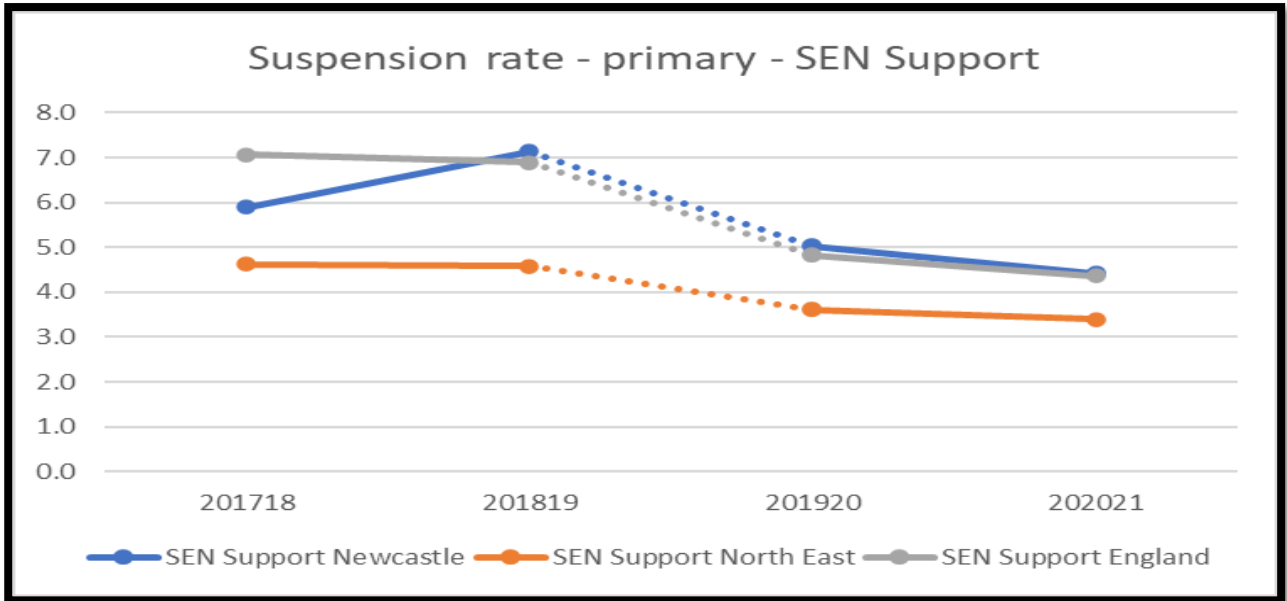


Figure 16: Newcastle suspension rates for primary aged pupils with SEN Support compared to the North East and England average 2017-18 to 2020-21



Note: This year's data includes the period in Spring term 2020/21, where restrictions meant that only key worker and vulnerable children were attending school in person, with others being educated remotely. For secondary aged pupils, suspension rates are above the national levels for EHCP and SEN Support, however both are lower than the North East averages.

Figure 17: Newcastle suspension rates for secondary aged pupils with EHCPs compared to the North East and England average 2017-18 to 2020-21

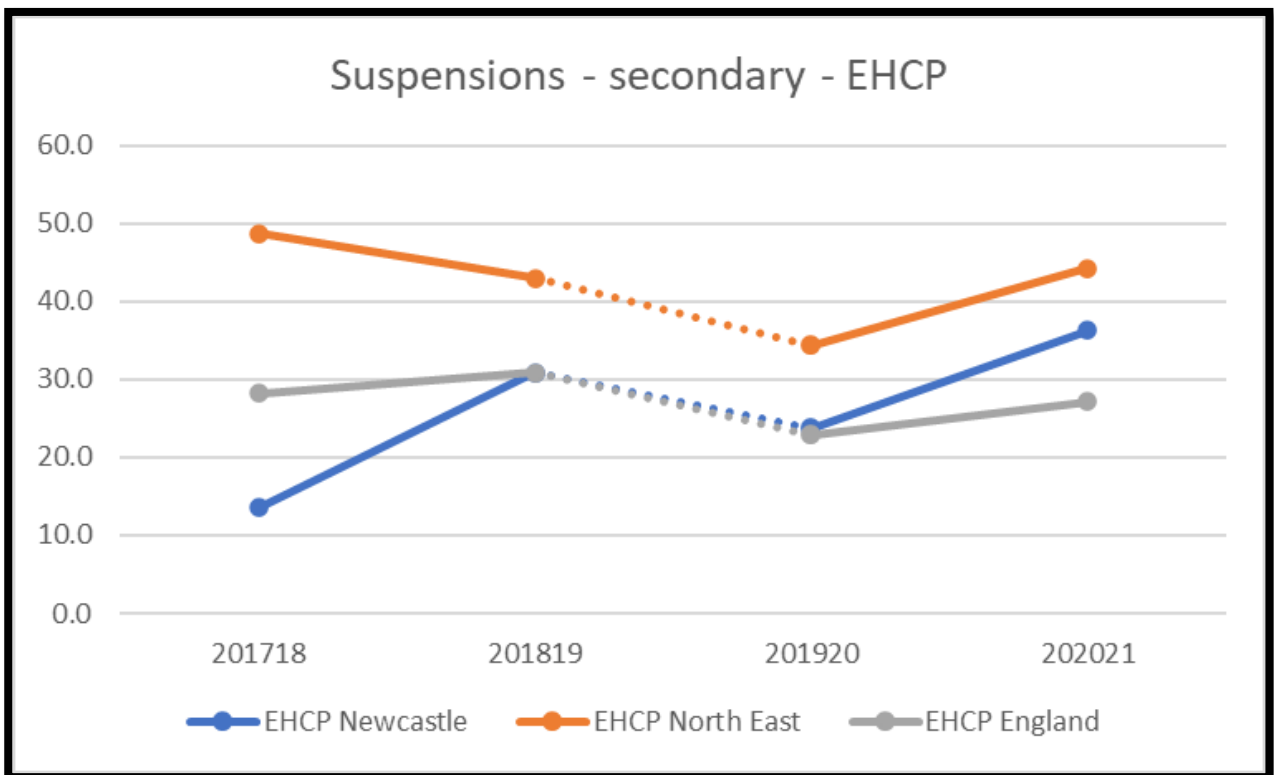
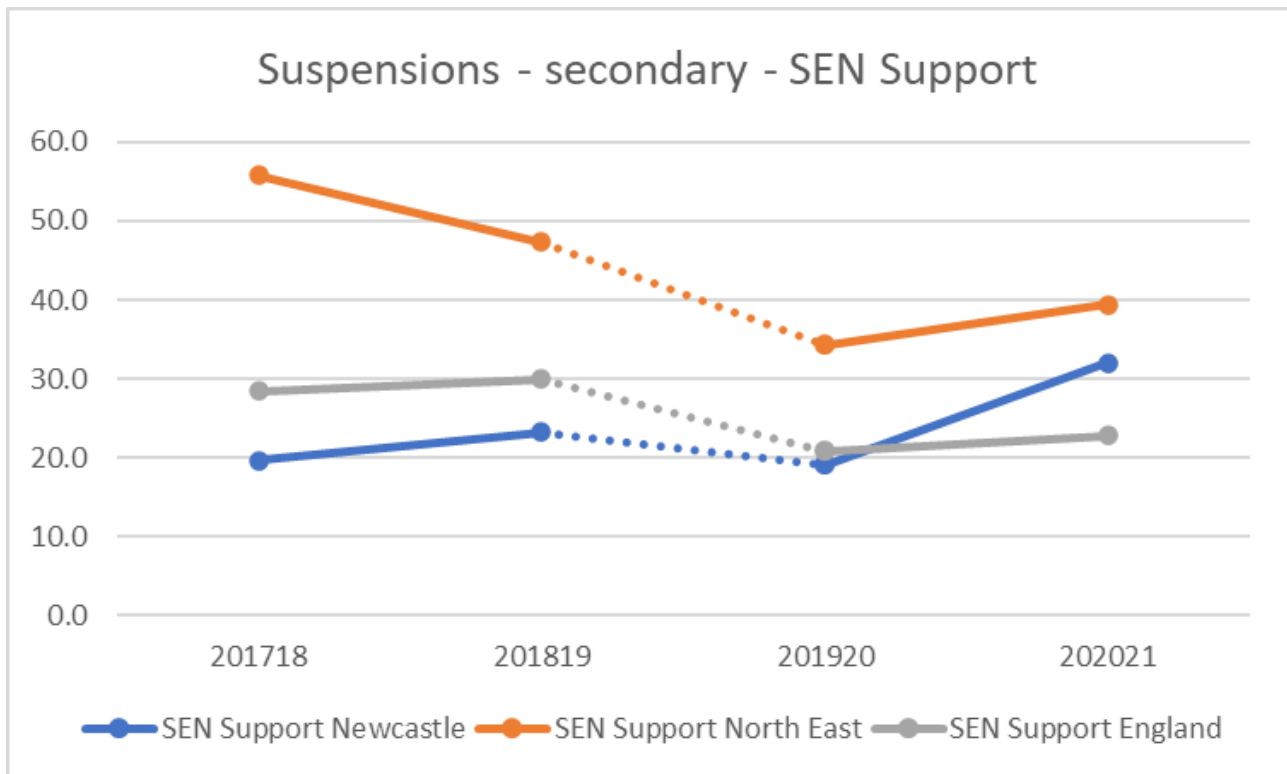


Figure 18: Newcastle suspension rates for secondary aged pupils with SEN Support compared to the North East and England average 2017-18 to 2020-21



3.3 Key issue: How pupils and parents' experience of therapies, especially Occupational Therapy, has improved, including as a universal offer and new pathways are developed

Occupational Therapy (OT) Service

At our February progress check we reported that we were starting a 'systems' wide review to design a therapies offer that is fit for purpose for the future, and that we were addressing the current problems, particularly of long waiting times for occupational therapy by:

- Reviewing the waiting list and the case mix, so that we can assess the needs and therefore the resources required to meet need.
- Reviewing the current referral criteria and identifying opportunities to strengthen the universal offer to meet needs before the referral point.
- Investing in earlier intervention with a robust universal offer and specialist support where most appropriate.

Whilst the system review is ongoing, we are taking two immediate measures: the first - an externally commissioned wait list initiative to contact, triage and assess the families on the wait lists for community OT and Adaptations; the second - an investment in increasing the capacity of the OT teams to better cope with the continued high numbers of referrals. The Council and Integrated Care Board (ICB) have invested an additional £610,000 in OT as detailed below.

We have commissioned an Independent Occupational Therapy (OT) provider to work with Newcastle Hospitals and Newcastle Council's OT Team, to review the waiting list to ensure all children on the waiting list receive an initial contact and are prioritised for

assessment according to need. Where appropriate families are signposted to the universal services that can support them whilst they are awaiting assessment.

At the end of August 2022, all of the 593 families on the waiting list have been contacted. The children on the waiting list, where OT is named in their EHC Plan, have been identified and are being prioritised for assessment to commence in September 2022. Since February our OT Teams have also addressed the growing waiting list that has occurred, an additional 110 children. Additional funding has been secured for this.

In order to be able to meet the needs of children following referral, we have increased the capacity of the OT teams in line with NICE Guidelines and secured:

- 2 FTE (Band 7) OT Advanced Practitioners and 2.0 FTE (Band 6) OT Clinical Specialists to work into the Community Team, and
- 1 FTE OT (N9) to work into the Council's Paediatric OT & Adaptations team.

What our families have said?

Throughout the waiting list initiative parents and carers have expressed gratitude for the chance to update and discuss the child's current needs directly with an Occupational Therapist. Families of children and young people with EHCPs were given details of upcoming assessments that will commence in September 2022. Parents/carers felt reassured that this will allow the needs of the child and family to be met and an example of feedback from one family is shown below:

Figure 18: Examples of feedback from Parents/Carers on the OT waiting lists

.. 'It's been good to speak with you, I know there is a waiting list for an assessment. It's been helpful to chat through everything and have someone listen. I thought we'd been forgotten about! I feel better knowing that someone is definitely coming to see us'

Current provision

OTs provide:

- **Sensational Parenting Groups:** a targeted approach to support parents/carers to gain an understanding of sensory processing and gain the confidence and skills to identify sensory differences and develop their own sensory strategy for their child.
- **Sensational School and Nursery Training:** to be rolled out to schools in Newcastle to and will ensure that children's sensory processing differences are understood are supported throughout their academic journey.

Figure 19: Examples of Feedback from the Sensational Parenting Groups

.. "It's so reassuring to know why my child does what she does, I always thought it was just bad behaviour. I now not only love my child but understand her"

.. " Being on a public place with a child with autism can feel isolating. This training has demonstrated that I'm not alone"

- **Paediatric assessments for adaptations:** Specialist assessments for equipment and adaptations required following a community OT assessment.

The **Newcastle upon Tyne Hospitals (NUTH) website** has been redesigned so that information can better reach parents and support their needs. It will “go live” in September 2022 and include interactive tools and videos. All families awaiting OT assessment will be informed of this website and formal feedback will be sought in October to assess the impact.

Therapies redesign

The case for change was approved in March at the Collaborative Newcastle Directors’ Board and workshops were held in April and May 2022 which generated initial ideas. From this a Transformation Working Group was formed to develop these ideas and drive the transformation forward. The group is made up of representatives from parent/carers, specialist and universal health services, education settings, early help, public health and NHS commissioners,

The remit of the system Transformation Working Group is to lead the co-design and implementation of an ambitious new system approach to children’s therapies, including:

The creation of an integrated, graduated response model for consultation:

- exploring a single referral pathway and single point of access
- inclusive, locality-based service delivery
- shared outcomes and shared accountability
- shared or linked IT systems
- shared processes (e.g., assessments)
- maintaining a focus on children and the empowerment of and trust in families

Exploring funding and resources for the system:

- mapping current resources held by system partners to new system elements
- exploring opportunities for new or growth funding
- highlighting any funding gaps and resultant system impact

Early work has focused on the opportunities to create a single referral pathway using an online referral portal and a multidisciplinary triage team and Panel. Contact has been made with counterparts elsewhere in the country who will share their experiences of developing such an online access point, the benefits of a combined therapies offer in that context, and the triage process that sits behind the digital ‘front door’.

Work has also focused on the self-help resources and criteria information that will need to be available for different audiences to best ensure appropriate referrals for specialist assessment along the graduated response pathway. The views of parents and carers about the most effective and accessible presentation of this information are being sought throughout.

The working group will develop these system ideas for further engagement and consultation with wider stakeholders across the autumn/winter 2022. Local offer pages and a survey has been published to gather the views of families: [Redesigning Children's Therapies in Newcastle](#).

4. APP progress October 2022

The APP has been updated to show our progress in October 2022.

	Action	Responsible Officers	Timescale for the action	Action RAG
1	Ensure a solid SEND Graduated Response system in place to identify, meet needs and improve outcomes.			
1.1	<p>Review strengthen and test SEND governance arrangements.</p> <p>Governance refreshed in May 2022. Terms of reference have been developed, agreed, and workstreams are meeting. We have appointed an additional Senior Practitioner to lead on the PfA agenda who has restarted the meetings from September 2022.</p> <p>Feedback from parents/ carers and schools and settings advise that the Governance Arrangements have improved since the SEND Collaborative meetings have been established, with evidence of collaboration and partnership between service users, parents, carers, Local Authority and the CCG at all levels.</p> <p>We publish a calendar of meetings on the local offer to promote transparency of decision making: SEND Communications Newcastle Support Directory</p> <p>As we move forward, we will continue to ensure that the Governance arrangements are robust and reflect stakeholder needs.</p> <p>Examples of impact:</p> <ul style="list-style-type: none"> • Challenge from the Chair for a systems wide review and rethink of therapy services, rather than service approach. • Cases of concern escalated to Single Point of Contact (SPoC) within health and social care with positive feedback received as a result. 	<p>Head of SEND, NCC. Director of Newcastle System North East and Cumbria ICB. Parent Carer Forum.</p>	<p>Within 6 months</p>	<p>Achieved</p>

	Action	Responsible Officers	Timescale for the action	Action RAG
	<ul style="list-style-type: none"> • Opportunities where Parents/Carers can directly raise concerns with Senior Leaders from the Council and the ICB. • Ongoing investment in SEND voice, and opportunities for Voice trainees to brief the SEND Board about their work. 			
1.2	<p>Implement the SEND Collaborative Forum meetings as agreed in July 2021.</p> <p>The SEND Collaborative Forum has met every two weeks since 14 July 2021. The Collaborative Forum has enabled Senior Managers and operational leads to work through current issues and deploy solutions and as well as providing a “check and challenge” on progress.</p> <p>The Parent/Carer Forum have met on a termly basis with members of the Collaborative Forum to raise any questions of concern to Parents/Carers. The responses are published on the PCF and Local Offer website.</p>	Head of SEND, NCC. Director of Newcastle System, North East and Cumbria ICB. Parent Carer Forum.		Achieved
1.3	<p>Roll out the newly co-produced SEN Support plan across all educational settings.</p> <p>SEN support plan was rolled out across all educational settings from Autumn term 2021. In February 2022, 75% of requests to SEND ASAP were accompanied by a SEN Support Plan. Schools are now clear on the expectations and requests will not be considered unless there is evidence of a SEN Support plan.</p>	Senior SEND Advisor, NCC.	Within 6 months	Achieved
1.4	<p>Review the graduated response process through the referrals and interventions made in 2020/21. Identify what works well and what needs to improve.</p>	Head of SEND, NCC, SEND Service Improvement Lead, NCC.		Achieved

	Action	Responsible Officers	Timescale for the action	Action RAG
	Review up to January 2022 found a low number of referrals for early support from secondary schools and the SEND Sub-Group challenged secondary schools to consider whether ASAP support could be used to help reduce fixed term exclusions. Case examples from secondary schools have been used to encourage referrals.		Within 6 months	
1.5	Relaunch our graduated response. The graduated response was relaunched in June 2022, it was well attended and feedback to the new services was positive. See presentation and case studies on the local offer: Newcastle SEND ASAP.	Head of SEND, NCC.		Achieved within 9 months
1.6	Enhance the universally available and mainstream guidance with co-produced descriptors of need. It took longer than anticipated to co-produce the SEND Descriptors of Need. The documents and how they are to be used were presented to the SENCO network in July 2022 and published on the local offer for schools to use in September 2022. Once the descriptors are in use, we will arrange moderation panels and SENCOs will review and moderate assessments of needs.	Service Manager SENDOS, NCC Senior SEND Advisor, NCC.		Achieved Within 12 months
1.7	Work with all settings to clarify primary needs data recording through census and electronic management system. At 26/01/22 most Head Teachers have attended 3 out of 5 training sessions delivered by Whole School SEND commissioned through the DfE. This training reinforced the importance of appropriate identification of need, absence and exclusion tracking and modifications to additional support requirements in response to need.	Senior SEND Advisor, NCC.		Achieved

	Action	Responsible Officers	Timescale for the action	Action RAG
	In addition, as part of EHC multi-agency audits we check that the correct primary need is recorded on capita and improvement to the quality of EHCPs is being taken forward through the annual reviews.			
1.8	<p>Pilot the electronic SEND portal to facilitate the EHC assessment, planning process with schools and families.</p> <p>The SEND portal has been tested thoroughly over the last year and we have received feedback that is very easy to register as a user and use the portal.</p> <p>Information about the SEND Portal is published on the local offer and we started to take EHC assessment requests and professional advice via the portal in September 2022.</p> <p>As noted in 1.9 it took longer to agree a new EHC template than anticipated. This in turn had a knock-on effect on the timescales for the introduction of the SEND portal, as it meant we needed to co-produce the EHC request form and professional advice and parent and child contribution forms, to ensure that they align with the EHC plan template.</p>	Head of SEND, SAR Team, NCC. SEND Service Improvement Lead, NCC.	Within 6 months	Achieved Within 12 months
1.9	<p>Co-produce a new Education, Health and Care Plan (EHCP) template for CYP age 0-25.</p> <p>It took longer than planned to co-produce the EHC template. The benefits of the template and reasons for delay were reported to the SEND Executive Board in July 2022.</p> <p>We will start to use the new template from September 2022 for new requests for EHC assessments and will tweak it following feedback from families. We will also look at all of the existing plans and have a</p>	Head of SEND SAR Team, NCC SEND Voice Lead, NCC Parent/Carer Forum.		Achieved within 12 months

	Action	Responsible Officers	Timescale for the action	Action RAG
	programme in place to transfer all existing plans onto the new template.		Within 6 months	
1.10	<p>Carry out a pilot study to test out Rix Wiki and MOMO with families to improve how we gather voice in the EHC process.</p> <p>Rix Wiki:</p> <p>We have invested in 20 Rix Wiki licences to test out with families. Rix wiki promotional materials have been circulated and an information event held on December 2021 with 34 people on the call. As a result, 5 parent/carer volunteers have signed up to pilot the Rix Wiki and training has been provided on this. We are working with Skills for People to establish a user support group.</p> <p>Mind of My Own (MOMO) App:</p> <p>We have promoted the use of the MOMO app to professionals and that training is available on Council's LMS website. We are looking at how we can purchase licenses so that the SENCOs can use the MOMO app in school.</p>	SEND Voice Lead, NCC Parent Carer Forum.		Achieved
1.11	<p>Improve the quality of health advices by implementing single point of contact, and health advice champions.</p> <p>A single point of contact generic email address has been set up and is in use. As part of the training delivered by the SEND nurse coordinator there is an expectation the attendees will become SEND health champions and share the learning across the service.</p>	Designated Medical Officer, North East and Cumbria ICB.		Achieved
1.12	<p>Continuous roll out of SEND Training programme to ensure that the health provision <i>'is specific, that outcomes in plans are clear, precise and measurable, and plans focus sharply enough on preparing young people for their adult lives'</i>.</p>	Head of SEND, NCC, Designated Medical Officer, North East and Cumbria ICB.	Achieved	

	Action	Responsible Officers	Timescale for the action	Action RAG
	<p>The SEND Nurse Co-ordinator is providing training for health providers in NUTH and CNTW about how to write high quality health advice for EHC assessments.</p> <p>This is supported by new medical and therapies advice templates which prompts high quality medical advice.</p> <p>SEND health champions across the health services have regular quality and improvement sessions to reflect on the findings of the health advice audits and this leads to the development of targeted training packages.</p>		<p>Within 6 months</p>	
1.13	<p>Work with SENCOS to arrange peer moderation review process for SEN support plans/ EHCPs which aligns to the co-produced SEND descriptors of need.</p> <p>SEND Senior Adviser has reviewed a sample of SEN Support plans and provided training to SENCOS to improve quality and consistency. Two moderation sessions have been held with SENCOS.</p> <p>As part of the Quality Assurance programme, the SEND Senior Adviser has audited a sample of education advices and is part of the multi-agency team carrying out audits of EHC plans. Results to be reported to the 'Getting it right together' workstream.</p> <p>Once the descriptors are in use, we will arrange further moderation panels and SENCOS will review and moderate assessments of needs. (See 1.6).</p>	<p>Senior SEND Advisor, NCC.</p>	<p>Within 12 months</p>	<p>Achieved</p>

	Action	Responsible Officers	Timescale for the action	Action RAG
1.14	<p>Identify schools with high levels exclusion and deliver targeted whole school training through investment in Autism Education Trust (AET).</p> <p>We continue to roll out AET training out to all schools. There is a range of training from general autism awareness through to specialist training. Our intention is to explore to what extent the training has impacted on suspensions and exclusions in the short term and how we can measure this in the medium to longer term.</p>	Head of SEND, NCC.	Within 12 months	Achieved
1.15	<p>Develop a bespoke Social, Emotional, Mental Health (SEMH) training programme for the city and deliver to targeted schools/ settings.</p> <p>We have a developed a resource pack and training programme to upskill staff working with children who have SEMH needs. This is available on the local offer: Understanding and Developing SEMH Skills. Schools who were involved in developing the training have been testing the training materials throughout the process and it will be rolled out across schools in 2022/23.</p>	Head of SEND, NCC Senior Specialist Educational Psychologist, NCC		Achieved
1.16	<p>Implement a clear core and traded offer, following the consultation in 2020/21.</p> <p>New EPS and SEND Outreach Core Offer will take effect from September 2022.</p>	Head of SEND, NCC.		Achieved
2	Further develop the SEND quality assurance system 'Getting It Right Together'			
2.1	<p>Hold event with SEND Executive Board to identify and agree the priority measures to be used to assess progress against the agreed outcomes.</p>	Head of SEND, NCC.	Within 6 months	Achieved

	Action	Responsible Officers	Timescale for the action	Action RAG
	In November 2021 an outcomes workshop was held with the SEND Executive Board (including Parents and Carers) to identify and agree the priority measure to be used to assess progress against our agreed outcomes.		Within 6 months	
2.2	<p>Explore national models and role descriptors for the Designated Social Care Officer (DSCO) function.</p> <p>National models have been explored. The Head of SEND is a member of the DSCO national forum. A job description has been produced and evaluated. A business case has been submitted for transformational funding. Funding for the post was agreed in February 2022. A DSCO has been appointed and starts in post September 2022.</p>	Head of SEND, NCC.		Achieved
2.3	<p>Produce an outline proposal to set out clear accountability and responsibilities to be undertaken by the DSCO function for Newcastle.</p> <p>Achieved as part of the recently approved case for investment and job description agreed.</p>	Head of SEND, NCC.		Achieved
2.4	<p>Produce a role and person specification for a DSCO.</p> <p>A job description has been produced and evaluated.</p>	Head of SEND, NCC.		Achieved
2.5	<p>Develop a case for investment to secure the necessary capacity to support the DSCO function for Newcastle.</p>	Head of SEND, NCC.		Achieved

	Action	Responsible Officers	Timescale for the action	Action RAG
	Funding for the post was agreed in February 2022. We have gone through two recruitment cycles for this post and have recently recruited to this role. A DSCO will start in September 2022.			
2.6	<p>Explore national models and role descriptors for the Designated Medical Officer/ Designated Clinical Officer (DMO/DCO) function.</p> <p>Models and role descriptors were discussed with NHS England and a review of the national models and role descriptors for both the DCO and DMO has been undertaken which has directly informed the development of the DMO/DCO roles.</p>	Director of Newcastle System, North East and Cumbria ICB.		Achieved
2.7	<p>Produce an outline proposal to set out clear accountability and responsibilities to be undertaken by the DMO/DCO function for Newcastle.</p> <p>The DCO/DMO in post and have clear accountability and responsibility for the delivery of the statutory requirements of SEND code of practice alongside meeting the needs of C&YP across the city</p> <ul style="list-style-type: none"> • The DCO providing strategic overview of the needs of C&YP across the city advising on statutory duties and collaborating with wider service within the LA and VCSE sector. • The DMO provides expert medical knowledge and advice to C&YP, families and professionals within health services and in partnership with the local authority. <p>Roles and responsibilities are published on the local offer: Designated Medical Officer and Designated Clinical Officer Newcastle Support Directory</p>	Director of Newcastle System, North East and Cumbria ICB.	Within 6 months	Achieved

	Action	Responsible Officers	Timescale for the action	Action RAG
2.8	<p>Produce a role and person specification for a designated clinical officer.</p> <p>The role specification was produced, and funding was approved.</p>	Director of Newcastle System, North East and Cumbria ICB.		Achieved
2.9	<p>Develop a case for investment to secure the necessary capacity to support the DMO/DCO function for Newcastle.</p> <p>Achieved, DCO and DMO in post.</p>	Director of Newcastle System, North East and Cumbria ICB.		Achieved
2.10	<p>Implement refreshed DMO/DCO function.</p> <p>Both DMO and DCO roles are in place in Newcastle – see 2.7</p>	Director of Newcastle System, North East and Cumbria ICB.	Within 12 months	Achieved
2.11	<p>SEND Executive Board and young people with SEND and their parents/ carers to review and test the agreed priority measures to ensure they are appropriate and trace progress against agreed outcomes.</p> <p>We have carried out a substantial amount of work to ensure we are confident that we can capture outcomes that are meaningful to children and young people and their parents/carers.</p> <p>We now have a SEND outcomes framework which considers the experience of children and young people, key performance indicators (absence, exclusions, waiting times) and the biennial Health-Related Health Questionnaire. Taken together this intelligence will contribute to our city JSNA and will help us to target our resources to meet need.</p>	SEND Voice Lead, NCC Parent Carer Forum.		Achieved

	Action	Responsible Officers	Timescale for the action	Action RAG
	<p>The questions to collect children’s experiences have of been trialled by SENCOs during the summer term, to ensure that they are relevant and allow progress to be assessed.</p> <p>The next steps are:</p> <ul style="list-style-type: none"> • To collect children and young people’s views as part of their annual reviews from September 2022. • Include the outcomes within relevant education, health and care commissioned service specifications. with appropriate mechanisms for measuring progress • Ensure that the workforce is aware of the outcomes framework. 		Within 12 months	
2.12	<p>Parents/carers and children and young people to design a whole school survey (to be issued bi-annually) to find out whether children and young people feel happy, safe, well cared for, have a voice and are ready for the world of work. SEND Executive Board to formally respond to the results.</p> <p>The SEND Voice lead worked with children, young people, parents and carers to design a survey which was circulated to schools in the Autumn Term 2021. 500 plus pupils and parent/carers responded to the survey which ran from until April 2022. The results were reported to the SEND Executive Board in September 2022.</p>	SEND Voice Lead, NCC Parent Carer Forum.		Achieved
2.13	<p>Ensure SEND Outcomes are included within relevant education, health and care commissioned service specifications with appropriate mechanisms for measuring progress.</p>	Director of Newcastle System, North East and Cumbria ICB.		Work in progress

	Action	Responsible Officers	Timescale for the action	Action RAG
	Please see 2.11. The next step is to ensure that the outcomes are included within relevant education, health and care commissioned service specifications with appropriate mechanisms for measuring progress.	Service Manager: Commissioning (Social Care and Inclusion), NCC.	Within 12 months	
2.14	<p>Undertake quality assurance activity as set out in SEND Quality Assurance Framework, SEND related policies and strategies</p> <p>We have completed the single agency and multi-agency audits for the three terms in 2021/2022. In addition, all (10) LA SEND Managers have had discussions with individual families to find out their direct experience of the EHC assessment process.</p> <p>An annual report will go to SEND Board in November 2022.</p>	Head of SEND, NCC DMO, North East and Cumbria ICB.		Achieved
3	Health and Local Authority to collaboratively commission and assure a therapy offer that meets current and future needs, reduces waiting times, and delivers the outcomes and impact that we collectively agree with children, young people, their families			
3.1	<p>Identify and implement interim measures to the occupational therapies and equipment/adaptations pathway to meet immediate needs and support waiting list reduction.</p> <p>Completed within 12 months.</p> <ul style="list-style-type: none"> • Waiting list initiative commenced July 2022 with joint additional funding given to support both the adaptations and community OT services and completed August 2022 • Children and Young People triage/categorised according to need will all families having direct contact with an OT • Children identified on waiting list with EHCP who are to be given targeted assessments to meet statutory requirements. • All families on waiting list contacted by August 2022. 	Director of Newcastle System, North East and Cumbria ICB. Head of SEND, NCC DMO, North East and Cumbria ICB. Commissioning (Social Care and Inclusion), NCC.	Within 6 months	Achieved within 12 months

	Action	Responsible Officers	Timescale for the action	Action RAG
	<ul style="list-style-type: none"> Recruited successfully into OT posts and doubled the current workforce within both adaptations and community OT. OT portal to launch in September which will provide an up-to-date resources for professionals to strengthen the universal offer and meet current need Sensational School and Nursery Training and Sensational parenting to support the universal offer 		Within 6 months	
3.2	<p>Undertake a comprehensive analysis of current and predicted need for occupational therapy support requirements for children and young people.</p> <p>Following the completion of the waiting list initiative analysis of data is currently underway. This is focussed on reviewing the number of cases that have been categorised as 'universal, targeted and specialist' as well as the predicted complexity of the waiting list indicated by the 'high, medium and low' priorities.</p> <p>The analysis of the quantitative data will provide an overview of the waiting list and the typical caseload that will be held by Newcastle occupational therapy team. The data will also be reviewed for trends, for example, frequent diagnoses, signs and symptoms, parental concerns and other issues raised. A written report of the findings will be provided to the ICB and senior leaders in the NHS paediatric occupational therapy team.</p> <p>The information will assist with workforce planning, skill mix, training needs of staff and assist with future predictions of referrals received.</p>	<p>Director of Newcastle System, North East and Cumbria ICB. Head of SEND, NCC DMO, North East and Cumbria ICB. Commissioning (Social Care and Inclusion), NCC.</p>		Achieved within 12 months

	Action	Responsible Officers	Timescale for the action	Action RAG
3.3	<p>Identify with children and young people and their families outcome, impact, and delivery expectations from an occupational therapy support offer.</p> <p>The therapies redesign is underway, including OT. In April/May, stakeholder feedback has been collected and workshops held to understand the experience of the current system, examples of good practice and areas for improvement, and to shape a new system approach for Newcastle,</p>	<p>Director of Newcastle System, North East and Cumbria ICB. Head of SEND, NCC DMO, North East and Cumbria ICB. Commissioning (Social Care and Inclusion), NCC.</p>	<p>Within 6 months</p>	<p>Achieved within 12 months</p>
3.4	<p>Identify specific occupational therapies support required for children with Autism Spectrum Condition to support assessment, diagnosis, and post diagnostic support.</p> <p>This has been encompassed by the therapies redesign, with specific need identified. A proportion of the identified need will be provided through improvement of occupational therapy staffing leading to a reduction in waiting lists.</p> <p>The next steps are:</p> <ul style="list-style-type: none"> • Provision of more general autism specific sensory advice through enhancement of the online resource. • Improved provision of individualised occupational therapy support at and post-diagnosis through further commissioning discussion. 	<p>Director of Newcastle System, North East and Cumbria ICB. Head of SEND, NCC DMO, North East and Cumbria ICB. Commissioning (Social Care and Inclusion), NCC.</p>		<p>Work in Progress</p>
3.5	<p>Identify equipment and adaptation requirements to be built into the occupational therapies support pathway.</p> <p>Equipment and adaptation requirements have been identified and a draft specification is currently out to consultation. It is anticipated</p>	<p>Director of Newcastle System, North East and Cumbria ICB. Head of SEND, NCC DMO, North East and Cumbria ICB.</p>		<p>Achieved within 12 months</p>

	Action	Responsible Officers	Timescale for the action	Action RAG
	<p>that the final version of this document will be agreed in September 2022.</p> <p>A Memorandum of understanding is being developed by partners including Newcastle City Council's Farer Housing Unit (FHU), Your Homes Newcastle (YHN), Newcastle City Loan and Equipment Service (NCLES) and Adult Social Care. This will help integrate the service pathway by clarifying the roles and responsibilities of agencies.</p> <p>The above will form part of a joint specification within our overarching position statement which encompasses both adaptations and community OT and these will be assimilated into the whole system approach.</p>	Commissioning (Social Care and Inclusion), NCC.	Within 6 months	
3.6	<p>Explore national and international models for occupational therapies to inform the Newcastle model and approach.</p> <p>We have explored several models from across the country and internationally as part of the occupational therapy review. We also looked at the Royal College of Occupational Therapists (RCOT) guidance as well as their research and development strategy 2019–2024.</p> <p>We are fully engaged in regional deep dive into therapies, and we are currently exploring how therapies are commissioned across the region.</p>	<p>Director of Newcastle System, North East and Cumbria ICB.</p> <p>Head of SEND, NCC DMO, North East and Cumbria ICB.</p> <p>Commissioning (Social Care and Inclusion), NCC.</p>		Achieved
3.7	<p>Co-produce a costed occupational therapies pathway for assessment and treatment to deliver the agreed delivery, outcome, and impact measures.</p> <p>As referenced at 3.1 full costing has been approved and coproduced to review and address the waiting list and double the OT workforce</p>	<p>Director of Newcastle System, North East and Cumbria ICB.</p> <p>Head of SEND, NCC DMO, North East and Cumbria ICB.</p>	Within 12 months	Achieved

	Action	Responsible Officers	Timescale for the action	Action RAG
	We will use the insights gathered from this work to inform the co-production of a costed OT pathway in alignment with the whole system review.	Commissioning (Social Care and Inclusion), NCC.		
3.8	<p>Present case for change to system leaders via organisational and SEND Executive Board to secure required investment and resources.</p> <p>Case for change approved by Directors Team Children and /Families Newcastle.</p>	<p>Director of Newcastle System, North East and Cumbria ICB. Head of SEND, NCC DMO, North East and Cumbria ICB. Commissioning (Social Care and Inclusion), NCC.</p>		Achieved
3.9	<p>Translate occupational therapies offer into the service specification and contractual agreements required to mobilise the new support offer</p> <p>As we design the whole system approach to therapies, we have been able to iterate and bring forward appropriate elements of service delivery. We have developed specifications for Community Paediatric OT and Community Adaptions, and we are consulting with relevant stakeholders on these. It has been agreed that both specifications are to be brought together under an umbrella statement of intent as the Newcastle Occupational Therapies offer.</p>	<p>Director of Newcastle System, North East and Cumbria ICB. Head of SEND, NCC DMO, North East and Cumbria ICB. Commissioning (Social Care and Inclusion), NCC.</p>		Work in progress
3.10	<p>Commence process for collaboratively commissioning revised occupational therapies offer.</p> <p>As outlined in 3.1. as part of our work to transform 'Building the Future' for Children's Therapies in the city we have started to engage with stakeholders.</p>	<p>Director of Newcastle System, North East and Cumbria ICB. Head of SEND, NCC DMO, North East and Cumbria ICB.</p>		Achieved

	Action	Responsible Officers	Timescale for the action	Action RAG
		Commissioning (Social Care and Inclusion), NCC.		

5.1 Performance measures

(Progress against targets and milestones; evidence of impact and whether the local area is on track to meet the next set of milestones).

Impact measures and milestones

1. Solid SEND Graduated Response system in place to identify, meet needs and improve outcomes.				
KPI reference	By 6 months (end of March 2022)	RAG	By 12 months (end of September 2022)	RAG
			<p>1.1-1.2: A survey will be carried out that confirms that families and the SEND workforce are aware of the SEND governance arrangements.</p> <p>Whilst we have not carried out a survey we have published our governance arrangements on the Local Offer alongside a calendar of up-and-coming meetings to promote transparency of decision making. We have also briefed the workforce and parent/carers about our governance arrangements, and feedback from staff has been positive.</p> <p>An audit of SEND Executive Board meetings demonstrates appropriate accountability in support and challenge role.</p> <p>The SEND Executive Board has met 5 times over 2021/2022 and also held a special meeting in November 2021 to discuss the measures to be included in the outcomes framework. The 'Chair' role is shared between the Director of Children, Education and Skills from NCC and the Director of Place at the ICB.</p>	

			<p>Each meeting was well attended with representatives across the partnership and all minutes are published: SEND related policies and strategies</p> <p>There are examples of challenge and support as outlined at 1.1 of the APP.</p>	
APP 1a 1b and 2	<p>1.3: All referrals to SEND ASAP panel will include evidence of settings using agreed SEN Support plan and provision map.</p> <p>From October 2021 the SENCO network was informed that requests to SEND ASAP would only be considered if accompanied by a SEN Support Plan.</p> <p>From October–11 January 2022 SEND ASAP received 138 requests for support, of these, 35 did not include a SEN Support Plan, suggesting that 75% of cases were using the SEN Support Plan template.</p> <p>SEN Support plans will continue to be moderated with SENCOs and progress tracked at SEND Quality Assurance, Getting it Right Together (GIRT).</p>		<p>1.3: All referrals to SEND ASAP panel will include evidence of settings using agreed SEN Support plan and provision map.</p> <p>SEND ASAP will only accept requests which include appropriate information.</p> <p>Of requests received between February and July 2022, 88% included SEN support plans, which is an increase since the previous six months. For the remaining cases we requested plans which were received before the ASAP request was actioned.</p>	
APP1a 1b and 2	<p>1.4-1.7</p> <ul style="list-style-type: none"> A survey of settings will confirm that the graduated response is working well in Newcastle. 		<p>1.4-1.7</p> <ul style="list-style-type: none"> An audit of SEND ASAP referrals confirms that interventions resulted in improved outcomes for CYP. 	

	<ul style="list-style-type: none"> • There will be an increase in appropriate referrals to SEND ASAP. <p>A survey was sent out in January 2022 and will be used to inform the relaunched graduated response and training programme.</p> <p>Requests to SEND ASAP have increased and we are now at pre-lockdown levels. 73% of requests over the period were appropriate. Feedback from schools and settings in relation to the work provided through the SEN ASAP are very positive.</p> <p>The quality of the work provided by specialist staff is rated highly. Colleagues find it easy to access the service and the work is provided in a timely fashion. Overall, the work is considered to have addressed initial concerns and supported schools and settings to meet needs of children and young people with SEN leading to higher levels of inclusion.</p>		<p>See presentation and case studies on the local offer: Newcastle SEND ASAP</p> <p>We now track the attendance/exclusion rates of children and young people after six months after an intervention from SEND ASAP.</p> <ul style="list-style-type: none"> • A survey of settings confirms that staff can access support and training at the earliest opportunity. <p>Through the SEND sub group schools have reported that they feel well supported and know how to access help and support.</p>	
<p>APP1a 1b and 2</p>			<ul style="list-style-type: none"> • A survey of parents/ carers confirms that they know where to go to access help and support. <p>We are planning to work with the parent/carer forum this year to increase their capacity and to develop this survey.</p> <p>We have developed service explainer videos using starring our children and young people and parent and carers. These are published on the Local Offer.</p>	

<p>APP5</p>	<p>1.8 An audit of EHCPs confirm that all EHCPs record the appropriate primary need of the child/ young person.</p> <p>The EHC audit for the Autumn term 2021 found that 6 out of 10 plans concluded that the appropriate primary need was recorded. In the other 4 cases the auditors had differing opinions about the primary and secondary needs. Training will be provided to ensure consistency of audit judgements.</p>		<p>1.8 An audit of EHCPs confirm that all EHCPs record the appropriate primary need of the child/ young person.</p> <p>The summer EHC plan audit found that for 8/10 of the plans the primary needs were appropriately recorded in capita. The intention is that the descriptors of need will help to improve identification of needs and therefore the recording. The descriptors took longer to produce that anticipated.</p> <p>Peer moderation is planned for the Autumn term.</p> <p>We will carry out a further audit in the spring term to check that primary needs are recorded correctly.</p>	
<p>APP3 APP4</p>	<p>1.9: The implementation of the SEND portal contributes to improvements in the timeliness of EHC assessments to be in line with at least national average.</p> <p>The SEND Portal is currently being tested with Education, health and social care officers.</p>		<p>1.9: The implementation of the SEND portal contributes to improvements in the timeliness of EHC assessments to be in line with at least national average.</p> <p>We started to take requests for EHC assessments and will seek professional advice via the SEND portal from September 2022.</p>	
<p>APP5</p>			<p>1.10: A survey confirms that, at least 75% of parents and carers and children and young people and settings are positive about the new EHCP template.</p> <p>The new EHC template was co-produced with parent/carers representatives and will be used for</p>	

			<p>new assessment requests starting September 2022.</p> <p>Whilst we haven't done a survey, all feedback from parents/carers and schools and setting who have seen the new plan are positive. We will seek feedback after each new plan is issued.</p>	
<p>APP3 APP5</p>	<p>1.11: Quarterly audits show an improvement in demonstrating parental and child voice in EHC plans and annual reviews.</p> <p>The EHC multi-agency audit of 10 plans in Autumn term 2021 found that 80% of plans confirmed that SECTION A: (The views, interests and aspirations of the child and their parents, or the young person), was compliant with the standards. Two of these were rated as good practice.</p>		<p>1.11: Quarterly audits show at least 75% of parental satisfaction in relation to their voice and their child's voice being heard throughout the EHCP and annual review process.</p> <p>The multi-agency audits found that 83% of Section A of the plans audited over the year were very well completed.</p> <p>For the summer term audit 100% of the Section A were found to be completed well.</p> <p>Examples of feedback from parents/carers that have recently gone through the EHC process is shown in Figure 6.</p>	
<p>APP5 and 6</p>	<p>1.12-1.13: Audits carried out each quarter demonstrate a 50% improvement in the quality and timeliness of EHC plans based on good quality advice and clear outcomes.</p> <p>The autumn term audit identified slow improvement on overall quality of advices. To address we have rolled out further training for advice and plan writers. Health and social care forms have been redesigned. The timeliness of</p>		<p>1.12-1.13: Audits carried out each quarter demonstrate a 75% improvement in the quality and timeliness of EHC plans based on good quality advice and clear outcomes.</p> <p>Whilst we have not met the target for timeliness of advices see: Timeliness , the quality of advices and EHC plans has improved.</p>	

	<p>health advice has been a concern however additional resources have been secured, and systems are in place to ensure timescales are tracked and any late advices highlighted and followed up.</p>		<p>The summer term audit, which covered recently issued plans, confirms that for most sections of the plan, > 75% of plans audited were rated as compliant. Further work is required to improve Sections E, G and H2.</p> <p>Quality of EHC plans and advices</p>	
<p>APP3 APP5</p>			<p>1.14: SENCOS have a better understanding of needs and required provision across the city. Evidence and peer reviews demonstrate appropriate support and challenge.</p> <p>SENCOs attend regular Network meetings to keep updated on new developments and initiatives across the city. Recent meetings have also included discussion around the new 'Descriptors of Need' document and supporting each other in inclusive practice. There is also the opportunity to share good practice across schools within these meetings, where SENCOs can present to each other examples of inclusive practice.</p> <p>Through whole school SEND review, schools are able to be supported and challenged by LA officers. We have also established successful Peer to Peer reviews within MATs/Trusts.</p> <p>Through this way of working SENCOs are able to follow a line of enquiry within their school with appropriate support and challenge from other SENCOs as well as the LA. These open and honest discussions ensure best practice for our</p>	

			pupils with SEND, whilst sharing knowledge and expertise across schools.	
APP 1a 1b and 2			<p>1.15-1.16: 100% of targeted schools are accessing the AET and SEMH training. – Angela</p> <p>100% of schools that have been working to develop the SEMH training have accessed the training and it will be rolled out further from September.</p> <p>90% of all mainstream schools have accessed AET training and all the remaining schools have training booked for this term.</p>	
2. Further develop the SEND quality assurance system ‘Getting It Right Together’				
KPI reference	By 6 months (end of March 2022)	RAG	By 12 months (end of September 2022)	RAG
	<p>2.1: Priority measures are agreed to track progress against the agreed outcomes which will be reviewed regularly at the SEND Executive Board.</p> <p>Outcomes framework, performance metrics and reporting mechanisms have now been approved.</p>		<p>2.1: Priority measures are agreed to track progress against the agreed outcomes which will be reviewed regularly at the SEND Executive Board.</p> <p>The progress against the agreed outcomes framework is reported to the SEND Executive Board, most recently in July 2022.</p> <p>A task and finish group, including schools/ settings and parents/ carers, have reviewed and refined the questions that will be asked of children as part of annual reviews, e.g., to find out how safe they feel etc. The aim is start collecting children and young people’s views from</p>	

			September 2022 and include the questions and results in the outcomes framework.	
APP6	<p>2.2-2.3: Parents and carers will be aware of the DSCO role as outlined on the local offer.</p> <p>DSCO not yet in post. Funding has been approved and we are currently recruiting.</p>		<p>2.2-2.3: Parents and carers will be aware of the DSCO role as outlined on the local offer.</p> <p>We were unable to appoint a DSCO at the first round of recruitment. We have now appointed a DSCO who will start in post in September 2022. Once in post the DSCO will make a 'Talking Head' explaining the role for the Local Offer.</p>	
APP^	<p>2.6-2.0: Parents and carers will be aware of the DMO/DCO role as outlined on the local offer.</p> <p>The DCO and DMO are core member of SEND collaborative and attends listening events with the Parent/Carer Forum. Issues of concern have been escalated to DCO and solutions have been provided. DMO/DCOs are in post and their roles and contact details are published on the Local Offer (LO): Designated Medical Officer and Designated Clinical Officer Newcastle Support Directory.</p>		<p>2.6-2.0: Parents and carers will be aware of the DMO/DCO role as outlined on the local offer.</p> <p>DCO and DMO continue to meet with Parent Carer forum representatives to answer questions raised on behalf of all parents/carers in the city.</p>	
APP6			<p>2.2-2.3: Quarterly audits confirm that the quality of social care advice has improved to at least 75% being rated as good.</p> <p>There has been a change of staff in social care and the new auditors have recently been trained and are currently completing the summer term advice audits.</p>	

APP6			<p>2.6-2.10: Quarterly audits confirm that the quality of health advice has improved to at least 75% being rated as good.</p> <p>The new health template has made a huge improvement to the quality of health advices. The last audit found that 81% of the sample of advices were considered to be good practice or compliant with the requirements.</p>	
APP1a APP2b			<p>2.11: The SEND Executive Board will be fully cited on how the local area are doing in respect of their ambition for all children: to have a voice; be safe, happy, and included, be well cared for; and be ready for the world of work.</p> <p>In October 2021 the SEND Executive Board held a workshop to identify the measures to be included in the outcomes framework and progress has been reported to the Board most recently in July 2022.</p>	
			<p>2.12: We will have a clear understanding of how our children and young people feel to inform future planning.</p> <p>The 'Happiness Survey' ran for the first two terms of 2021/22. Results and actions to be taken were reported to the SEND Executive Board September 2022.</p>	
			<p>2.13: We will have a collaborative commissioning policy that sets out how we will embed outcomes into service specifications and contracts.</p>	

			<p>Our current commissioning strategy is being reviewed alongside the review of our SEND Strategy. We have determined that the agreed outcomes will run through each of these key documents.</p>	
<p>APP5 and 6</p>			<p>2.16: Implementation of the ‘getting it right together’ framework confirms that the experience of children and young people with SEND, and their families is improving.</p> <ul style="list-style-type: none"> • The quality of EHC plans is improving, however the timeliness of plans is below our target. • Despite the timeliness of EHCs not being where we would like them, however we have a plan to improve. • to be complaints in relation to EHC timeliness has reduced. • Feedback from families going through the process has been positive. Families report that they feel well supported. • Some improvement in reducing exclusions but not in improving attendance. • Happiness survey identified work to improve experience of SEND CYP in schools. • Good examples of the work of SEND ASAP in schools. • All on the OT waiting list have been contacted and we have some positive feedback from families. • Transformation of therapy services is in progress. 	

3. Health and Local Authority to collaboratively commission and assure a therapy offer that meets current and future needs, reduces waiting times, and delivers the outcomes and impact that we collectively agree with children, young people, their families				
KPI reference	By 6 months (End of March 2022)	RAG	By 12 months (end of September 2022)	RAG
APP7	<p>A broad outline of need and desired outcomes from occupational therapy intervention will be available.</p> <p>This will form part of our work in the early phases of transforming therapy services, work is underway to address the immediate problem of access to the OT service.</p>		<p>A comprehensive service specification and contract, including outcomes measures, will have been agreed by all partners and the process for implementation commenced.</p> <p>We have developed specifications for Community Paediatric OT and Community Adaptions, which are currently out for consultation by all stakeholders. It has been agreed that both specifications are to be brought together under an umbrella statement of intent as the Newcastle Occupational Therapies Offer. This will be impacted further by our work to transform therapy services.</p>	
APP7	<p>Interim outcome measures will be agreed to monitor progress which will be reviewed regularly at the SEND Executive board. The primary focus of this will be a sustained reduction in the waiting list for assessment and treatment.</p> <p>Whilst we are in the early phases of transforming therapy services, work is underway to address the immediate problem of access to the OT service. Work is underway:</p> <ul style="list-style-type: none"> • to understand the size of the waiting list and the case mix to identify the size and grade mix of the team and resources required. • to review the current referral criteria and whether the universal offer be strengthened to meet more needs before the referral point. 		<p>Interim outcome measures will be agreed to monitor progress which will be reviewed regularly at the SEND Executive board. The primary focus of this will be a sustained reduction in the waiting list for assessment and treatment.</p> <p>The work to understand the waiting list is set out at: 3.3 Key issue: How pupils and parents' experience of therapies, especially Occupational Therapy, has improved, including as a universal offer and new pathways are developed</p>	

<p>APP7</p>	<p>Views of children, young people and their families will be captured to ensure that they play a key role in the design of future delivery. This will be evidenced in a "you said, we did" report.</p> <p>A new system has been agreed to inform families every half term on the work carried out in response to concerns raised (you said we did) and to highlight plans for the forthcoming term. We will establish a calendar of key meetings, so we are transparent about where decisions are made. This will be published on the local offer:</p>		<p>Views of children, young people and their families will be captured to ensure that they play a key role in the design of future delivery. This will be evidenced in a "you said, we did" report.</p> <p>The view of families is key to the therapies re-design, and we have held specific workshops with parents/carers to get their views. We have set up a local offer page and survey so that parents can feed in their views about the type of service that we would like to see would like to see:</p> <p>Redesigning Children's Therapies in Newcastle</p> <p>'You said we did report' is now included on the Local offer: SEND Communications Newcastle Support Directory</p>	
<p>APP7</p>			<p>A final costed pathway for assessment and treatment to deliver the agreed outcome and impact measures will be developed to include agreed baselines and improvement</p> <p>The review of therapies is ongoing and not yet complete. As a result, a final costed pathway cannot be provided at this stage. Once new models and pathways have been agreed, this will be completed.</p>	

5.2 Scorecard

The SEND Executive Board monitors progress against an agreed outcomes framework. The scorecard below shows the 'bellwether' or key performance indicators, which are closely monitored as they provide overall assurance that our work is delivering accelerated progress or alert us to areas where they are not improving.

KPI Ref	KPI	Baseline	6 months	12 months
APP1a	% of pupils who were permanently excluded from Newcastle schools is at least in line with the national average.	<p>2018-19, 0.39% of pupils with SEND were permanently excluded from Newcastle schools, which was above the national average of 0.29%.</p> <p>2019-20, 0.31% of pupils with SEND were permanently excluded from Newcastle schools, which was above the national average of 0.18%</p>		<p>2020-21: 0.14% of pupils with SEND (EHCP and SEN Support combined) were permanently excluded from Newcastle schools which was just above the national average 0.13%.</p> <p>Primary EHCP: Newcastle 0.24% (1 exclusion) above national 0.08%</p> <p>Primary SEN Support: Newcastle 0.03% below national 0.04%</p> <p>Secondary EHCP: Newcastle 0.00% below national 0.17%</p> <p>Secondary SEN Support: Newcastle 0.33% above national 0.31%.</p>
APP1b	% Of pupils who were excluded from Newcastle schools for a fixed term is at least in line with the	<p>2018-19, 13.9% of pupils with SEND were fixed term excluded from Newcastle schools, which was below the national average of 15.7%.</p> <p>2019/20, 11% of pupils with SEND were fixed term excluded</p>		<p>2020-21: 15.9% of pupils with SEND (EHCP and SEN Support combined) were fixed term excluded from Newcastle schools, which was above the national average of 12.1%.</p> <p>Primary EHCP: Newcastle 15.7% above national 11.0%</p>

	national average.	from Newcastle schools, which was below the national average of 11.2%.		Primary SEN Support: Newcastle 4.4% same as national 4.4% Secondary EHCP: Newcastle 36.3% above national 27.2% Secondary SEN Support: Newcastle 32.0% above national 22.8%
APP2	Increase in attendance levels increase and are in line with national average for those with SEND.	2018-19 absence rates for pupils with SEND was 7.8%, which was above the national average of 6.9%.	Update: Whilst we did not set a 6 monthly target, attendance for children with EHCs has been above national levels over 2021. For example, a snapshot at week commencing 15 November 2021 <ul style="list-style-type: none"> Attendance of children with EHCP 87.3%, above the national level of 85%. Attendance in special schools was 85.2%, above the national level of 83.2% 	2020-21: absence rates for pupils with SEND (EHCP and SEN Support combined) was 10.2% in Newcastle schools, which was above the national average of 8.0%. Primary EHCP: Newcastle 9.1% below national 9.8% Primary SEN Support: Newcastle 5.6% above national 5.2% Secondary EHCP: Newcastle 15.5% above national 13.9% Secondary SEN Support: Newcastle 9.9% above national 8.3%
APP3	The number of complaints received reduces by 50% over the previous year.	2020/2021 Academic year we received 18 complaints. Of these three were closed at stage 1 and 11 were upheld or partially upheld. Of the 11 complaints, seven were in relation to the timeliness of the EHC process.	Target: Reduction of 25%. Update: For the first term in 2021/22 we have received four complaints. Three were upheld or partially upheld and related to the timeliness of the EHCP process. The steps we have taken to improve the EHC process are set out above. We will continue to monitor numbers of complaints and respond to the issues raised.	Target: Reduction of 50%. Update: For 2021/22 academic year we received 19 complaints and 16 were upheld or partially upheld. Whilst we have not achieved the target of 50% reduction in relation to overall complaints we have we only received 5 complaints relating to delays in EHCP

				<p>timescales in respect of 2021/22 academic year just over a 50% reduction compared to the previous year of 11.</p> <p>To put this in context we received 565 requests for assessment in 2021/22 and the total number of complaints is relatively low at 2.8%.</p>
APP4	The number of EHCP assessments completed within 20 weeks improves to that of national averages.	<p>Published data</p> <p>In 2020 calendar year, 53.6% of EHCPs were issued within the statutory 20-week timescale (including exceptions), which is below the national average of 55.6%.</p>	<p>Target: 60% EHCPs produced in 20 weeks.</p>	<p>Target: 80% EHCPs produced in 20 weeks.</p> <p>Update: Published data for the 2021 calendar year: Newcastle: 14.9% England: 57.9%</p> <p>Work carried out to mitigate this is outlined at 3.1 Key issues: How various new processes and systems for EHCPs are leading to sustained improvements in timeliness and quality.</p>
APP5	Quarterly audits show improved compliance of practice against service standards for EHCPs.	Approximately 25% of audits are compliant with standards.	<p>Target: 50% of audits show that quality has improved.</p> <p>Update: The results of the Autumn term multi-agency EHC audits of 10 EHC plans were that 3 plans were confirmed to be compliant with EHC requirements. 5 assessed as non-compliant. But in 2 cases there was a</p>	<p>Target: 75% of audits show that quality has improved</p> <p>Update: The summer term audit, which covered recently issued plans, confirms that for most sections of the plan, > 75% of plans audited are rated as compliant.</p>

			<p>disagreement between auditors. This will be addressed by training to ensure consistency of approach.</p> <p>Therefore, the performance is 30%.</p>	<p>Further work is required to improve Sections E and G and H2. Please see: Quality of EHC plans and advices</p>
APP6	Quarterly audits show improved quality of advice which underpins the EHCPs.	Approximately 25% of advices are compliant with standards.	<p>Target: 50% of audits show that quality has improved</p> <p>Update: The autumn single agency audits of education, health and social care advice reviewed 35 advices:</p> <ul style="list-style-type: none"> • 15 were assessed as good: 44% • 15 required improvement and 4 were inadequate 	<p>Target: 75% of audits show that quality has improved</p> <p>Update: The latest audits found that 81% of health advices were compliant with the standards. There is further work to do to improve the quality of education and social care advices. Quality of EHC plans and advices</p>
APP7	Reduced waiting lists for Occupational Therapy.	Data is currently being verified to establish the exact waiting times. This will inform the improvement targets.	<p>Target: Interim measures agreed and implemented specifically targeted at a sustained reduction in the waiting list</p> <p>Update: Whilst we are in the early phases of transforming therapy services, work is underway to address the immediate problem of access to the OT service.</p>	<p>The triage is finished but they are now taking on EHCP assessments from the waiting lists and OT staff have been appointed to pick up the waiting list.</p>

6. Risk register and mitigation plans reviewed September 2022

Date	Risk	Severity/Impact	Mitigation	Risk assessment following mitigation
04/02/2022	That schools and settings do not engage with initiatives such, the SEN support plan, and descriptors of need and the graduated response.	High	<ul style="list-style-type: none"> • Strong head teacher partnerships. • Effective SENCO networks. • Support of SEND Sub-Group. • Regular communications with schools. • Evidence suggests that schools/settings are engaging with Local Authority initiatives. 	Low
04/02/2022	Lack of effective parent/carer forum.	High	<ul style="list-style-type: none"> • PCF struggling to attract and retain members. • Support from Contact. • Service leads and heads of service promoting parent/carer forum with families and when visiting settings. • Support of SEND Voice Lead. • PCF carries out a survey of parents/carers each term to identify their concerns. They then raise the concerns directly with Senior Leaders at the SEND Collaborative meetings and report back to wider parents carers. It is hope that this will raise the profile of the PCF and encourage more members. 	Medium
04/02/2022	Change of SEND leadership in Local Authority and CCG.	Medium	<ul style="list-style-type: none"> • Strong Governance arrangements and delivery plans are in place to ensure continuity and continued focus on driving the SEND agenda forward. 	Low
04/02/2022	Limited engagement of CYP and PC will mean we are unable to identify	High	<ul style="list-style-type: none"> • PCF struggling to attract and retain member. • Respected chairs. • Support from Contact. • Schools and settings fully engaged. 	Medium

	impact of accelerated progress plan.		<ul style="list-style-type: none"> • Presentations from young people with SEND at head teachers briefings. • Support of SEND Voice Lead. • Voice Trainees. • Happiness survey. 	
04/02/2022	Resources diverted and school closures due to further lockdown and COVID.	High	<ul style="list-style-type: none"> • Strong head teacher partnerships. • Effective SENCO networks. • Support of SEND Sub-Group. • Regular communications with schools/social care/ health providers. 	Low as all national restrictions lifted.
04/02/2022	Unable to secure finance to deliver improvements (due to continuous growth in statutory assessments).	High	<ul style="list-style-type: none"> • Ensure organisational committees and SEND Board are regularly briefed on case for change • Advise on changes in need and any anticipated investment gap at the earliest opportunity. 	Medium
04/02/2022	Capacity within teams to deliver change.	Medium	<ul style="list-style-type: none"> • SEND service review and investment in additional capacity and training. • Business cases approved for additional capacity e.g., DSCO an additional Senior Practitioner and 3 caseworkers to carry out annual reviews 	Low
04/02/2022	Quality of EHCPs do not improve resulting in increased complaints and tribunals.	Medium	<ul style="list-style-type: none"> • Regular audits to check quality of plans and advice and plans. • Continued rolling programme of training to advice givers and plan writers. 	Low
04/02/2022	EHCP numbers continue to increase at a higher rate than other areas and as a result we are unable to comply with the national timescales.	High	<ul style="list-style-type: none"> • Investment to strengthen graduated response to reduce the need for EHC request. • Caseload review. • Strong Performance focus 	Medium

			<ul style="list-style-type: none"> • Monthly PI indicators – Timescales are reviewed, tracking of late and reasons why to 20 weeks' time • SEND Managers performance Clinic each month • Leaner and smoother internal process including speed up of allocation of cases • Improved systems to increase the number of advices are received on time. • Employed 3 additional caseworkers – whose focus on annual reviews has led to us to be able to free up some staff capacity to undertake assessments. • Deep dive into reasons why plans are late • Continued input from NHS Exec lead who receives monthly performance statistics. 	
04/02/2022	Waiting lists for therapy services.	High	<p>Mitigations are:</p> <ul style="list-style-type: none"> • Significant investment in SEND staffing. • Interim measures to reduce therapy waiting lists whilst working on whole system review. • See: 3.3 Key issue: How pupils and parents' experience of therapies, especially Occupational Therapy, has improved, including as a universal offer and new pathways are developed 	Medium

7. Systems is place for collecting and analysing the impact of actions

The Local Authority together with the ICB and partners such as NECS have put in place a framework to collect and analyse the impact of actions and these include:

Getting it right together, Quality Assurance Framework: Sets out how we audit SEND advices and EHCs, learn from data, compliments, complaints and how we listen and act on feedback received from families.

SEND Managers Monthly Performance Clinic: We have established and continue to develop a monthly performance dashboard. This informs our understanding of SEND service performance, enables identification of gaps in our understanding and provides in-depth analysis of key areas.

SEND Joint Intelligence and Commissioning workstream: Newcastle's local area SEND governance arrangements have been reviewed and it has been agreed that the Outcomes Framework is owned by the SEND Executive Board with operational responsibility held by the recently refreshed SEND intelligence and commissioning workstream, which is held bi-monthly. Going forwards this workstream will consider the framework and report 'exceptional' issues up to the SEND Executive Board.

SEND Outcomes framework: This provides us with qualitative and quantitative data to assess how children and young people are progressing against the agreed outcomes. It will include the 'health-related behaviour questionnaire' results which will capture the views of secondary aged students with SEND. A task and finish group was established to design the questions that we will ask at all stages of the EHCP and SEN Support process and capture the responses from children and young people. We will start to collect this information at annual reviews in the Autumn term. In addition, the SEND outcomes will be included within relevant education, health and care commissioned service specifications with appropriate mechanisms for measuring progress.

8. Involvement of key partners, including Children and Young People, Families and Schools in improving services

We are committed to working with our partners and to “getting it right together”. Some examples of where we have worked together are set out below:



The Voice Workstream and Voice Plan has shaped and influenced major parts of work in the SEND agenda and APP including:

- The SEND Youth Voice trainees and parent /carer representatives have been part of the interview panel for all new staff across the SEND Support Assessment and Review Team.
- Huge commitment from educational settings to embrace a new approach and to respond to the voice of children and young people and parents and carers who have told us that communication in our settings is a big issue.
- Involvement parent/carers and children and young people in the redesign and launch of the new local offer website. This includes content design, creation of a promotional film to publicise the new site and events in around Newcastle to publicise the local offer.
- As part of developing our SEND Outcomes Framework we held a series of co-production events, including a workshop in November 2021 with the SEND Executive Board to develop the new revised framework. Children & Young People’s words and ideas from the 2020 workshops and events have been used in the framework to make sure we measure against what children and young people have told us is important to them.
- Opportunities for parents and carers to raise concerns directly with Senior Leaders from the Council and ICB at the Collaborative SEND Forum at least once a term.
- Co-production of the EHC template.
- Parents /carers contribution to the Therapies redesign.

Transitions survey to influence the work of the Promise Board’s school transition sub group: Questionnaire devised by a group of year 6 pupils from Wingrove Primary school to find out what children think about the big changes that happen in their school life. What things can make BIG changes easier?

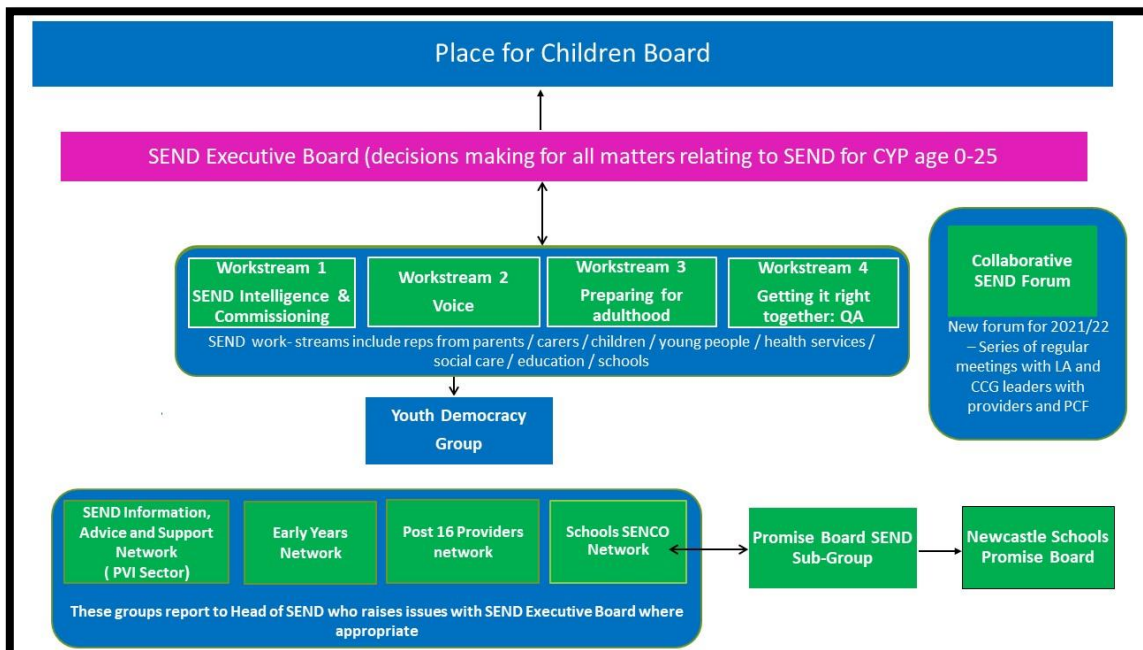
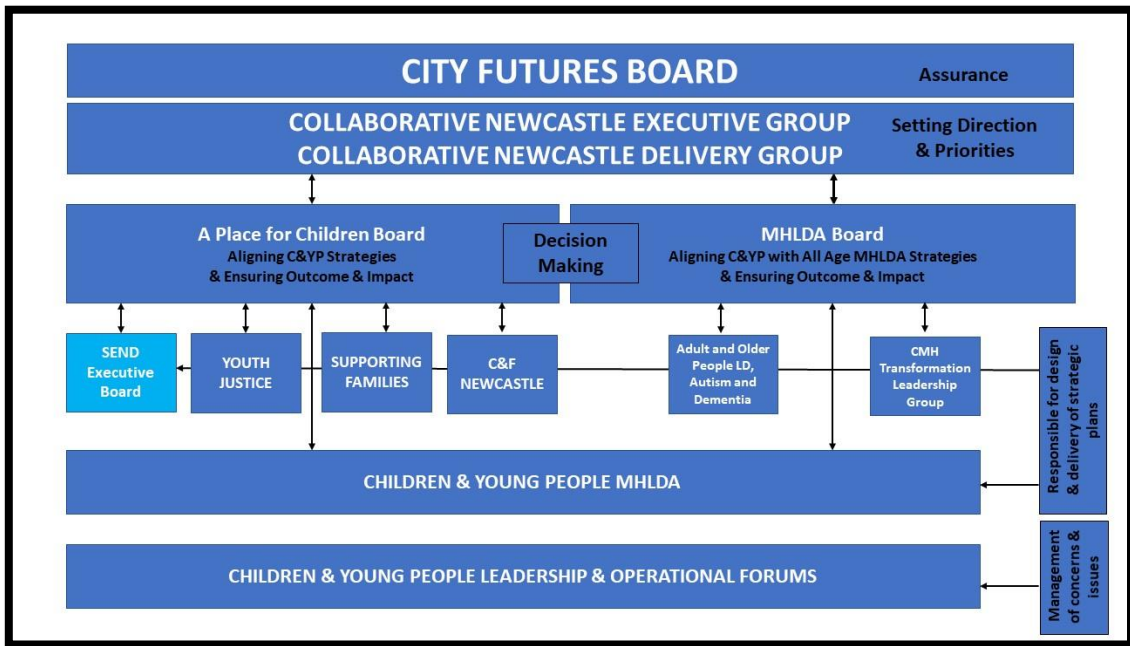
Happiness survey and workshops to influence how we support CYP’s mental health and a SEND Network across the city: Survey has been carried out and results and actions reported to SEND Executive Board in September 2022.

Workshops created by primary pupils: To be used in Early Years settings, special schools and Primary schools. <https://forms.office.com/r/kZLD0c9wyf> and accompanying video [Kenton Youth Champions Video - YouTube](#)

A survey of Young People developed by the Youth Voice Trainees: Objective was to ask young people to tell us about their needs during the covid pandemic period <https://forms.office.com/r/VkDjm02py2>

9. Governance and Accountability

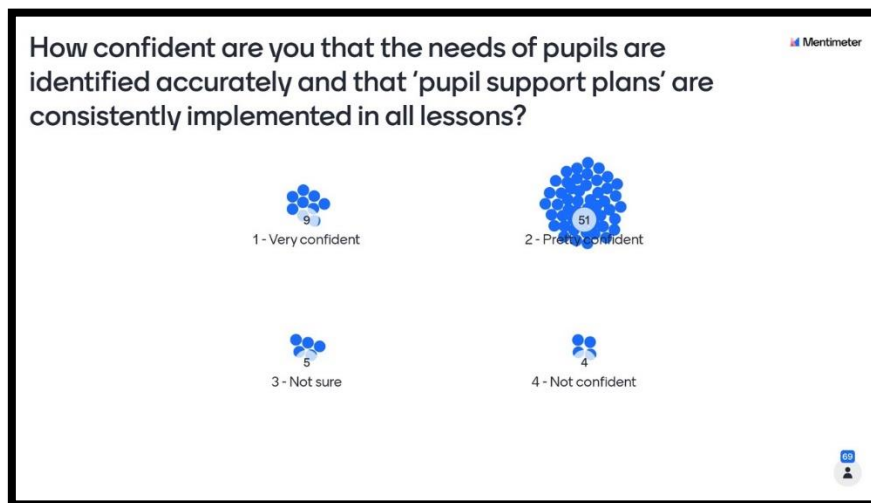
Children and Families is the highest priority for the city and SEND is a key aspect of this work and is overseen by the City Futures Board, the Health Scrutiny Committee, the North East and North Cumbria Integrated Care Board (NENC ICB) Executive Committee with detailed level of oversight delegated to the Newcastle Place ICB Committees. Our governance arrangements and how SEND fits in are shown in the diagrams below:



➤ 10. Training, support and impact

A summary of training provided over the last 12 months is set out below:

Whole School SEND: Most Head Teachers have attended 3 out of 5 training sessions delivered by Whole School SEND commissioned through the DfE. An evaluation of the training was fed back to the Promise Board Sub-Group in March 2022. 82/94 respondents to the survey felt they were completely confident or nearly there with regards to the implementation of the Equalities Act in school. There was also a high degree of confidence that the needs of pupils are consistently implemented in lessons as shown below:



DfE SEND Adviser: Provided SEND Legal Training to the SEND Casework team on 18 November 2021. Our audits have found that a higher proportion of plans are now compliant with legal requirements.

NDTI: Was commissioned to help us co-produce a new EHCP template. A new template was agreed, and we be used for new EHC requests from September 2022.

Relational and restorative training: This is a council wide approach to working with children and families. The SEND Casework team attended three days training in the summer term. The feedback from the team was very positive and it is hoped that this will lead to a further improvement in the quality of EHC plans, to be demonstrated at Autumn 2022 audits.