**Annex A: Accelerated Progress Plan for an Area following the judgement by Ofsted/CQC that sufficient progress had not been made against the weaknesses outlined by the Inspection**

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| **Name of the Local Area** | Birmingham |
| **Date of Inspection** | 24-27 May 2021 |
| **Date of Publication of the Revisit report** | 14 July 2021 |
| **Accountable Officers from the LA and CCG** | Director of Children and Families and Chief Nurse |
| **DfE and NHSE Advisers** | Pat Tate and Deborah Ward |

**Governance and Accountability**

*Please describe here the governance and accountability structures and processes that will be supporting your next phase of improvement. Please make clear which are information/reporting lines and where the challenge accountability sits within both the Local Authority and the CCG*

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| **Governance and accountability structures and processes** |
| As response to the Statutory Direction, the Local Area has identified 4 Objectives for children and young people (CYP) with SEND in Birmingham. These Objectives cover the 12 areas of significant weakness (as seen in the table below) and have been developed in partnership with professionals, parents/carers, young people, education settings and the voluntary and community sector. Workplans are aligned to be able to meet those objectives, and to measure the progress against achieving the desired benefits. Due to challenges to recruit and deploy resources for the programme, these objectives are at different stages of maturity (Objectives 2 and 3 are more developed and in delivery phase, whereas Objectives 1 and 4 are at the more initial stages of scoping and implementation). This accounts for some milestones having to be moved. The programme of work is now fully staffed, which also ensured that by reviewing the APP there is a more confident understanding on how long it would take to bring about the necessary changes. The diagram below describes the cycle of the APP, and where we currently are:    The APP was produced based on feedback from Young People, Parents/Carers, education settings and the voluntary and community sector. This feedback can be seen in Annex C of the APP.  Each Objective has its own sponsor (Senior Responsible Officer -SRO), project manager, project plans and benefits to be realised. These benefits have appropriate targets and intervals through which they will be monitored and reported widely and transparently. Once the APP is published, a dashboard will be published every 6 months on the Local Offer to show where the Local Area is in terms of its progress to achieve those outcomes.  The SEND Improvement Programme (SIP) is governed through the SEND Improvement Board chaired by the DfE appointed commissioner. The SEND Improvement Board meets every 4 weeks and highlight reports are produced for each of the outcomes agreed. The Board has representation from the Local Authority, the Clinical Commissioning Group and NHS Provider, Birmingham Children’s Trust, education settings representatives, Birmingham Parent Carer Forum, the Leader of the Council, the Cabinet Member (Vulnerable Children and Families) and other elected members.  The governance structure can be seen below:    The objectives described in the governance structure above require co-production across the partnership (this sits at the forefront of the programme, illustrated as the light red shading that encapsulates the working groups, based on coproduction with families, education settings, local area professionals, elected members and the voluntary and community sector). In the interim the Local Area has grouped the work required to make significant improvement in the 12 areas of areas of weakness into four themes (see below):   |  |  |  | | --- | --- | --- | | **Theme/ Objectives** | **Area of Significant Weakness** | **Key Measures of Success/ KPIs** | | System Leadership | * The initial inspection found that there was a lack of an overarching approach or joined-up **strategy for improving provision and outcomes** for children and young people with special educational needs and/or disabilities (SEND) * The initial inspection found that **inter-agency working** was ineffective * The initial inspection found that Birmingham had not ensured that the published **local offer** was a useful means of communicating with parents and it was difficult to locate | * % of professionals in the partnership that understand the vision * % of pupils with EHCP educated in mainstream environment * % EHCNA advice received within 6 weeks * Attendance monitoring at mandatory SEND training * Satisfaction rates Local Offer Website through a dedicated survey * Local Offer Website Traffic monitoring | | Getting the basics right – identifying and assessing need | * The initial inspection found that the **coordination of assessments** of children and young people’s needs between agencies was poor * The initial inspection found that the **quality of EHC plans** was variable * The initial inspection found that **waiting times** were too long and children and young people were not seen quickly enough by therapists or professionals in CDCs | * %EHCPs issued within 20 weeks * Family Satisfaction with the EHCNA process * SENCO Satisfaction with the EHCNA process * % Annual Reviews actioned within 4 weeks of the meeting * % of EHCPs rated good and outstanding * % of CYP who complete their secondary phase transfer by the 15th of February. * % of post 16 young people who complete transfer documentation by 31st March. * % of EHCPs NEET * Number of children waiting specialist placements * Statistics about waiting times (therapies and neuro-developmental pathway) | | Working Together Well | * The initial inspection found that **co-production** was not embedded in the local area * The initial inspection found that **parental engagement** was weak * The initial inspection found that there was a great deal of **parental dissatisfaction** | * % of parental surveys returned * % of parental satisfaction measured through the parental surveys * % of education settings responding positive to surveys * % of partner organisations responding positive to surveys * Number of Mediations and % with positive outcome * Number of appeals lodged at SENDIST * Number of Complaints * % of Complaints that were satisfactorily dealt with | | Pathways –meeting need and improving outcomes | * The initial inspection found that pupils with SEND make **weak academic progress** when compared with all pupils nationally. * The initial inspection found that pupils with SEND **attend less often and are excluded more frequently** than other pupils in Birmingham and all pupils nationally * The initial inspection found that not enough young people with SEND are entering **employment or supported employment** and the proportion of adults with learning disabilities in paid employment is below the national average | * Attainment and Progress data EHCPs * Attainment and Progress data SEN Support * Attendance for SEN Support and EHCPs * % of the Unknows in the NEET category * % of Special Schools rated Good or Outstanding * % of Mainstream Schools rated Good or Outstanding * % of Early Years rated Good or Outstanding * % of CYP with EHCPs that attend settings rated Good or Outstanding * % of Take up of 2 Year Old Offer * % of permanent exclusions and fixed term exclusions for EHCPs * % of permanent exclusions and fixed term exclusions for SEN Support * % young people with LD in paid employment or apprenticeships | |

*The focus of this plan is each area of weakness from the original inspection where, in the revisit, Ofsted/CQC have judged that sufficient progress has not been made. For each weakness, you should identify:*

* *the actions you are taking to achieve improvement*
* *how you will measure success/impact of the actions*
* *the milestones you will need in order to achieve your targeted improvement (which can be found in the scorecard section).*

RAG Rating Key

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| Red |  | Delayed |
| Amber |  | Actions On track |
| Green |  | Action Completed |
| Blue |  | Change Embedded and gathering impact evidence |

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| **SIP Objective and areas of weakness identified in the original inspection** | | | | | | | |
| **System Leadership (SEND Strategy, Inter-agency Working, Local Offer)** | | | | | | | |
| Actions designed to lead to improvement | | | | | | | |
| ID | Action | | Responsible officers | | By When | Action RAG | |
| ASL1 | Implement a new the SEND Strategy   * Scope content * Coproduce desired outcomes * Agree sufficiency plan * Agree draft format and content of the strategy * Launch Draft SEND Strategy | | AD SEND, Inclusion and Wellbeing | | 30 May 2022  31 Aug 2022  31 Jul 2022  30 Sep 2022  30 Nov 2022 |  | |
| ASL2 | Develop and Implement a Joint Working Protocol (JWP) with Standard Operating Procedures (SOPs) across the partnership, to ensure that clarity of roles and procedures is embedded   * Vision and commitment agreed with local leadership * Draft JWP completed and agreed (without all SOPs ready) * Standard Operating Procedures developed * Joint Working Protocol signed * Practices and procedures are improved within the teams working in Birmingham. These result in sustained and embedded positive behaviour change for the relationships with families, between organisations and the outcomes we want to see. | | AD SEND, Inclusion and Wellbeing/ Director of Nursing and Quality/ Director of Practice | | 30 Apr 2022 (Complete)  30 April 2022 (Complete)  31 Aug 2022  31 Aug 2022  31 Dec 2022 |  | |
| ASL3 | Develop and Implement a Learning and Development Strategy across the partnership   * Understand the need for learning and development (Knowledge/Learning Needs Analysis) * Develop Learning and Development Strategy * Procure Learning Modules/ Platform (if appropriate) * Implement and evaluate the Learning and Development Strategy | | AD SEND, Inclusion and Wellbeing/ Director of Nursing and Quality/ Director of Practice/ HR&OD Departments | | 30 Sep 2022  24 Dec 2022  24 Dec 2022  31 Mar 2023 |  | |
| ASL4 | Develop a Workforce Strategy to ensure staff sufficiency across the partnership (Education, Health and Social Care)   * Workforce Gap Analysis * Develop Workforce Strategy * Recruitment and CPD plan in place * Measure families’ satisfaction with workforce * Evaluate effectiveness of recruitment methods | | Director of Education and Skills/ Chief Nurse | | 30 Sep 2022  24 Dec 2022  24 Dec 2022  30 Jun 2022  24 Dec 2022 |  | |
| ASL5 | Improve the Local Offer Website:   * SEND Local Offer Website known to and accessible for all * Content of the local offer is comprehensive and meets needs of those we support (developed through coproduction) * Navigation of SEND Local Offer is easy * SEND Local Offer Website is easy for stakeholders to maintain up-to-date information regarding the opportunities they provide * Maintain the SEND Local Offer to ensure it remains compliant with necessary standards when changes are needed. | | AD SEND, Inclusion and Wellbeing/ Director of Nursing and Quality | | 21 Jul 2022  31 Dec 2022  31 Dec 2022  31 Mar 2023  31 Mar 2023 |  | |
| ASL6 | Review of Data Management and Introduction of New Data Management and Performance Policy   * Task and Finish Think Tank to review and ensure alignment between systems wherever possible * Ensure NEXUS is aligned and data performance policy has standard operating procedures * New data management policy * New data and performance policy * Publish policies | | Transformation Director, Education and Skills | | 30 May 2022  31 Aug 2022  30 Sep 2022  31 Mar 2023  31 Mar 2023 |  | |
| Impact measures and justification narrative | | | | | | | |
| ID | KPI reference | | Justification narrative | | | | |
| SL1 | % of professionals in the partnership that understand the vision | | Through performing 6 monthly professionals survey, it will be ascertained if the vision is understood. | | | | |
| SL2 | % of pupils with EHCP educated in mainstream environment | | Through tracking the % of pupils with EHCPs educated in mainstream environment, it will be ascertained whether inter-agency working is successful at supporting settings to meet needs better. | | | | |
| SL3 | % EHCNA professional advice received within 6 weeks | | Through tracking (on 12 months average basis) the statutory 6 weeks compliance with professionals contributing to the EHCNA, it will be ascertained whether inter-agency working is successful to identify and assess needs. | | | | |
| SL4 | Attendance monitoring at mandatory SEND training | | Through tracking attendance, it will be ensured that the partnership engages with professional development around the Code of Practice 2015 and the CFA 2014. | | | | |
| SL5 | Satisfaction rates Local Offer Website through a dedicated survey | | Through surveys aimed at parent/carers, young people and professionals, it will be ascertained if the information on the Local Offer website is relevant and useful. | | | | |
| SL6 | Local Offer Website Traffic monitoring | | Through tracking the traffic of the Local Offer website, it will be ascertained how often the website is accessed and its popularity. | | | | |
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| **SIP Objective and areas of weakness identified in the original inspection** | | | | | | | |
| **Getting the basics right – identifying and assessing need (Coordination of Assessments, Quality of EHC Plans, Waiting Times)** | | | | | | | |
| Actions designed to lead to improvement | | | | | | | |
| ID | | Action | Responsible officers | By When | | | Action RAG |
| AGBR1 | | Improve EHCNA process with a view of increasing coproduction at an individual level by looking at:   * Review EHCP template * Review Process for seeking advice * Coproducing the 20 week process * Coproducing the templates and letters * Training plan for all staff * Co-produce reference documentation for service officers * Review team structure * Review and evaluate the new process | AD SEND, Inclusion and Wellbeing | 30 Apr 2022 (Complete)  30 Apr 2022 (Complete)  30 Apr 2022 (Complete)  31 May 2022  31 May 2022  30 Apr 2022 (Complete)  30 Apr 2022 (Complete)  31 Jul 2022 | | |  |
| AGBR2 | | Improve Annual Review process with a view of increasing coproduction at an individual level:   * Coproduce the general annual review process * Coproduce the phase transfer processes * Review all associated documentation * Training plan for all staff * Co-produce reference documentation for service officers * Review team structure * Review and evaluate the new process | AD SEND, Inclusion and Wellbeing | 30 Jun 2022  30 Jun 2022  30 Jun 2022  31 May 2022  31 May 2022  30 Apr 2022  (Complete)  31 Jul 2022 | | |  |
| AGBR3 | | Upgrade SENAR Case Management System   * IT and directorate roles and responsibilities agreed * Internal review of system and capability * Decision to proceed or hold based on green paper * Progress implementation with CACI * Communication with partners * Communicate use of Parent Portal * Deliver training to staff and partners | AD SEND, Inclusion and Wellbeing | 30 Apr 2022 (Complete)  30 Apr 2022 (Complete)  30 Apr 2022 (Complete)  31 May 2022  31 Aug 2022  31 Aug 2022  31 Aug 2022 | | |  |
| AGBR4 | | Agree a permanent structure with funding understood and growth budget allocated (sustainable) SENAR service capable of delivering good outcomes for CYP with SEND, in accordance to the CFA14 and COP15.   * Review best practice * Proposed structure with colleagues and DfE support officer * Proposed permanent structure * Review proposed structure against proposed directorate structure * Review financial implications for inclusion in Growth bid in September 2022 * Communication strategy and ensure S188 colleagues are engaged * Detailed action to follow from Growth Bid. * Funding Secured through the Growth Bid. | AD SEND, Inclusion and Wellbeing | 31 May 2022  31 May 2022  31 May 2022  31 May 2022  30 Jun 2022  30 Jun 2022  31 Aug 2022  30 Sep 2022 | | |  |
| AGBR5 | | Agree a Quality Assurance (QA) Framework by building on the existing QA activity. The purpose of the framework is to establish what good looks like and to ensure that is embedded across the partnership.   * Finalise QA framework based on Partner feedback * Communicate QA framework * Publish QA framework on Local Offer * Training on QA framework to all service officers * Review of QA tool – Invision * Robust Audit on outcomes and timescales * Review Health QA criteria for EHCP * Integrate Health QA criteria into EHCP QA Framework * Establish regular programme of QA audits | AD SEND, Inclusion and Wellbeing/ Director of Nursing and Quality/ Director of Practice | 31 May 2022  31 May 2022  31 May 2022  31 May 2022  31 May 2022  31 May 2022  31 May 2022  31 May 2022  30 June 2022 | | |  |
| AGBR6 | | **Develop recovery trajectory planning to support the robust management of wating lists (for all therapy services** | Director of Joint Commissioning (CCG)/ Divisional Director  Children and Families Division  (Birmingham Community Healthcare NHS Foundation Trust) |  | | |  |
| Implement all therapy and Neurodevelopment recovery trajectories. | 31 Mar 2023 | | |
| Conclude and refine capacity and demand work to further inform future provision and ongoing trajectory planning. | 31 Mar 2023 | | |
| AGBR7 | | **Continue to improve the process for monitoring and managing waiting lists** | Director of Joint Commissioning (CCG)/ Divisional Director  Children and Families Division  (Birmingham Community Healthcare NHS Foundation Trust) |  | | |  |
| Utilisation of the new clinical priority model (for clinics) to support the ongoing recovery plan | Implemented | | |  |
| Utilisation of productivity tool to enable effective monitoring of waiting lists | Implemented | | |  |
| Update trajectory planning to reflect expected waiting list reductions over a specified timeframe | 31 Mar 2023 | | |  |
| Monthly reporting to monitor progress and update system colleagues | Implemented | | |  |
| Monitor waiting lists via contract review meetings | Implemented | | |  |
| Improve communication channels with families re: waiting list updates (via Birmingham SEND newsletter) | 31 Mar 2023 | | |  |
| Sharing best practice and models where trajectories have been met e.g. OT | Implemented | | |  |
| Utilise engagement opportunities via forums e.g. Health Parent Carer Forum, SLCN governance to gain qualitative feedback | 31 Mar 2023 | | |  |
| Provide support to CYP, parents carers and professionals while CYP are on the waiting list e.g. advice lines, accessible resources online, videos | Implemented | | |  |
| AGBR8 | | **Speech, Language and Communication Needs (SLCN)**  **Phased transformation commencing Sept 2021 – March 2024**  SLCN governance, strategy group and SLCN design group monitor project plan and progress | Director of Joint Commissioning (CCG)/ Divisional Director Children and Families Division  (Birmingham Community Healthcare NHS Foundation Trust)/ AD SEND, Inclusion and Wellbeing | 31 Mar 2024 | | |  |
| Embed a system wide approach to SLCN - transformation to the Balanced System | 31 Mar 2024 | | |  |
| Embed collaborative working and establish joint ownership across the CYP system to support the transformation to the Balanced System | 31 Mar 2024 | | |  |
| Implementation of an integrated approach to continuous monitoring of wait times during the transition period. | 31 Mar 2024 | | |  |
| Co-production of the balanced system model with children, young people and families (representatives are included within the SLCN governance) | 31 Mar 2024 | | |  |
| Utilise feedback gained from engagement to inform the development of the Balanced System model | 31 Mar 2024 | | |  |
| Utilise mapping and intelligence to identify system gaps, duplications and areas for development | Mapping Completed | | |  |
| Co-development of SLCN outcomes and measures of success | 31 Mar 2024 | | |  |
| Continue to monitor the current SLT trajectory planning through the transition to the Balanced System | 31 Mar 2024 | | |  |
| AGBR9 | | **Joint Commissioning arrangement for SLCN** | Director of Joint Commissioning (CCG)  / AD SEND, Inclusion and Wellbeing | Complete, it is now in monitoring and implementation phase (this links with AGBR6 and AGBR8) | | |  |
| Continue to monitor impact and evaluation of current formalised arrangement between BSol CCG and Birmingham City Council (Speech and Language). |
| Identify new opportunities for joint commissioning across the system |
| AGBR10 | | **Increase capacity to support autism assessments (over 7year olds)** | Director of Joint Commissioning (CCG)/ Divisional Director  Children and Families Division  (Birmingham Community Healthcare NHS Foundation Trust) |  | | |  |
| Commission additional capacity from Healios (phase 5) for autism assessments – Commenced Jan 2022 Healios will be able to see a further 330 children. | 31 Jan 2022 | | |  |
| Commence the Phase 6 assessments commissioned (Healios will be able to see a further 330 children) | 30 Apr 2022 | | |  |
| Implementation of a recruitment strategy to support the roll out of recruitment programme | 31 Mar 2023 | | |  |
| Active recruitment to support capacity within the team demand | 31 Mar 2023 | | |  |
| Remodel the current pathway | 31 Mar 2023 | | |  |
| Deliver trajectory | 31 May 2022 | | |  |
| Development of a comms plan to support co-production and engagement with service users particularly with the pathway remodelling | 31 Mar 2023 | | |  |
| Ensure ongoing co-production and qualitative feedback is sought. Explore subcontract arrangements with a proposal to ICS in June. | 31 May 2022 | | |  |
| AGBR11 | | **Improve the ASD assessment process and wait times to ensure children under 7yrs old are assessed in a timely manner** | Director of Joint Commissioning (CCG)/ Divisional Director  Children and Families Division  (Birmingham Community Healthcare NHS Foundation Trust) |  | | |  |
| Development and implementation of a new timetable for under 7-year-old waits (ASD assessments). | 30 Sep 2022 (linked to 0-16 pathway below) | | |  |
| Monitor effectiveness and gain feedback on the new QBTest tool | 30 Sep 2022 | | |  |
| Commission Clinical pathways initially for a pilot to see 100 children face to face. This commenced in Feb 2022 and will focus on the 5-6 cohort | 28 Feb 2022 | | |  |
| AGBR12 | | **Improve timeliness of ADHD assessments** | Director of Joint Commissioning (CCG)/ Divisional Director  Children and Families Division  (Birmingham Community Healthcare NHS Foundation Trust) | New process commenced Oct 2020 and continues to be monitored through the agreed governance structure. | | |  |
| Monitor the implementation of a new tool to support ADHD assessments including the identification of ADHD |  |
| Upskilling of staff (CDC and ND staff) to support utilisation of the tool in order to speed up the assessment process for ADHD and reduce waiting lists. |  |
| Regularly monitor waiting lists and report on progress within the current governance structure e.g. joint therapies meeting, contract review meetings. |  |
| Development of a comms plan to support co-production and engagement with service users particularly with the pathway remodelling |  |
| Evaluate the effectiveness of the new tool in supporting the timeliness of assessment and service user experience (consider pre and post assessment) |  |
| Gain qualitative feedback and utilise the feedback to support further service improvements and the evaluation process |  |
| AGBR13 | | **Development of a 0-16year old ND pathway - including recruitment strategy in line with national staff shortage issues e.g., clinical psychology and working on an exit plan for Healios.**  There are 2 elements to address the waiting times:   * A steady state to ensure we have the capacity to meet new demand. * A Backlog Plan to see the children already on the waiting list. Considerable work is now supporting the digitalisation of the pathway and mobilisation of the single point of access, e-referral and booking process that will commence in April 22. | Director of Joint Commissioning (CCG)/ Divisional Director  Children and Families Division  (Birmingham Community Healthcare NHS Foundation Trust) | March 2023 | | |  |
| Impact measures and justification narrative | | | | | | | |
| ID | | KPI reference | Justification narrative | | | | |
| GBR1 | | %EHCPs issued within 20 weeks | Through tracking (on a 12 months average) the compliance with the statutory 20 weeks EHCNA process, it will be ascertained if the coordination of assessment is efficient and appropriate. | | | | |
| GBR2 | | % Annual Reviews actioned within 4 weeks of the meeting | Through tracking the compliance with the annual reviews process, it will be ascertained if the coordination of the annual review is efficient and appropriate. | | | | |
| GBR3 | | % of EHCPs rated good and outstanding | Through EHCP audits, it will be ascertained if the quality of the EHCPs is good, so that they can meet the needs in the plan and achieve the objectives within it for the child/ young person. | | | | |
| GBR4 | | Young People and Parents/Carers Satisfaction with the EHCNA and Annual Review process | Through tracking the satisfaction with the statutory 20 weeks EHCNA process, it will be ascertained if the coordination of assessment is a good experience for families. | | | | |
| GBR5 | | SENCO Satisfaction with the EHCNA and Annual Review process | Through tracking the satisfaction with the statutory 20 weeks EHCNA process, it will be ascertained if the coordination of assessment is a good experience for education settings. | | | | |
| GBR6 | | % of CYP who complete their secondary phase transfer by the 15th of February | Through tracking the compliance with phase transfer process, it will be ascertained if the coordination of the process is efficient and appropriate. | | | | |
| GBR7 | | % of post 16 young people who complete transfer documentation by 31st March. |
| GBR8 | | % of EHCPs NEET | Through tracking the level of NEETs for children and young people with EHCPs, it will be ascertained if the partnership is correctly assessing need, so that the right placements are made, and appropriate support put in place. | | | | |
| GBR8.1 | | Number of children waiting for specialist placement | Providing a targeted approach to specialist placements through the creation of a specialist team in the service and moving those CYP who are not in a secure placement into a single team will support us to be able to increase the capacity of the service to process annual reviews and be able to work strategically with the cohort of children and young people in relation to understanding need and securing placements. | | | | |
| GBR9 | | Average wait for OT | Through tracking the average and longest waiting times for therapies (Speech and Language, Occupational and Physio) and the neuro-developmental pathway, it will be ascertained if children and young people with SEND receive timely service, to support with achieving their objectives, as stated in their EHCPs.  There will be the opportunity within current governance to focus on the impact and outcomes for children, young people and families. The triangulation of evidence will support this by utilising qualitative methods for example, case studies or feedback gained that clearly demonstrates the difference the support has made to children, young people and families lives. This will be explored further once the focused work on waiting lists has progressed further. | | | | |
| GBR10 | | Average wait for SLT |
| GBR11 | | Average wait for PT |
| GBR12 | | Average wait for ND |
| GBR13 | | Longest wait for OT |
| GBR14 | | Longest wait for SLT |
| GBR15 | | Longest wait for PT |
| GBR16 | | Longest wait for ND |

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| **SIP Objective and areas of weakness identified in the original inspection** | | | | |
| **Working Together Well (coproduction, parental engagement, parental satisfaction)** | | | | |
| Actions designed to lead to improvement | | | | |
| ID | Action | Responsible officers | By When | Action RAG |
| AWTW1 | Design a co-production and engagement framework and plan to ensure that the Younge Person’s Voice and the Parent/Carer Voice is at the heart of strategic planning and operational delivery.   * Co-Produce First Draft * Final Draft with design * SIB Sign Off (then signatures obtained) * Sign off at Partner Boards and Publication | Coproduction Officer | 30 Apr 2022  (Completed)  30 May 2022  30 Jun 2022  31 Jul 2022 |  |
| AWTW2 | Embed Voluntary Sector representation in Working Together Well Governance and Co-Production activity at strategic and operational levels. | Director of Education and Skills | 31 Mar 2022 (Complete) |  |
| AWTW3 | Design and implement a communications strategy and Plan to ensure that effective communication is at the heart of everything we do   * First Draft * Final Draft with design * SIB Sign Off * Publication online and in different formats | Comms from BCC, CCG and BCT | 30 Apr 2022  (Complete)  31 May 2022  30 Jun 2022  31 Jul 2022 |  |
| AWTW4 | Launch Parent Portal as part of the SENAR Case management System Upgrade, to ensure that families have an easier access of the EHCNA process. This will give parents/carers direct access into the statutory process and communications. This promotes real time updating and interaction. Parents/carers and other professionals will also be able to view and update the plan in real time. | Transformation Director, Education and Skills | 31 October 2022 |  |
| AWTW5 | Design and develop a SEND partnership agreement in collaboration with all stakeholders (part of AWTW1 – Co-Production Framework)   * -Final Draft * -SIB Sign Off (then signatures obtained) | Coproduction Officer | 30 May 2022  31 Jul 2022 |  |
| AWTW6 | Review the role of SENDIASS   * Scope the Review * Conclude the review | Director of Education and Skills | 30 Mar 2022 (Complete)  30 Jun 2022 |  |
| Impact measures and justification narrative | | | | |
| ID | KPI reference | Justification narrative | | |
| WTW1 | Number of parental surveys returned | Through tracking the % of responders to surveys, the quality of engagement will be ascertained. This survey will be co-produced with families to ascertain what they would look at, frequency and medium of use. | | |
| WTW2 | % of parental satisfaction measured through the parental surveys | Through tracking satisfaction from parental surveys, the parental satisfaction will be ascertained. | | |
| WTW3 | % of education settings responding positive to surveys | Through tracking satisfaction with how professionals support each other, the satisfaction with the SEND system in Birmingham will be ascertained. | | |
| WTW4 | % of partner organisations responding positive to surveys |
| WTW5 | Number of Mediations and % with positive outcome | Through tracking the number of mediations, appeals and complaints lodged/raised, the quality of engagement, co-production (at a family unit level) and satisfaction with the SEND system in Birmingham will be ascertained. | | |
| WTW6 | Number of appeals lodged at SENDIST |
| WTW7 | Number of Complaints |
| WTW8 | % of Complaints that were satisfactorily dealt with | Through tracking the % of complaints that were satisfactorily dealt with, it will be ascertained whether professionals work with families in a co-productive way to find solutions. | | |

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| **SIP Objective and areas of weakness identified in the original inspection** | | | | |
| **Pathways – meeting need and improving outcomes (academic progress, attendance and exclusions, employment)** | | | | |
| Actions designed to lead to improvement | | | | |
| ID | Action | Responsible officers | By When | Action RAG |
| AP1 | Develop an Inclusion Strategy   * Agree content and scope * Co-produce Desired Outcomes * Events with education settings * Agree Draft Content * Consultation events * Draft Strategy for Partnership Approval (in line with SEND strategy development) | AD SEND, Inclusion and Wellbeing | 31 Jul 2022  31 Aug 2022  31 Jul 2022  30 Sep 2022  30 Oct 2022  31 Nov 2022 |  |
| AP2 | Deliver the Developing Local Provision project   * Consortia and Network projects to complete Spring Term 2022 Reports, evidencing project impact and progress * BEP Consortia Partners to produce evaluation reports for all consortias detailing effectiveness of implemented projects * Mainstream mid-project review and evaluation of implementation, impact and progress shared with stakeholders * Consortia and Network projects to complete Summer 22 Term Reports, evidencing project impact and progress * Consortia and Network projects to complete Autumn 23 Term Reports, evidencing project impact and progress   Improving Progress & Outcomes   * LA SEND services to present draft proposal for work to improve outcomes * Data collection tool pilot with some Mainstream Primary, Mainstream Secondary and Special Schools * Full roll out of city-wide Progress data collection * Analyse and review data received from all schools and present comparative data | AD SEND, Inclusion and Wellbeing | 29 April 2022 (Complete)  13 May 2022  29 July 2022  16 Sept 22  16 Jan 23  28 April 22 (Complete)  02 May 22  11 July 22  05 Sept 22 |  |
| AP3 | Review the Children Out of School Process for CYPs with EHCPs   * Define and agree scope for ‘out of school processes’ * Review of current Processes * Proposal for Improvement * Implementation | AD SEND, Inclusion and Wellbeing | 31 May 2022  31 Jul 2022  30 Oct 2022  31 Mar 2023 |  |
| AP4 | Review the allocation of the HNB with the support of CIPFA to ensure that funding is appropriately used to enable greater support for children and young people with SEND  CIPFA Report has been received  HNB for 2022/23 has been set (Schools Forum10.3.22) | AD SEND, Inclusion and Wellbeing | 30 Mar 2023 |  |
| AP5 | 14-19 Review of Employment Pathways for YP with SEND   * Define and agree scope * Review of current Processes * Proposal for Improvement * Implementation | AD Employment and Skills | 31 May 2022  30 Sep 2022  31 Dec 2022  31 Mar 2023 |  |
| AP6 | Review of Internal Processes to ensure that CYPs pathways are correctly tracked   * Define and agree scope * Review of current Processes * Proposal for Improvement * Implementation | Director of Education and Skills/ Chief Nurse/ Director of Commissioning and Corporate Parenting | 31 May 2022  30 Sep 2022  31 Dec 2022  31 Mar 2023 |  |
| Impact measures and justification narrative | | | | |
| ID | KPI reference | Justification narrative | | |
| P1 | Attainment and Progress data EHCPs | Through tracking progress and attainment data for children and young people with SEND, it will be ascertained how well Birmingham improves outcomes for this cohort. | | |
| P2 | Attainment and Progress data SEN Support |
| P3, 4 | Attendance for SEN Support and EHCPs | Through tracking the levels of attendance for children and young people with SEND, it will be ascertained how well Birmingham supports the cohort to remain in education and offers an inclusive environment. | | |
| P5 | % of the Unknows in the NEET category | Through tracking the levels of unknowns in the NEET category, it will be ascertained how well the partnership is doing at pathways tracking. | | |
| P6 | % of Special Schools rated Good or Outstanding | Through tracking the Ofsted rating of education settings and the 2 Year Old Offer, and the prevalence of EHCPs in those settings, it will be ascertained how well Birmingham offers an inclusive environment and best chances for the cohort to succeed. The SEND references in education settings Ofsted reports will also be used as case studies. | | |
| P7 | % of Mainstream Schools rated Good or Outstanding |
| P8 | % of Early Years rated Good or Outstanding |
| P9 | % of CYP with EHCPs that attend settings rated Good or Outstanding |
| P10 | % of Take up of 2 Year Old Offer |
| P11,12 | % of permanent exclusions and fixed term exclusions for EHCPs | Through tracking the levels of exclusion for children and young people with SEND, it will be ascertained how well Birmingham supports the cohort to remain in education and offers an inclusive environment. | | |
| P13,14 | % of permanent exclusions and fixed term exclusions for SEN Support |
| P15 | % young people with LD in paid employment or apprenticeships | Through tracking the % of young people with learning disabilities in paid employment or apprenticeships, it will be ascertained how well Birmingham prepares young people with LD for adulthood. | | |

***If you have a council wide risk register format you can insert that here, otherwise please use this one. At this stage it is critical both for yourself, DfE, NHS England and DHSC that you identify early any risks and can demonstrate appropriate and decisive action. The progress of your Plan will be evaluated with you initially at 6 months to determine any further action which may be required.***

**Risk Register**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Risk** | **Severity/Impact** | **Mitigation** | **Progress following action** |
| 28/09/2021 | Lack of resources to implement the desired outcomes | Low | A paper for transformation resources is being put through Cabinet in October 2021. | Cabinet has approved the required budget for transformation. Posts have been agreed in consultation with the Cabinet Member for Finance and the Cabinet Member for Vulnerable children. The programme is now fully staffed. |
| 28/09/2021 | Failure to recruit sufficient experienced workforce | High | A workforce strategy will be developed, looking at how best to recruit, keep and grow our own staff in key posts. | Over 50 additional posts have been recruited into the SENAR team since September 2021 on a temporary basis to meet increased demand and improve working practices. Work is underway under AGBR4 to build a sustainable permanent structure. |
| 28/09/2021 | Lack of robust data for baselining and monitoring impact | High | A Performance Officer is being recruited, to work with the partnership to build the SEND Improvement Dashboard | The Performance Officer has been recruited and work on establishing baselines has started. |
| 29/09/2021 | Lack of recent national and local data on Attainment and Progress | Medium | We will work with Education settings to set up a local process through which we can monitor Attainment and Progress for those children and young people with SEND | Through Objective 4, we are working with education settings and Mime in order to produce a local data base for progress and attainment, which will enable comparison by school, cluster, ward authority, etc. |
| 28/09/2021 | Lack of co-production and engagement | Medium | We have a appointed a Coproduction Officer, who will help the Local Area partnership with engaging and coproducing across the local area | Work has started on mapping existing coproduction in Birmingham, which will help in shaping and developing the Coproduction Framework.  The first draft of the report and recommendations will be ready for July SEND Improvement Board. |
| 10/11/2021 | Lack of placement sufficiency for children and young people with EHC Plans | Low | As part of the programme, there will be a focus on building a sufficiency plan for the City, so that the appropriate quantity of placements is made available. | A dedicated officer has been deployed to put together a sufficiency plan for the immediate and medium term placement requirements across the range of needs and locations in Birmingham. |

**Score card**

***This is the summary of all the ways you are going to measure the overall effectiveness of your plan. For example, if measuring the impact of the improvement of the quality of EHCPs, you may look at the improvement in attendance, exclusions and outcome measures for CYP with EHC plans.***

| **KPI ID** | **KPI** | **Baseline**  (May 2021 or most recent available data) | **6 months**  **Target**  Nov 2021 | **RAG and Actual** | **12 months**  **Target**  May 2022 | **RAG**  **and Actual**  (April 2022) | **18 months**  **Target**  Nov 2022 | **RAG**  **and Actual** | **24 months**  **Target**  May 2023 | **RAG**  **and Actual** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SL1 | % of professionals in the partnership that understand the vision | **Requires baseline** |  |  |  |  |  |  |  |  |
| SL2 | % of pupils with EHCP educated in mainstream environment (based on SEN2) | **26%** | **28%** | **28%** | **30%** | **30%** | **35%** |  | **40%** |  |
| SL3 | % EHCNA professional advice received within 6 weeks | **Requires baseline** |  |  |  |  |  |  |  |  |
| SL4 | Satisfaction rates Local Offer Website through a dedicated survey | **Requires baseline** |  |  |  |  |  |  |  |  |
| SL6 | Local Offer Website Traffic monitoring (Pageviews) | **15252 views/ month** | **>16000 views/ month** | **30777**  **views/ month** | **>16000 views/ month** | **16935 views/ month** | **>16000 views/ month** |  | **>16000 views/ month** |  |
| SL6 | Attendance monitoring at mandatory SEND training | **Requires baseline** |  |  |  |  |  |  |  |  |
| GBR1a | %EHCPs issued within 20 weeks (12 months rolling) | **53%** | **60%** | **58%** | **60%** | **63%** | **70%** |  | **80%** |  |
| GBR1b | 2021 Finals Issued |  |  | **105** |  | **148** |  |  |  |  |
| GBR2a | % Annual Reviews actioned within 4 weeks of the meeting | **2%** | **20%** | **3.1%** | **20%** | **25%** | **30%** |  | **40%** |  |
| GBR2b | Number of Annual Review actioned |  |  | **195** |  | **346** |  |  |  |  |
| GBR3 | % of EHCPs rated good and outstanding | **Requires baseline** |  |  |  |  |  |  |  |  |
| GBR4 | Family Satisfaction with the EHCNA and Annual Review process | **Requires baseline** |  |  |  |  |  |  |  |  |
| GBR5 | SENCO Satisfaction with the EHCNA and Annual Review process | **Requires baseline** |  |  |  |  |  |  |  |  |
| GBR6 | % of CYP who complete their secondary phase transfer by the 15th of February | **0%** | **n/a** | **n/a** | **80%** | **98.8%** | **n/a** | **n/a** | **95%** |  |
| GBR7 | % of post 16 young people who complete transfer documentation by 31st March. | **0%** | **n/a** | **n/a** | **80%** | **99.3%** | **n/a** | **n/a** | **95%** |  |
| GBR8.a | % of EHCPs NEET | **9%** | **7%** | **6.7%** | **6.5%** | **4.0%** | **5%** |  | **3.5%** |  |
| GBR8.b | Number of children waiting for specialist placement | **77** | **n/a** | **143** | **n/a** | **553** | **n/a** |  | **n/a** |  |
| GBR9 | Average wait for OT | **12 weeks** | **Maintain 12 weeks** | **11 weeks** | **Maintain 12 weeks** | **9** | **Maintain 12 weeks** |  | **Maintain 12 weeks** |  |
| GBR10 | Average wait for SLT | **75 weeks** | **25-35 weeks** | **27 weeks** | **20-25 weeks** | **14** | **20- 25 weeks** |  | **20- 25 weeks** |  |
| GBR11 | Average wait for PT | **26 weeks** |  | **28 weeks** |  | **28 weeks** |  |  |  |  |
| GBR12.a | Average wait for ND – School Age | **ASD: 31 weeks** |  | **32 weeks** |  | **31 weeks** |  |  |  |  |
| GBR12.b | Average wait for ND – Pre-school | **ASD: 54 weeks** |  |  |  | **53 weeks** |  |  |  |  |
| GBR13 | Longest wait for OT | **54 weeks** | **35 weeks** | **31 weeks** | **30 weeks** | **32 weeks** | **30 weeks** |  | **30 weeks** |  |
| GBR14 | Longest wait for SLT | **128 weeks** | **40-50 weeks** | **75 weeks** | **40-50 weeks** | **169 weeks** | **30-40 weeks** |  | **25-30 weeks** |  |
| GBR15 | Longest wait for PT | **82 weeks** |  | **80 weeks** |  | **99 weeks** |  |  |  |  |
| GBR16.a | Longest wait for ND – school age | **ASD:-**  **138 weeks** |  | **141 weeks** |  | **133 weeks** |  |  |  |  |
| GBR16.b | Longest wait for ND – pre-school age | **ASD:-**  **129 weeks** |  |  |  | **131 weeks** |  |  |  |  |
| WTW1.a | no of parental surveys returned | **378** |  |  |  | **788** |  |  |  |  |
| WTW1.b | % of parental surveys returned | **3.8%** |  |  |  | **7.2%** |  |  |  |  |
| WTW2 | % of parental satisfaction measured through the parental surveys | **Requires baseline** |  |  |  | **32%** |  |  |  |  |
| WTW3 | % of education settings responding positive to surveys | **Requires baseline** |  |  |  |  |  |  |  |  |
| WTW4 | % of partner organisations responding positive to surveys | **Requires baseline** |  |  |  |  |  |  |  |  |
| WTW5.a | Number of Mediations (Mediation Sessions Held) | **Requires baseline** |  | **21** |  | **44** |  |  |  |  |
| WTW5.b | Outcome Mediation Resolved |  |  |  |  | **21** |  |  |  |  |
| WTW6 | Number of appeals lodged at SENDIST | **21** |  | **26** |  | **40** |  |  |  |  |
| WTW7a | Number of Complaints | **41** |  | **53** |  | **27** |  |  |  |  |
| WTW7b | Complaints Cases Closed |  |  | **27** |  | **16** |  |  |  |  |
| WTW8a | Average Number of Days to close a Complaint | **Requires baseline** |  | **23.3** |  | **11.6** |  |  |  |  |
| WTW8b | Complaints Number of cases closed within SLA (15WDs) | **Requires baseline** |  | **5** |  | **18** |  |  |  |  |
| P1 | Attainment and Progress data EHCPs | **Requires baseline for 2020/21** |  |  |  |  |  |  |  |  |
| P2 | Attainment and Progress data SEN Support | **Requires baseline for 2020/21** |  |  |  |  |  |  |  |  |
| P3 | Attendance for SEN Support | **93.5%** |  |  |  |  |  |  |  |  |
| P4 | Attendance for EHCPs | **89.9%** |  | **76.7%** |  |  |  |  |  |  |
| P5 | % of the Unknows of EHCPs in the NEET category | **41%** | **30%** | **30%** | **20%** | **0%** | **10%** |  | **5%** |  |
| P6 | % of Special Schools rated Good or Outstanding | **81%** |  |  |  | **77%** |  |  |  |  |
| P7 | % of Mainstream Schools rated Good or Outstanding | **71%** |  |  |  | **82%** |  |  |  |  |
| P8 | % of Early Years rated Good or Outstanding | **100%** |  |  |  | **100%** |  |  |  |  |
| P9 | % of CYP with EHCPs that attend settings rated Good or Outstanding | **Requires baseline** |  |  |  |  |  |  |  |  |
| P10 | % of Take up of 2 Year Old Offer | **Requires baseline** |  |  |  |  |  |  |  |  |
| P11 | % of permanent exclusions for EHCPs | **0.14%** |  | **0.05%** | **0.10%** | **0.03%** |  |  | **0.07%** |  |
| P12 | % of fixed term exclusions for EHCPs | **11.32%** |  | **1.10%** |  | **1.08%** |  |  |  |  |
| P13 | % of permanent exclusions for SEN Support | **0.45%** |  | **0.04%** | **0.37%** | **0.03%** |  |  | **0.32%** |  |
| P14 | % of fixed term exclusions for SEN Support | **10.27%** |  | **1.86%** |  | **1.91%** |  |  |  |  |
| P15 | % young people with LD in paid employment or apprenticeship (leavers destination) | **27%** |  |  | **30%** |  |  |  | **33%** |  |

**Annex B: Supporting statement for the Accelerated Progress Plan**

Please include here any significant reasons why you feel you did not make sufficient progress and how you are addressing these

|  |  |
| --- | --- |
| **Factors accounting for insufficient progress** | **How we are addressing these** |
| *ASW1: There was a lack of an overarching approach or joined-up* ***strategy for improving provision and outcomes*** *for children and young people with special educational needs and/or disabilities (SEND)* | |
| Lack of consistent leadership around the SEND System. | With new permanent Leadership in BCC and the ICS (NHS), consistent vision will be provided to ensure that strategic outcomes are realised. |
| *ASW2:* ***Inter-agency working*** *was ineffective* | |
| Lack of inter-agency protocols and understanding of roles and responsibilities. | Though Objective 1 of the APP we are building Joint Working Protocols and Standard Operating Procedures across the partnership, in order to ensure embedded and sustainable practice. |
| *ASW3: Birmingham had not ensured that the published* ***local offer*** *was a useful means of communicating with parents and it was difficult to locate* | |
| At the time of the revisit the statutory requirement of the “You Said, We Did” was not available. Moreover, the look and feel of the webpage was not popular. | The statutory requirement is now in place. We are working through Objective 1 of the APP to coproduce a refreshed version of the Local Offer Website. |
| *ASW4: The* ***coordination of assessments*** *of children and young people’s needs between agencies was poor* | |
| Lack of staffing was the main issue for the coordination of assessments. | Through Objective 2 of the APP, we are building a sustainable service, effectively growing the team, so that it ca meet demand appropriately. |
| *ASW5: The* ***quality of EHC plans*** *was variable* | |
| Lack of business as usual resource to ensure an adequate EHCNA and Annual Review Process and the quality of EHCPs. | Cabinet has approved the required budget for SENAR until April 2023. This will help with creating a sustainable SENAR function in Birmingham. |
| Governance and IT Contractual procedures have delayed the start of the delivery of the upgraded NEXUS system. | We have worked with IT to expedite the contractual processes and now have engaged with the supplier. We have negotiated a project plan with the supplier that will help to ensure that the upgraded NEXUS system is delivered with minimal delay. |
| *ASW6:* ***Waiting times*** *were too long and children and young people were not seen quickly enough by therapists or professionals in CDCs* | |
| Lack of staffing within the NHS combined with the added pressures of COVID19. | Health have a comprehensive programme of recovery around the waiting times, and progress can be seen currently. |
| *ASW7:* ***Co-production*** *was not embedded in the local area* | |
| There was no agreed understanding of coproduction across Birmingham. | Through Objective 3 of the APP, we are developing a Coproduction framework, which will sit at the forefront of practice in the City. |
| *ASW8:* ***Parental engagement*** *was weak* | |
| For the reasons described at ASW4, ASW5 and ASW7, parental engagement was weak. | Through Objective 3 of the APP, we are developing a Communication and Engagement Strategy, which will sit at the forefront of practice in the City. |
| *ASW9: There was a great deal of* ***parental dissatisfaction*** | |
| For the reasons described at ASW4, ASW5, ASW6, ASW7 and ASW8, there is a lack of trust and satisfaction from parents on the system. | Everything we are working on in the APP is to build that trust back with families and to improve satisfaction appropriately with the SEND system in Birmingham. |
| *ASW10: Pupils with SEND make* ***weak academic progress*** *when compared with all pupils nationally* | |
| There was a lack of understanding in the system on measuring academic progress across the city and developing supporting frameworks between education settings to close the gap with national averages. | Through the work in Objective 4, we are working on developing systems to better monitor and track academic process, which will then support local models of improvements in terms of academic progress. |
| *ASW11: Pupils with SEND* ***attend less often and are excluded more frequently*** *than other pupils in Birmingham and all pupils nationally* | |
| Due to an ineffective SEND System, some education settings would have a higher incidence of excluding children and young people with SEND. | Through the work in Objective 4, we are working on developing an Inclusion strategy, along side better systems through Objective 2, so that most education settings are well experience to adequately support children and young people with SEND. |
| *ASW12: Not enough young people with SEND are entering* ***employment or supported employment*** *and the proportion of adults with learning disabilities in paid employment is below the national average* | |
| Destination tracking and effective planning was not in place. | Through the work in Objective 4, we are working on developing systems to plan better for adult life, including employment or supported employment pathways. |
| Accelerated Progress Plan: | |
| Lack of transformation resource to be able to adequately plan the improvement work. This has resulted in milestones having to be moved back. | Due to challenges to recruit and deploy resources for the programme, the objectives are at different stages of maturity (Objectives 2 and 3 are more developed and in delivery phase, whereas Objectives 1 and 4 are at the more initial stages of implementation). This accounts for some milestones having to be moved. The programme of work is now fully staffed, which also ensured that by reviewing the APP there is a more confident understanding on how long it would take to bring about the necessary changes |
| The system must be capable of sustaining improvement post April 2023 | Senior officers/leaders are meeting with other LA's to determine best practice. Alongside the review of process and getting all basics right the permanent structure is being developed and then a growth bid submitted for cabinet to fund the service long term. This is to ensure a sustainable service fit for the future, taking into consideration the need for targeted work to address backlogs in the short term and the BAU activity in the long term. |
| Turbulence and conflicting priorities for all agencies within the timeframes are a challenge. | Working collectively through the SIB and APP Objective Management Groups to gain commitment to the short, medium and long term priorities with the timing for each agency/stakeholder. |

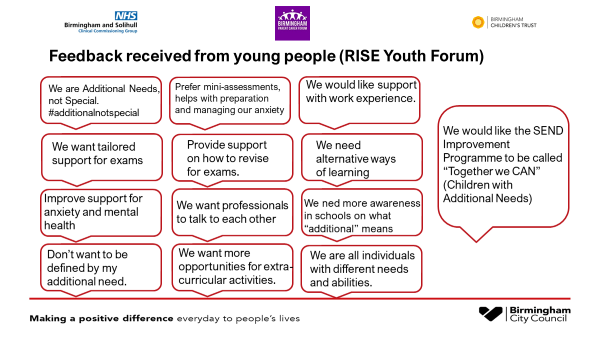
Please say here how you will ensure that partners, including families, are fully aware and kept informed of you actions and progress

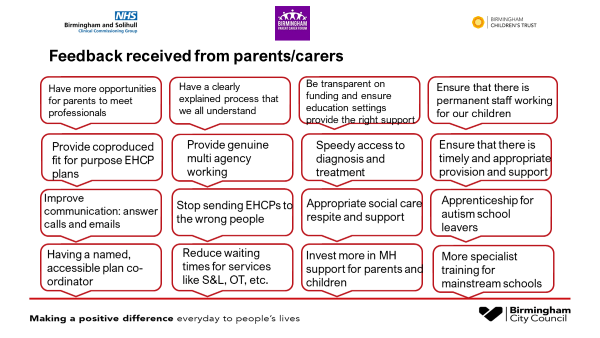
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| As per the Governance diagram, partners, including families, will be at the heart of the programme, with a robust engagement framework put in place. A dashboard will be published every 6 months on the Local Offer to show where the Local Area is in terms of its progress to achieve those outcomes. |

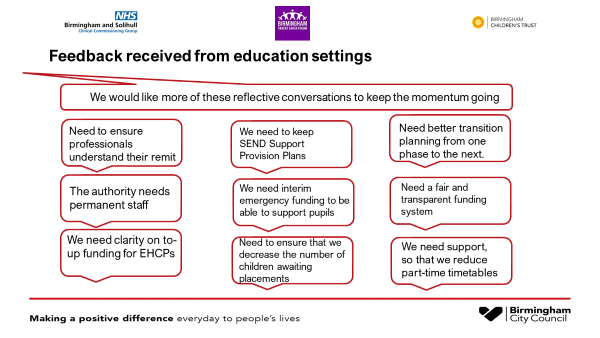
Please say here what support and challenge you feel would be most helpful over the coming months and when

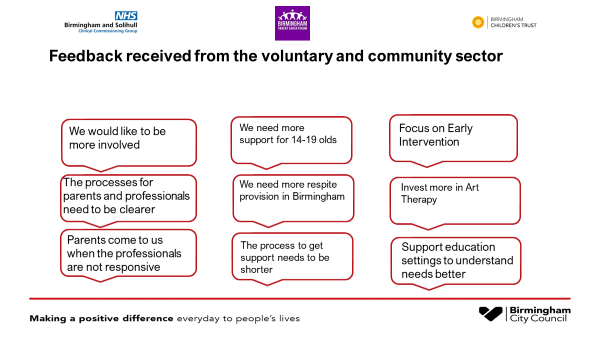
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| 1. Clarity on the development and ‘release’ of the strategies with time to then implement and embed changes to practice over sensible timeframes for the different partners, all of whom have their own priorities. |

**Annex C: – Stakeholder Feedback to formulate the APP**



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