# 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

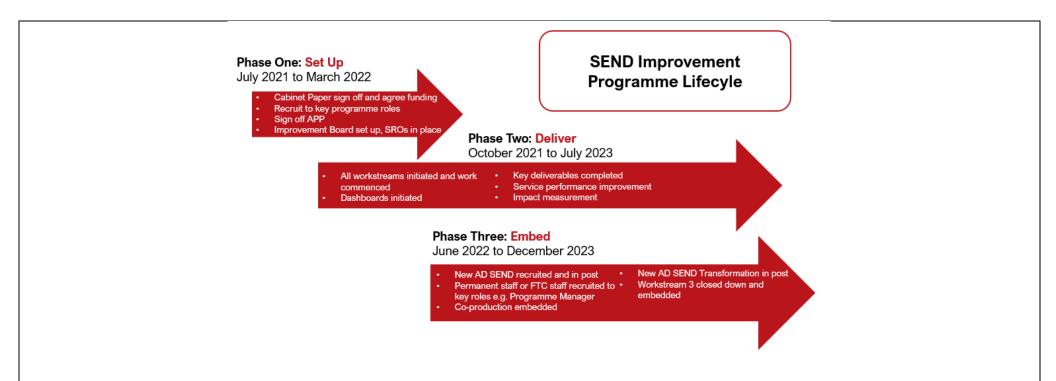
| Name of the Local Area             | Birmingham  |
|------------------------------------|---|
| Date of Inspection                 | 24-27 May 2021                                    |
| Date of Publication of the Revisit | 14 July 2021                                      |
| report                             |   |
| Accountable Officers from the LA   | Director of Children and Families and Chief Nurse |
| and CCG                            |   |
| 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

#### 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:

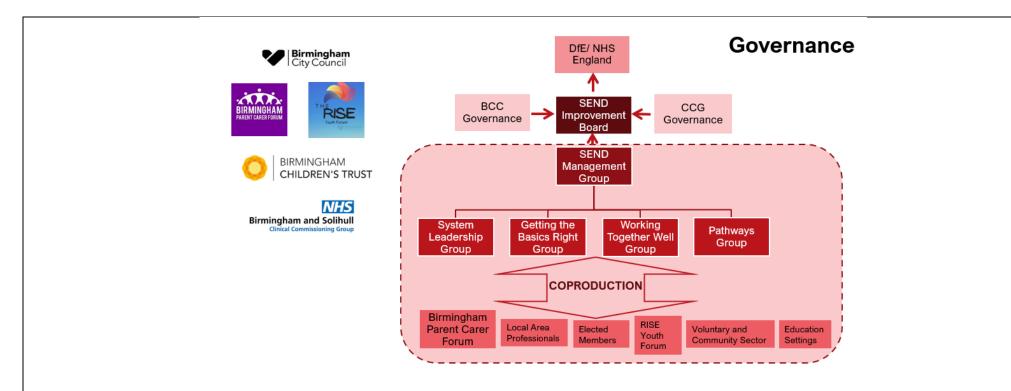


The APP was produced based on feedback from Young People, Parents/Carers, education settings and the voluntary and community sector. This feedback can be seen in Annex C of the APP.

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 6 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), other elected members DfE and NHS England.

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<br>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) | <ul> <li>% of professionals in the partnership that understand the vision</li> <li>% of pupils with EHCP educated in mainstream environment</li> <li>% EHCNA advice received within 6 weeks</li> <li>Attendance monitoring at mandatory SEND training</li> <li>Satisfaction rates Local Offer Website through a dedicated survey</li> <li>Local Offer Website Traffic monitoring</li> </ul> |  |  |

| Catting the  | <ul> <li>The initial inspection found that inter-agency working was ineffective</li> <li>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</li> </ul>  | 0/FHOPs is seed within 00 weeks  |
|--|--|--|
| Getting the basics right – identifying and assessing need  | <ul> <li>The initial inspection found that the coordination of assessments of children and young people's needs between agencies was poor</li> <li>The initial inspection found that the quality of EHC plans was variable</li> <li>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</li> </ul> | <ul> <li>%EHCPs issued within 20 weeks</li> <li>Family Satisfaction with the EHCNA process</li> <li>SENCO Satisfaction with the EHCNA process</li> <li>% Annual Reviews actioned within 4 weeks of the meeting</li> <li>% of EHCPs rated good and outstanding</li> <li>% of CYP who complete their secondary phase transfer by the 15th of February.</li> <li>% of post 16 young people who complete transfer documentation by 31st March.</li> <li>% of EHCPs NEET</li> <li>Number of children waiting specialist placements</li> <li>Statistics about waiting times (therapies and neuro-developmental pathway)</li> </ul> |
| Working<br>Together<br>Well                                | <ul> <li>The initial inspection found that co-production was not embedded in the local area</li> <li>The initial inspection found that parental engagement was weak</li> <li>The initial inspection found that there was a great deal of parental dissatisfaction</li> </ul>   | <ul> <li>% of parental surveys returned</li> <li>% of parental satisfaction measured through the parental surveys</li> <li>% of education settings responding positive to surveys</li> <li>% of partner organisations responding positive to surveys</li> <li>Number of Mediations and % with positive outcome</li> <li>Number of appeals lodged at SENDIST</li> <li>Number of Complaints</li> <li>% of Complaints that were satisfactorily dealt with</li> </ul>  |
| Pathways –<br>meeting<br>need and<br>improving<br>outcomes | <ul> <li>The initial inspection found that pupils with SEND make weak academic progress when compared with all pupils nationally.</li> <li>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</li> </ul>  | <ul> <li>Attainment and Progress data EHCPs</li> <li>Attainment and Progress data SEN Support</li> <li>Attendance for SEN Support and EHCPs</li> <li>% of the Unknows in the NEET category</li> <li>% of Special Schools rated Good or Outstanding</li> <li>% of Mainstream Schools rated Good or Outstanding</li> <li>% of Early Years rated Good or Outstanding</li> <li>% of CYP with EHCPs that attend settings rated Good or Outstanding</li> </ul>   |

| 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 | <ul> <li>% of Take up of 2 Year Old Offer</li> <li>% of permanent exclusions and fixed term exclusions for EHCPs</li> <li>% of permanent exclusions and fixed term exclusions for SEN Support</li> <li>% young people with LD in paid employment or apprenticeships</li> </ul> |
|--|--|
|--|--|

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**

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

|      | SIP Objective and areas of weakness identi  | fied in the original inspection | on   |            |
|------|---|---------------------------------|--|------------|
|      | System Leadership (SEND Strategy, Inter-a   | agency Working, Local Offe      | r)   |            |
|      | Actions designed to lead to improvement   |                                 |  |            |
| ID   | Action  | Responsible officers            | By When  | Action RAG |
| ASL1 | Implement a new SEND Strategy - Scope content - Coproduce desired outcomes - Agree sufficiency plan | Director of SEND and Inclusion  | 30 May 2022 (complete)<br>31 Aug 2022 (complete)<br>31st Mar 2023 (complete) |            |

|        |  | T                   | T                                    |  |
|--------|--|---------------------|--------------------------------------|--|
|        | <ul> <li>Agree draft format and content of the strategy</li> </ul>   |                     | 30 Sep 2022 (complete)               |  |
|        | - Complete Draft SEND Strategy   |                     | 23 <sup>rd</sup> Jan 2023 (complete) |  |
|        | - Multi-agency Launch SEND Strategy  |                     | 10 <sup>th</sup> Jul 2023 (complete) |  |
|        |  |                     |                                      |  |
|        | - Publish Annual Report  |                     | June 2024                            |  |
| ASL2   | Develop and Implement a Joint Working Protocol   | Director of SEND    |                                      |  |
|        | (JWP) with Standard Operating Procedures (SOPs)  | and Inclusion       |                                      |  |
|        | across the partnership, to ensure that clarity of roles  | (BCC) with          |                                      |  |
|        |  | ,                   |                                      |  |
|        | and procedures is embedded   | Director of Nursing |                                      |  |
|        | <ul> <li>Vision and commitment agreed with local</li> </ul>  | and Quality (NHS)   |                                      |  |
|        | leadership   | with Director of    | 30 Apr 2022 (Complete)               |  |
|        | '  | Practice (BCT)      |                                      |  |
|        |  | Tradilide (BOT)     |                                      |  |
|        | Desti IIMD executed to be a least of the fall  |                     | 00 4 - 1 0000 (0 1 - ( - )           |  |
|        | - Draft JWP completed and agreed (without all  |                     | 30 April 2022 (Complete)             |  |
|        | SOPs ready)  |                     |                                      |  |
|        |  |                     |                                      |  |
|        |  |                     |                                      |  |
|        | - Standard Operating Procedures developed  |                     | 30 May 2023 (Complete)               |  |
|        |  |                     | 30 May 2023 (Complete)               |  |
|        | including co-production  |                     |                                      |  |
|        | <ul> <li>Assessment, Annual Reviews</li> </ul>   |                     |                                      |  |
|        | <ul> <li>Sub-procedures</li> </ul>   |                     |                                      |  |
|        | The second secon |                     |                                      |  |
|        | - Joint Working Protocol signed  |                     | 30 May 2023 (Complete)               |  |
|        | - Joint Working Protocol Signed  |                     | 30 May 2023 (Complete)               |  |
|        |  |                     |                                      |  |
|        | <ul> <li>Practices and procedures are improved within</li> </ul>   |                     |                                      |  |
|        | the teams working in Birmingham. These result  |                     |                                      |  |
|        | in sustained and embedded positive behaviour   |                     | 31 January 2024                      |  |
|        |  |                     | 31 January 2024                      |  |
|        | change for the relationships with families,  |                     |                                      |  |
|        | between organisations and the outcomes we  |                     |                                      |  |
|        | want to see.   |                     |                                      |  |
| ASL3   | Develop and Implement a Learning and Development   | Director of SEND    |                                      |  |
| , 1020 | , , ,  | and Inclusion       |                                      |  |
|        | Strategy across the partnership  |                     | <b>D</b> 1 0000                      |  |
|        | <ul> <li>Understand the need for learning and</li> </ul>   | (BCC) with          | December 2023                        |  |
|        | development (Knowledge/Learning Needs  | Director of Nursing |                                      |  |
|        | Analysis)  | and Quality (NHS)   |                                      |  |
|        | 1  |                     | 1                                    |  |

|       | T   | T                   | T                       |  |
|-------|---|---------------------|-------------------------|--|
|       | <ul> <li>Develop Learning and Development Strategy</li> </ul> | with Director of    | December 2023           |  |
|       | <ul> <li>Procure Learning Modules/ Platform (if</li> </ul>    | Practice (BCT)      |                         |  |
|       | appropriate)  | HR&OD               | December 2023           |  |
|       | <ul> <li>Implement and evaluate the Learning and</li> </ul>   | Departments         |                         |  |
|       | Development Strategy  | ·                   | Jan to March 2024       |  |
| ASL4  | Develop a Workforce Strategy to ensure staff                  | Director of SEND    |                         |  |
|       | sufficiency across the partnership (Education, Health         | and Inclusion       |                         |  |
|       | and Social Care)  | (BCC) with          |                         |  |
|       | - Workforce Gap Analysis                                      | Director of Nursing | December 2023           |  |
|       | - Develop Workforce Strategy                                  | and Quality (NHS)   | December 2023           |  |
|       | - Recruitment and CPD plan in place                           | with Director of    | December 2023           |  |
|       | Measure families' satisfaction with workforce                 | Practice (BCT)      | April 2024              |  |
|       | - Evaluate effectiveness of recruitment methods               | HR&OD               | 7 pm 2024               |  |
|       | - Evaluate effectiveness of recruitment methods               | Departments         | June 2024               |  |
|       |   | Departments         | Julie 2024              |  |
| ASL5  | Improve the Local Offer Website:                              | Director of SEND    |                         |  |
| 7.020 | - SEND Local Offer Website known to and                       | and Inclusion       | 21 Jul 2022 (complete)  |  |
|       | accessible for all  | (BCC) with          | 21 641 2022 (6611)16(6) |  |
|       | - Content of the local offer is comprehensive and             | Director of Nursing | 31 Dec 2022 (complete)  |  |
|       | meets needs of those we support (developed                    | and Quality (NHS)   | 31 Dec 2022 (complete)  |  |
|       | through coproduction)   | with Director of    |                         |  |
|       | - Navigation of SEND Local Offer is easy                      |                     | 21 Dec 2022 (complete)  |  |
|       | ,   | Practice (BCT)      | 31 Dec 2022 (complete)  |  |
|       | - SEND Local Offer Website is easy for                        |                     | 31 Mar 2023 (complete)  |  |
|       | stakeholders to maintain up-to-date information               |                     |                         |  |
|       | regarding the opportunities they provide                      |                     |                         |  |
|       | - Maintain the SEND Local Offer to ensure it                  |                     | 31 Mar 2023 (complete)  |  |
|       | remains compliant with necessary standards                    |                     |                         |  |
|       | when changes are needed.                                      |                     |                         |  |
| ASL6  | Review of Data Management and Introduction of New             | SEND Data and       |                         |  |
|       | Data Management and Performance Policy                        | Performance         |                         |  |
|       | <ul> <li>Task and Finish Think Tank to review and</li> </ul>  | Manager, SEND       | August 2023             |  |
|       | ensure alignment between systems wherever                     | Commissioning       |                         |  |
|       | possible  |                     |                         |  |
|       | <ul> <li>Ensure NEXUS is aligned and data</li> </ul>          |                     | 30 April 2023           |  |

|     | performance policy has standard operating procedures  - New data management policy - New data and performance policy - Publish policies | 30 April 2023<br>30 April 2023<br>30 April 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 interagency 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.  |  |  |

|    | 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 |  | Responsible | By When | Action RAG |  |

|       |  | officers                                   |   |  |
|-------|--|--|---|--|
| AGBR1 | Improve EHCNA process with a view of increasing coproduction at an individual level by looking at:  - Review EHCP template   | Director of SEND<br>and Inclusion<br>(BCC) | 30 Apr 2022 (Complete)  |  |
|       | - Review Process for seeking advice  |  | 30 Apr 2022 (Complete)  |  |
|       | - Coproducing the 20 week process  |  | 30 Apr 2022 (Complete)  |  |
|       | <ul> <li>Coproducing the templates and letters</li> <li>Training plan for all staff</li> <li>Co-produce reference documentation for service officers</li> </ul>  |  | 31 May 2022 (Complete)<br>03 July 2023 (Complete)<br>30 Apr 2022 (Complete) |  |
|       | - Review team structure  |  | 30 Apr 2022 (Complete)  |  |
|       | - Review Assessment SOPs for compliance and quality  |  | 03 July 2023 (Complete)   |  |
|       | Review all SOPs for compliance and quality, including partners   |  | 31 July 2023  |  |
|       | - Fully Embed the SOPs into working practice   |  | 03 July 2023 (Complete)   |  |
|       | - Review and evaluate the new process  |  | 30 August 2023  |  |
| 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 | Director of SEND<br>and Inclusion<br>(BCC) | 30 Jun 2022 (Complete)<br>30 Jun 2022 (Complete)<br>30 Jun 2022 (Complete)  |  |

|       | Training plan for all staff                                       |                  | 02 July 2022 (Complete) |  |
|-------|---|------------------|-------------------------|--|
|       | - Training plan for all staff                                     |                  | 03 July 2023 (Complete) |  |
|       | - Co-produce reference documentation for                          |                  | 31 July 2023            |  |
|       | service officers  |                  |                         |  |
|       | - Review team structure   |                  | 30 Apr 2022             |  |
|       |   |                  | (Complete)              |  |
|       | <ul> <li>Review Annual Review SOPs for compliance</li> </ul>      |                  | 03 July 2023 (Complete) |  |
|       | and quality   |                  |                         |  |
|       | <ul> <li>Review all SOPs for compliance and quality,</li> </ul>   |                  | 31 July 2023            |  |
|       | including partners  |                  |                         |  |
|       |   |                  |                         |  |
|       | <ul> <li>Fully Embed the SOPs into working practice</li> </ul>    |                  | 03 July 2023 (Complete) |  |
|       |   |                  |                         |  |
|       | <ul> <li>Review and evaluate the new process</li> </ul>           |                  | 30 August 2023          |  |
| AGBR3 | Upgrade SENAR Case Management System                              | Director of SEND |                         |  |
|       | <ul> <li>IT and directorate roles and responsibilities</li> </ul> | and Inclusion    | 30 Apr 2023 (Complete)  |  |
|       | agreed  | (BCC)            |                         |  |
|       | _   | ,                |                         |  |
|       | <ul> <li>Internal review of system and capability</li> </ul>      |                  | 30 Apr 2022 (Complete)  |  |
|       |   |                  |                         |  |
|       |   |                  |                         |  |
|       | <ul> <li>Decision to proceed or hold based on green</li> </ul>    |                  | 30 Apr 2022 (Complete)  |  |
|       | paper   |                  |                         |  |
|       |   |                  |                         |  |
|       |   |                  |                         |  |
|       | - Progress implementation with CACI                               |                  | 31 May 2022 (complete)  |  |
|       | - Communication with partners                                     |                  | 31 Aug 2023 (Complete)  |  |
|       | - Communicate use of Parent Portal                                |                  | 31 Dec 2023             |  |
|       | - Deliver training to staff                                       |                  | 31 Aug 2023             |  |
|       | - Deliver training to partners                                    |                  | 31 Aug 2023             |  |
|       | - Deliver integrated Plan Writer                                  |                  | 31 July 2023            |  |
|       | - Data cleanse of NEXUS data                                      |                  | 31 Dec 2023             |  |
|       | - Deliver Initial NEXUS Dashboard                                 |                  | 30 May 2023 (Complete)  |  |
|       | - Deliver Complete Reporting Suite                                |                  | 30 Aug 2023             |  |
|       | - Deliver workflow management                                     |                  | 30 Aug 2023             |  |
|       | Deliver workhow management  |                  | 00 / lug 2020           |  |

| 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 - Communication strategy and ensure S188 colleagues are engaged - Detailed action to follow from Growth Bid Funding Secured through the Growth Bid. | Director of SEND<br>and Inclusion<br>(BCC)  | 31 May 2022 (Complete) 31 May 2022 (Complete) 31 May 2022 (Complete) 31 May 2022 (Complete) 30 Jun 2022 (Complete) 30 Jun 2022 (Complete) 31 Aug 2022 (Complete) SENAR structure and consultation commenced July 2023. Funding secured as of March 2023. |  |
|-------|---|---|--|--|
| 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  - Develop QA Process Map to assist staff's understanding & facilitate a robust roll out across SEND Services  | Director of SEND<br>and Inclusion<br>(BCC) with<br>Director of Nursing<br>and Quality (NHS)<br>with Director of<br>Practice (BCT) | 31 May 2022<br>(complete)<br>31 May 2022 (Complete)<br>31 May 2022 (Completed)<br>June 2023 (Completed)  |  |

|       | <ul> <li>Training on QA framework to all service officers</li> <li>Review of QA tool for Assessments— Invision</li> <li>Create Baseline Assessment Audit</li> <li>Rollout of use of Invision for Assessment Audits to all Assessment team</li> <li>Review of QA tool for Annual Reviews—Invision</li> <li>Request Updates from Invision</li> <li>Rollout of use of Invision for Assessment Audits to all Assessment team</li> <li>Robust Audit on outcomes and timescales</li> <li>Review Health QA criteria for EHCP</li> <li>Integrate Health QA criteria into EHCP QA Framework</li> <li>Establish regular programme of QA audits</li> </ul> |   | 30 Sep 2023 31 March 2023 (complete) 31 May 2023 (complete) 31 Jul 2023 31 Jul 2023 July 2023 onwards 31 Jul 2023 30 Sep 2023 30 Oct 2023 30 Oct 2023 31 Jul 2023 onwards |  |
|-------|---|---|---|--|
| AGBR6 | Develop recovery trajectory planning to support the robust management of wating lists (for all therapy services Implement all therapy and Neurodevelopment recovery trajectories. Conclude and refine capacity and demand work to further inform future provision and ongoing trajectory planning.  | Director of Joint Commissioning (ICS/B) and Divisional Director Children and Families Division (Birmingham Community Healthcare NHS Foundation Trust) | 31 Mar 2023<br>31 Mar 2023  |  |
| AGBR7 | Continue to improve the process for monitoring and managing waiting lists Utilisation of the new clinical priority model (for clinics) to support the ongoing recovery plan Utilisation of productivity tool to enable effective monitoring of waiting lists  | Director of Joint Commissioning (ICS/B) and Divisional Director Children and Families Division  | Implemented Implemented   |  |

|       | Update trajectory planning to reflect expected waiting  | (Birmingham                    | 31 Mar 2023       |  |
|-------|---|--------------------------------|-------------------|--|
|       | list reductions over a specified timeframe  | Community                      | 01 Mai 2020       |  |
|       | Monthly reporting to monitor progress and update  | Healthcare NHS                 | Implemented       |  |
|       | system colleagues   | Foundation Trust)              |                   |  |
|       | Monitor waiting lists via contract review meetings  |                                | Implemented       |  |
|       | Improve communication channels with families re:  |                                | 31 Mar 2023       |  |
|       | waiting list updates (via Birmingham SEND newsletter)   |                                |                   |  |
|       | Sharing best practice and models where trajectories   |                                | Implemented       |  |
|       | have been met e.g. OT   |                                | 24 Mar 2022       |  |
|       | Utilise engagement opportunities via forums e.g. Health Parent Carer Forum, SLCN governance to gain |                                | 31 Mar 2023       |  |
|       | qualitative feedback  |                                |                   |  |
|       | Provide support to CYP, parents carers and  |                                | Implemented       |  |
|       | professionals while CYP are on the waiting list e.g.  |                                |                   |  |
|       | advice lines, accessible resources online, videos   |                                |                   |  |
| AGBR8 | Speech, Language and Communication Needs  | Director of Joint              |                   |  |
|       | (SLCN)  | Commissioning                  |                   |  |
|       | Phased transformation commencing Sept 2021 –  | (ICS/B) and                    |                   |  |
|       | March 2024  | Divisional Director            | 04 May 0004       |  |
|       | SLCN governance, strategy group and SLCN design group monitor project plan and progress             | Children and Families Division | 31 Mar 2024       |  |
|       | Embed a system wide approach to SLCN -  | (Birmingham                    | 31 Mar 2024       |  |
|       | transformation to the Balanced System   | Community                      |                   |  |
|       | Embed collaborative working and establish joint   | Healthcare NHS                 | 31 Mar 2024       |  |
|       | ownership across the CYP system to support the  | Foundation Trust)              |                   |  |
|       | transformation to the Balanced System   |                                |                   |  |
|       | Implementation of an integrated approach to   |                                | 31 Mar 2024       |  |
|       | continuous monitoring of wait times during the  |                                |                   |  |
|       | transition period.  Co-production of the balanced system model with                                 |                                | 31 Mar 2024       |  |
|       | children, young people and families (representatives  |                                | 31 IVIAI 2024<br> |  |
|       | are included within the SLCN governance)  |                                |                   |  |
|       | Utilise feedback gained from engagement to inform   |                                | 31 Mar 2024       |  |

|        | the development of the Balanced System model Utilise mapping and intelligence to identify system gaps, duplications and areas for development Co-development of SLCN outcomes and measures of success Continue to monitor the current SLT trajectory planning through the transition to the Balanced System |   | Mapping Completed 31 Mar 2024 31 Mar 2024  |  |
|--------|---|---|--|--|
| AGBR9  | Joint Commissioning arrangement for SLCN 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   | Director of Joint<br>Commissioning<br>(ICS/B) and<br>Director of SEND<br>and Inclusion<br>(BCC) | Complete, it is now in monitoring and implementation phase (this links with AGBR6 and AGBR8) |  |
| AGBR10 | Increase capacity to support autism assessments (over 7 year olds)  Commission additional capacity from Healios (phase 5) for autism assessments – Commenced Jan 2022 Healios will be able to see a further 330 children.   | Director of Joint Commissioning (ICS/B) and Divisional Director Children and                    | 31 Jan 2022  |  |
|        | Commence the Phase 6 assessments commissioned (Healios will be able to see a further 330 children) Implementation of a recruitment strategy to support the roll out of recruitment programme Active recruitment to support capacity within the team demand  | Families Division<br>(Birmingham<br>Community<br>Healthcare NHS<br>Foundation Trust)            | 30 Apr 2022<br>31 Mar 2023<br>31 Mar 2023  |  |
|        | Remodel the current pathway Deliver trajectory Development of a comms plan to support co- production and engagement with service users particularly with the pathway remodelling Ensure ongoing co-production and qualitative   |   | 31 Mar 2023<br>31 May 2022<br>31 Mar 2023  |  |
|        | feedback is sought. Explore subcontract arrangements with a proposal to ICS in June.  |   | •  |  |

| AGBR11 | Improve the ASD assessment process and wait times to ensure children under 7yrs old are assessed in a timely manner  Development and implementation of a new timetable for under 7-year-old waits (ASD assessments).  Monitor effectiveness and gain feedback on the new QB Test tool  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   | Director of Joint Commissioning (ICS/B) and Divisional Director Children and Families Division (Birmingham Community Healthcare NHS Foundation Trust) | 30 Sep 2022 (linked to 0-16 pathway below) 30 Sep 2022 28 Feb 2022 |  |
|--------|---|---|--|--|
| AGBR12 | Improve timeliness of ADHD assessments  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 coproduction 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 | Director of Joint Commissioning (ICS/B) and Divisional Director Children and Families Division (Birmingham Community Healthcare NHS Foundation Trust) | and continues to be monitored                                      |  |
| AGBR13 | <u>Development of a 0-16 year old ND pathway</u> -  | Director of Joint   | March 2023 - complete  |  |

|      | <ul> <li>including recruitment strategy in line with national staff shortage issues e.g., clinical psychology and working on an exit plan for Healios.</li> <li>There are 2 elements to address the waiting times:         <ul> <li>A steady state to ensure we have the capacity to meet new demand.</li> <li>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, ereferral and booking process that will commence in April 22.</li> </ul> </li> <li>Impact measures and justification narrative</li> </ul> | Commissioning (ICS/B) and Divisional Director Children and Families Division (Birmingham Community Healthcare NHS Foundation Trust) |   |  |  |
|------|--|---|---|--|--|
| ID   | KPI reference  | Jus   | tification narrative  |  |  |
| GBR1 | %EHCPs issued within 20 weeks  | with asc  | ough tracking (on a 12 months average) the compliance of the statutory 20 weeks EHCNA process, it will be certained if the coordination of assessment is efficient and propriate. |  |  |
| GBR2 | % Annual Reviews actioned within 4 weeks of the meeting  | prod  | 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  | the plar  | ough EHCP audits, it will be ascertained if the quality of EHCPs is good, so that they can meet the needs in the n and achieve the objectives within it for the child/ young son. |  |  |
| GBR4 | Young People and Parents/Carers Satisfaction with the EHCNA and Annual Review process  | EH0   | ough tracking the satisfaction with the statutory 20 weeks CNA process, it will be ascertained if the coordination of essment is a good experience for families.                  |  |  |
| GBR5 | SENCO Satisfaction with the EHCNA and Annual Review process  | Thro  | ough tracking the satisfaction with the statutory 20 weeks CNA process, it will be ascertained if the coordination of essment is a good experience for education settings.        |  |  |

| GBR6   | % of CYP who complete their secondary phase transfer by the 15 <sup>th</sup> of February | Through tracking the compliance with phase transfer process, it will be ascertained if the coordination of the  |
|--------|--|---|
| GBR7   | % of post 16 young people who complete transfer documentation by 31st March.             | process is efficient and appropriate.   |
| 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  |
| GBR10  | Average wait for SLT   | therapies (Speech and Language, Occupational and Physio)  |
| GBR11  | Average wait for PT  | and the neuro-developmental pathway, it will be ascertained if  |
| GBR12  | Average wait for ND  | children and young people with SEND receive timely service,   |
| GBR13  | Longest wait for OT  | to support with achieving their objectives, as stated in their  |
| GBR14  | Longest wait for SLT   | EHCPs.  |
| GBR15  | Longest wait for PT  |   |
| GBR16  | Longest wait for ND  | 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. |

# SIP Objective and areas of weakness identified in the original inspection

|       | 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<br>(Completed)<br>30 May 2022<br>(Completed)<br>30 Jun 2022<br>(Completed)<br>31 Jul 2022<br>(Completed) |            |
| AWTW2 | Embed Voluntary Sector representation in Working Together Well Governance and Co-Production activity at strategic and operational levels.  | Director of Education and Skills (as was) | 31 Mar 2022<br>(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,<br>CCG and BCT            | 30 Apr 2022<br>(Complete)<br>31 May 2022<br>(Complete)<br>30 Jun 2022<br>(Complete)<br>31 Jul<br>2022(Complete)      |            |

| 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. | Director of SEND and Inclusion (BCC)  | 28 February 2023                                      |   |
|------------|---|---|---|---|
| AWTW5      | Design and develop a SEND partnership agreement in collaboration with all stakeholders (part of AWTW1 – Co-Production Framework)Final DraftSIB Sign Off (then signatures obtained)  | Coproduction Officer  | 30 May<br>2022(Complete)<br>31 Jul 2022<br>(Complete) |   |
| AWTW6      | Review the role of SENDIASS - Scope the Review - Conclude the review  | Director for Children and Families  | 30 Mar 2022<br>(Complete)<br>30 Jun 2022              |   |
|            | Language and institution and institution  |   | (Complete)  |   |
| ID         | Impact measures and justification narrative   | luctification in a  | oti vo  |   |
| ID<br>WTW1 | KPI reference  Number of parental surveys returned  | Justification narr  |   | um covo the gualtri                     |
| VVIVVI     |   | of engagement v<br>produced with fa<br>frequency and m  |   | urvey will be co-<br>ney would look at, |
| 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 pro                             | fessionals support                      |

| WTW4 | % of partner organisations responding positive to surveys | each other, the satisfaction with the SEND system in          |
|------|---|---|
|      |   | Birmingham will be ascertained.                               |
| WTW5 | Number of Mediations and % with positive outcome          | Through tracking the number of mediations, appeals and        |
| WTW6 | Number of appeals lodged at SENDIST                       | complaints lodged/raised, the quality of engagement, co-      |
| WTW7 | Number of Complaints                                      | production (at a family unit level) and satisfaction with the |
|      |   | SEND system in Birmingham will be ascertained.                |
| 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.       |

|     | 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 and implement an Inclusion Strategy   | Director of SEND and |                            |            |  |  |  |  |
|     | <ul> <li>Agree content and scope</li> </ul>   | Inclusion            | 31 Jul 2022                |            |  |  |  |  |
|     | - Co-produce Desired Outcomes   |                      | 31 Aug 2022                |            |  |  |  |  |
|     | - Events with education settings  |                      | 31 Jul 2022                |            |  |  |  |  |
|     | - Agree Draft Content   |                      | 30 Sep 2022                |            |  |  |  |  |
|     | - Consultation events   |                      | 30 Oct 2022                |            |  |  |  |  |
|     | - Complete Draft Inclusion Strategy (in line with SEND  |                      | 30 Jan 2023                |            |  |  |  |  |
|     | strategy development)   |                      |                            |            |  |  |  |  |
|     | - Governance processes - sign off for strategy  |                      | 30 Mar 2023                |            |  |  |  |  |
|     | - Communications plan to support launch of Inclusion  |                      | 30 May 2023                |            |  |  |  |  |
|     | Strategy (alongside SEND Strategy)  |                      |                            |            |  |  |  |  |
|     | <ul> <li>Governance/monitoring mechanisms to be established to oversee this work</li> </ul>               |                      | 30 June 2023               |            |  |  |  |  |
|     | - Multi-agency launch for Inclusion Strategy (alongside the   |                      | 10 <sup>th</sup> July 2023 |            |  |  |  |  |

|      | 0.5115.0:   | I                    | T   |  |
|------|---|----------------------|---|--|
|      | SEND Strategy)  |                      |   |  |
|      |   |                      |   |  |
|      |   |                      |   |  |
|      | Dublish appual report   |                      | 10 <sup>th</sup> July 2024                    |  |
| 4 DO | - Publish annual report   | Director of OEND and |   |  |
| AP2  | Deliver the Developing Local Provision project                                | Director of SEND and | 00 4 . 1 0000                                 |  |
|      | - Consortia and Network projects to complete Spring Term                      | Inclusion            | 29 April 2022                                 |  |
|      | 2022 Reports, evidencing project impact and progress                          |                      | (Completed)                                   |  |
|      | - BEP Consortia Partners to produce evaluation reports for                    |                      |   |  |
|      | all consortia detailing effectiveness of implemented                          |                      | 25 July 2023                                  |  |
|      | projects  |                      |   |  |
|      | <ul> <li>Mainstream mid-project review and evaluation of</li> </ul>           |                      | 29 July 2022                                  |  |
|      | implementation, impact and progress shared with                               |                      | (Completed)                                   |  |
|      | stakeholders  |                      |   |  |
|      | <ul> <li>Consortia and Network projects to complete Summer 22</li> </ul>      |                      | 16 Sept 22                                    |  |
|      | Term Reports, evidencing project impact and progress                          |                      | (Completed)                                   |  |
|      | <ul> <li>Consortia and Network projects to complete Autumn 22</li> </ul>      |                      |   |  |
|      | Term Reports, evidencing project impact and progress                          |                      | 16 Jan 23                                     |  |
|      |   |                      | (Completed)                                   |  |
|      |   |                      |   |  |
|      |   |                      | 28 April 22                                   |  |
|      |   |                      | (Completed)                                   |  |
|      |   |                      |   |  |
|      |   |                      |   |  |
|      | <ul> <li>Spring and Summer Term reports from Networks and</li> </ul>          |                      | April and July                                |  |
|      | Consortia and Consortia Partners submitted, documenting                       |                      | 2023  |  |
|      | progress and impact.  |                      |   |  |
|      | <ul> <li>Analysed Autumn 22, Spring and Summer 23 Term reports for</li> </ul> |                      |   |  |
|      | key strengths, areas for action and impact.                                   |                      |   |  |
|      | - Actions agreed and implemented where necessary to address                   |                      |   |  |
|      | weakness and to speed progress for Consortia and Networks                     |                      |   |  |
|      | - Impact Statement collated and reported                                      |                      |   |  |
|      | DLP Phase 2   |                      |   |  |
|      | - DLP Phase 2 agreed with DCS and Director for SEND and                       |                      | April 2023 – July                             |  |
|      |   |                      | <u>, , , , , , , , , , , , , , , , , , , </u> |  |

|     | Inclusion - Directed KPIs using DfE benchmarking, identified and shared   |                      | 2023                       |  |
|-----|---|----------------------|----------------------------|--|
|     | with Schools through Roadshows with Heads - Training and documentation with guidance to support startup of                                    |                      |                            |  |
|     | Phase 2, developed and shared with schools Consortia and Networks have submitted DLP phase 2  |                      |                            |  |
|     | proposals   |                      |                            |  |
|     | <ul> <li>New Reference Grup established for P2 with Headteachers,<br/>and LA officers</li> </ul>  |                      |                            |  |
|     | <ul> <li>Project Approval process and QA by Directors in place and<br/>began July 2023</li> </ul>   |                      |                            |  |
|     | - Special School DLP for 2023 agreed and in process   |                      | 02 May 22<br>(Completed)   |  |
|     | Improving Progress & Outcomes   |                      | 28 November<br>2022        |  |
|     | <ul> <li>LA SEND services to present draft proposal for work to<br/>improve outcomes</li> </ul>   |                      | 2022                       |  |
|     | - Data collection tool pilot with some Mainstream Primary,  |                      |                            |  |
|     | Mainstream Secondary and Special Schools - Full roll out of city-wide Progress data collection  |                      |                            |  |
|     | <ul> <li>Analyse and review data received from all schools and</li> </ul>   |                      | September 2022  – December |  |
|     | present comparative data - Comparative data sent out to all Schools with guidance on moderation of all data                                   |                      | 2022                       |  |
|     |   |                      | April 2023 – July          |  |
|     | - 2022 process reviewed with Head teachers alongside  |                      | 2023                       |  |
|     | evaluation of process.  |                      |                            |  |
|     | <ul> <li>Headteacher agreement to repeat activity 2023</li> <li>2023 Progress data collection template circulated to all schools</li> </ul>   |                      |                            |  |
|     | <ul> <li>Schools submitting progress data for analysis to MIME</li> <li>Comparative Data analysis to be undertaken over the Summer</li> </ul> |                      |                            |  |
|     | break   |                      |                            |  |
| AP3 | Review the Children Out of School Process for CYPs with   | Director of SEND and |                            |  |
|     | EHCPs   | Inclusion            |                            |  |

|        |  | I                    | I                          |  |
|--------|--|----------------------|----------------------------|--|
|        | <ul> <li>Define and agree scope for 'out of school processes'</li> </ul> |                      | 31 May 2022                |  |
|        | - Review of current processes  |                      | 31 Jul 2022                |  |
|        | - Proposal for Improvement – for processes into and out of               |                      | 31st Dec 2022              |  |
|        | the Home Bridging Team looking at consistency of                         |                      | (Completed)                |  |
|        | decision making and the educational offer for this cohort                |                      | (00p.0.00.)                |  |
|        | of children. This will help to understand reasons why and                |                      |                            |  |
|        | factors leading up to children being referred to the HBT,                |                      |                            |  |
|        |  |                      |                            |  |
|        | which may be symptomatic of failures elsewhere in the                    |                      |                            |  |
|        | system. Reviewing and improving processes to ensure                      |                      |                            |  |
|        | appropriate usage of the service and ensure suitable                     |                      |                            |  |
|        | education offers for this cohort of children. Improving data             |                      |                            |  |
|        | recording/tracking processes.  |                      |                            |  |
|        | <ul> <li>Implementation – extended date to take into account</li> </ul>  |                      |                            |  |
|        | moving data onto NEXUS and the move away from                            |                      |                            |  |
|        | reliance on multiple spreadsheets. Amended date in line                  |                      | 30 <sup>th</sup> Sept 2023 |  |
|        | with NEXUS go-live.  |                      |                            |  |
|        | - Report on HBT review to document changes to processes                  |                      | 31 <sup>st</sup> Aug 2023  |  |
|        | and recommendations  |                      |                            |  |
| AP4    | Review the allocation of the HNB with the support of CIPFA to            | Director of SEND and | 30 Mar 2023 This           |  |
|        | ensure that funding is appropriately used to enable greater              | Inclusion            | will be addressed          |  |
|        | support for children and young people with SEND                          |                      | through DBV                |  |
|        | CIPFA Report has been received   |                      | g                          |  |
|        | HNB for 2022/23 has been set (Schools Forum10.3.22)                      |                      |                            |  |
| AP5    | 14-19 Review of Employment Pathways for YP with SEND                     | AD Employment and    |                            |  |
| 7 11 0 | - Define and agree scope   | Skills (as was)      | 31 May 2022                |  |
|        | - Define and agree scope   | Oniiis (as was)      |                            |  |
|        | Deview of current Dragges  |                      | (Completed)                |  |
|        | - Review of current Processes  |                      | 30 Sep 2022                |  |
|        |  |                      | (Completed)                |  |
|        | Drangal for Improvement 7 areas of development                           |                      | 31 Dec 2022                |  |
|        | - Proposal for Improvement – 7 areas of development                      |                      |                            |  |
|        | including: supported internship and inclusive                            |                      | (Completed)                |  |
|        | apprenticeship development; promotional campaign to                      |                      |                            |  |
|        | raise awareness and increase SEND confident                              |                      |                            |  |
|        | employers; Linking with the production of a directory or                 |                      |                            |  |

|     | day opportunities and range of developments for day time support for young adults with SEND aged 18-30; working with the voluntary and community sector to learning lessons, support and develop and share good practice; procurement and planning, social value ask re: SEND.  - Aiming towards implementation into business as usual; some of this work will naturally extend to beginning of academic year 2023, but will sit with BAU through its progression   | 30 Sept 2023  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|
| AP6 | <ul> <li>Review of Internal Processes to ensure that CYPs pathways are correctly tracked         <ul> <li>Define and agree scope</li> </ul> </li> <li>Review of current Processes</li> <li>Proposal for Improvement - improve existing tracking processes for yp as well as ongoing process refinement, with a focus on SEND. Data analyst appointed to support.</li> <li>Implementation - This work can now start to move into implementation to business as usual, with improved tracking processes and higher targets set for next time. Working to improve data sharing with post 16 SENAR team. Proposal to be developed for data cleansing of DfE compliance. Foundations to be set in place up to March</li> </ul> | AD Employment and Skills (as was)  31 May 2022 (Completed) 30 Sep 2022 (Completed) 31 Dec 2022 (Completed)  30 Sep 2023 |  |  |  |  |  |
|     | 2023, to September to embed. Impact to be seen in September Guarantee 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  |  |  |  |  |  |
| P2  | Attainment and Progress data SEN Support  | and young people with SEND, it will be ascertained how well Birmingham improves outcomes for this cohort.               |  |  |  |  |  |

| 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  |
| P7     | % of Mainstream Schools rated Good or Outstanding                   | the 2 Year Old Offer, and the prevalence of EHCPs in those  |
| P8     | % of Early Years rated Good or Outstanding                          | settings, it will be ascertained how well Birmingham offers an  |
| P9     | % of CYP with EHCPs that attend settings rated Good or Outstanding  | inclusive environment and best chances for the cohort to  |
| P10    | % of Take up of 2 Year Old Offer                                    | succeed. The SEND references in education settings Ofsted reports will also be used as case studies.  |
| P11,12 | % of permanent exclusions and fixed term exclusions for EHCPs       | Through tracking the levels of exclusion for children and   |
| P13,14 | % of permanent exclusions and fixed term exclusions for SEN Support | young people with SEND, it will be ascertained how well   |
|        |   | Birmingham supports the cohort to remain in education and   |
|        |   | offers an inclusive environment.  |
| 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                    |
|-----------|---------------------|-----------------|----------------------------|--|
| 28/09/202 | 1 Lack of resources | Low             | A paper for transformation | Cabinet has approved the required budget for |
|           | to implement the    |                 | resources is being put     | transformation. Posts have been agreed in    |

|            | desired outcomes   |        | through Cabinet in October 2021.  | 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<br>for baselining and<br>monitoring impact             | High   | A Performance Officer is<br>being recruited, to work with<br>the partnership to build the<br>SEND Improvement<br>Dashboard  | The Performance Officer has been recruited and work on establishing baselines has started.  |
| 29/09/2021 | Lack of recent<br>national and local<br>data on Attainment<br>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-<br>production and<br>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.  Co-production training has been delivered to several organisations and 100s of professionals.  A co-production certification scheme is live and |

|            |   |                 |  | organisations are buying into the concept, especially local schools.   |
|------------|---|-----------------|--|--|
| Date       | Risk  | Severity/Impact | Mitigation   | Progress following action  |
| 10/11/2021 | Lack of placement<br>sufficiency for<br>children and young<br>people with EHC<br>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. |
| 01/06/2023 | Delays in the NEXUS upgrades result in delays to improved recording and reporting of data | High            | BCC corporate IT and<br>SEND Data and<br>Performance Manager<br>contract managing CACI<br>closely.   |  |
| 01/06/2023 |   |                 |  |  |
|            |   |                 |  |  |

#### 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<br>(May 2021<br>or most<br>recent | 6 months<br>Target<br>Nov 2021 | RAG<br>and<br>Actual     | 12<br>months<br>Target    | RAG<br>and<br>Actual      | 18<br>months<br>Target    | RAG<br>and<br>Actual      | 24 months<br>Target       | RAG<br>and Actual         |
|--------|--|--|--------------------------------|--------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
|        |  | available<br>data)                         |                                | Nov<br>2021              | May 2022                  | May 2022                  | Nov 2022                  | Nov 2022                  | May 2023                  | May 2023                  |
| 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%                       | 31%                       | 40%                       | 33%                       |
| SL3    | % EHCNA<br>professional advice<br>received within 6<br>weeks               | 58%  | 60%                            | 68%                      | 65%                       | 43%                       | 70%                       | 70%                       | 75%                       | 62%                       |
| SL4    | Satisfaction rates<br>Local Offer<br>Website through a<br>dedicated survey | Requires baseline                          |                                |                          |                           |                           |                           |                           |                           |                           |
| SL6    | Local Offer Website Traffic monitoring (Pageviews)                         | 15252<br>views/<br>month                   | >16000<br>views/<br>month      | 30777<br>views/<br>month | >16000<br>views/<br>month | 25,184<br>views/<br>month | >16000<br>views/<br>month | 23,860<br>views/<br>month | >16000<br>views/<br>month | 32,158<br>views/<br>month |
| SL6    | Attendance<br>monitoring at<br>mandatory SEND                              | Requires baseline                          |                                |                          |                           |                           |                           |                           |                           |                           |

| KPI ID | KPI  | Baseline<br>(May 2021<br>or most<br>recent<br>available | 6 months<br>Target<br>Nov 2021 | RAG<br>and<br>Actual | 12<br>months<br>Target<br>May 2022 | RAG<br>and<br>Actual<br>May 2022 | 18<br>months<br>Target | RAG<br>and<br>Actual | 24 months<br>Target<br>May 2023 | RAG<br>and Actual |
|--------|--|---|--------------------------------|----------------------|------------------------------------|----------------------------------|------------------------|----------------------|---------------------------------|-------------------|
|        | training   | data)   |                                | 2021                 |                                    |                                  |                        |                      |                                 |                   |
| GBR1a  | training %EHCPs issued within 20 weeks (12 months rolling)                               | 53%   | 60%                            | 58%                  | 60%                                | 65%                              | 70%                    | 65%                  | 80%                             | 68%               |
| GBR1b  | 2021 Finals Issued   |   |                                | 105                  |                                    | 143                              |                        | 146                  |                                 | 76                |
| GBR2a  | % Annual Reviews actioned within 4 weeks of the meeting                                  | 2%  | 20%                            | 3.1%                 | 20%                                | 25%                              | 30%                    | 51%                  | 40%                             | 62%               |
| GBR2b  | Number of Annual<br>Review actioned  |   |                                | 195                  |                                    | 632                              |                        | 589                  |                                 | 1031              |
| 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 15 <sup>th</sup> of February | 0%  | n/a                            | n/a                  | 80%                                | 98.8%                            | n/a                    | n/a                  | 95%                             | 99%               |
| GBR7   | % of post 16 young people who  | 0%  | n/a                            | n/a                  | 80%                                | 99.3%                            | n/a                    | n/a                  | 95%                             | 99%               |

| KPI ID  | KPI   | Baseline<br>(May 2021<br>or most<br>recent | 6 months<br>Target<br>Nov 2021 | RAG<br>and<br>Actual | 12<br>months<br>Target   | RAG<br>and<br>Actual | 18<br>months<br>Target   | RAG<br>and<br>Actual | 24 months<br>Target  | RAG<br>and Actual |
|---------|---|--|--------------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|-------------------|
|         |   | available<br>data)                         |                                | Nov<br>2021          | May 2022                 | May 2022             | Nov 2022                 | Nov 2022             | May 2023             | May 2023          |
|         | complete transfer documentation by 31st March.      |  |                                |                      |                          |                      |                          |                      |                      |                   |
| GBR8.a  | % of EHCPs NEET                                     | 9%   | 7%                             | 6.7%                 | 6.5%                     | 4.0%                 | 5%                       | 2%                   | 3.5%                 | 1.9%              |
| GBR8.b  | Number of children waiting for specialist placement | 77   | n/a                            | 143                  | n/a                      | 293                  | n/a                      | 258                  | n/a                  | 344               |
| GBR9    | Average wait for OT                                 | 12<br>weeks                                | Maintain<br>12 weeks           | 11<br>weeks          | Maintai<br>n 12<br>weeks | 7 weeks              | Maintai<br>n 12<br>weeks | 8<br>weeks           | Maintain<br>12 weeks | 10 weeks          |
| GBR10   | Average wait for SLT                                | 75<br>weeks                                | 25-35<br>weeks                 | 27<br>weeks          | 20-25<br>weeks           | 14<br>weeks          | 20- 25<br>weeks          | 15.8<br>weeks        | 20- 25<br>weeks      | 22 weeks          |
| GBR11   | Average wait for PT                                 | 26<br>weeks                                |                                | 28<br>weeks          |                          | 28<br>weeks          |                          | 29<br>weeks          |                      | 28 weeks          |
| GBR12.a | Average wait for ND – School Age                    | ASD: 31<br>weeks                           |                                | 32<br>weeks          |                          | 33<br>weeks          |                          | 18<br>weeks          |                      |                   |
| GBR12.b | Average wait for ND – Pre-school                    | ASD: 54<br>weeks                           |                                |                      |                          | 53<br>weeks          |                          | 40<br>weeks          |                      |                   |
| GBR13   | Longest wait for OT                                 | 92<br>weeks                                | 35 weeks                       | 31<br>weeks          | 30<br>weeks              | 28<br>weeks          | 30<br>weeks              | 25<br>weeks          | 30 weeks             | 34 weeks          |
| GBR14   | Longest wait for SLT                                | 128<br>weeks                               | 40-50<br>weeks                 | 75<br>weeks          | 40-50<br>weeks           | 173<br>weeks         | 30-40<br>weeks           | 90<br>weeks          | 25-30<br>weeks       | 81 weeks          |
| GBR15   | Longest wait for PT                                 | 82<br>weeks                                |                                | 80<br>weeks          |                          | 98<br>weeks          |                          | 94<br>weeks          |                      | 103<br>weeks      |

| KPI ID  | KPI  | Baseline<br>(May 2021<br>or most<br>recent | 6 months<br>Target<br>Nov 2021 | RAG<br>and<br>Actual | 12<br>months<br>Target | RAG<br>and<br>Actual | 18<br>months<br>Target | RAG<br>and<br>Actual | 24 months<br>Target | RAG<br>and Actual |
|---------|--|--|--------------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|---------------------|-------------------|
|         |  | available<br>data)                         |                                | Nov<br>2021          | May 2022               | May 2022             | Nov 2022               | Nov 2022             | May 2023            | May 2023          |
| GBR16.a | Longest wait for ND – school age                                 | ASD:-<br>138<br>weeks                      |                                | 141<br>weeks         |                        | 133<br>weeks         |                        |                      |                     |                   |
| GBR16.b | Longest wait for<br>ND – pre-school<br>age                       | ASD:-<br>129<br>weeks                      |                                |                      |                        | 131<br>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<br>Mediations<br>(Mediation<br>Sessions Held)          | Requires baseline                          |                                | 21                   |                        | 39                   |                        | 52                   |                     | 40                |
| WTW5.b  | Outcome  |  |                                |                      |                        | 20                   |                        | 20                   |                     | 12                |

| KPI ID | KPI  | Baseline<br>(May 2021<br>or most<br>recent | 6 months<br>Target<br>Nov 2021 | RAG<br>and<br>Actual | 12<br>months<br>Target | RAG<br>and<br>Actual | 18<br>months<br>Target | RAG<br>and<br>Actual | 24 months<br>Target | RAG<br>and Actual |
|--------|--|--|--------------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|---------------------|-------------------|
|        |  | available<br>data)                         |                                | Nov<br>2021          | May 2022               | May 2022             | Nov 2022               | Nov 2022             | May 2023            | May 2023          |
|        | Mediation<br>Resolved                                |  |                                |                      |                        |                      |                        |                      |                     |                   |
| WTW6   | Number of appeals lodged at SENDIST                  | 21   |                                | 26                   |                        | 70                   |                        | 46                   |                     | 30                |
| WTW7a  | Number of Complaints                                 | 41   |                                | 53                   |                        | 32                   |                        | 20                   |                     | 19                |
| WTW7b  | Complaints Cases<br>Closed                           |  |                                | 27                   |                        | 23                   |                        | 23                   |                     | 30                |
| WTW8a  | Average Number of Days to close a Complaint          | Requires baseline                          |                                | 23.3                 |                        | 10.2                 |                        | 22.3                 |                     | 29                |
| WTW8b  | Complaints Number of cases closed within SLA (15WDs) | Requires baseline                          |                                | 5                    |                        | 7                    |                        | 17                   |                     | 15                |
| P1     | Attainment and<br>Progress data<br>EHCPs             | Requires baseline for 2020/21              | Education per                  | formance a           | nd statistics   I      | Birmingham Ci        | ty Council             |                      |                     |                   |
| P2     | Attainment and<br>Progress data SEN<br>Support       | Requires baseline for 2020/21              |                                |                      |                        |                      |                        |                      |                     |                   |
| P3     | Attendance for SEN Support                           | 93.5%                                      |                                |                      |                        |                      |                        | 89%                  |                     | 87.8%             |
| P4     | Attendance for EHCPs                                 | 89.9%                                      |                                | 76.7%                |                        |                      |                        | 85.8%                |                     | 84.4%             |

| KPI ID | KPI  | Baseline<br>(May 2021<br>or most<br>recent<br>available<br>data) | 6 months<br>Target<br>Nov 2021 | RAG<br>and<br>Actual<br>Nov<br>2021 | 12<br>months<br>Target<br>May 2022 | RAG<br>and<br>Actual<br>May 2022 | 18<br>months<br>Target<br>Nov 2022 | RAG<br>and<br>Actual<br>Nov 2022 | 24 months<br>Target<br>May 2023 | RAG<br>and Actual<br>May 2023 |
|--------|--|--|--------------------------------|-------------------------------------|------------------------------------|----------------------------------|------------------------------------|----------------------------------|---------------------------------|-------------------------------|
| P5     | % of the Unknows of EHCPs in the NEET category                     | 41%  | 30%                            | 30%                                 | 20%                                | 0%                               | 10%                                | 5%                               | 5%                              | 0.4%                          |
| P6     | % of Special Schools rated Good or Outstanding                     | 81%  |                                |                                     |                                    | 77%                              |                                    |                                  |                                 | 78%                           |
| P7     | % of Mainstream<br>Schools rated<br>Good or<br>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<br>Year Old Offer                                | Requires baseline  |                                |                                     |                                    |                                  |                                    |                                  |                                 |                               |
| P11    | % of permanent exclusions for EHCPs                                | 0.14%  |                                | 0.05%                               | 0.10%                              | 0.03%                            |                                    | 0.03%                            | 0.07%                           | 0.05%                         |
| P12    | % of fixed term exclusions for EHCPs                               | 11.32%   |                                | 1.10%                               |                                    | 1.08%                            |                                    | 1.17%                            |                                 | 0.68%                         |
| P13    | % of permanent exclusions for SEN                                  | 0.45%  |                                | 0.04%                               | 0.37%                              | 0.03%                            |                                    | 0.07%                            | 0.32%                           | 0.06%                         |

| KPI ID | KPI   | Baseline<br>(May 2021<br>or most<br>recent<br>available<br>data) | 6 months<br>Target<br>Nov 2021 | RAG<br>and<br>Actual<br>Nov<br>2021 | 12<br>months<br>Target<br>May 2022 | RAG<br>and<br>Actual<br>May 2022 | 18<br>months<br>Target<br>Nov 2022 | RAG<br>and<br>Actual<br>Nov 2022 | 24 months<br>Target<br>May 2023 | RAG<br>and Actual<br>May 2023 |
|--------|---|--|--------------------------------|-------------------------------------|------------------------------------|----------------------------------|------------------------------------|----------------------------------|---------------------------------|-------------------------------|
|        | Support   |  |                                |                                     |                                    |                                  |                                    |                                  |                                 |                               |
| P14    | % of fixed term exclusions for SEN Support  | 10.27%   |                                | 1.86%                               |                                    | 1.91%                            |                                    | 1.51%                            |                                 | 1.47%                         |
| 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 <b>strategy for improving provision and outcomes</b> 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,  | The statutory requirement is now in place. We are working through Objective 1  |  |  |  |  |  |  |
| We Did" was not available. Moreover, the look and feel of the   | of the APP to coproduce a refreshed version of the Local Offer Website.  |  |  |  |  |  |  |
| webpage was not popular.  |  |  |  |  |  |  |  |
| ASW4: The coordination of assessments of children and young people's  | s needs between agencies was poor  |  |  |  |  |  |  |
| ack of staffing was the main issue for the coordination of Through Objective 2 of the APP, we are building a sustainable service, |  |  |  |  |  |  |  |
| assessments.  | 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  | Cabinet has approved the required budget for SENAR until April 2023.   |  |  |  |  |  |  |
| and Annual Review Process and the quality of EHCPs.   | This will help with creating a sustainable SENAR function in Birmingham.   |  |  |  |  |  |  |
| · ·   |  |  |  |  |  |  |  |
| Governance and IT Contractual procedures have delayed the start   | We have worked with IT to expedite the contractual processes and now   |  |  |  |  |  |  |
| of the delivery of the upgraded NEXUS system.   | 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  |  |  |  |  |  |  |  |
| Lack of staffing within the NHS combined with the added pressures   | Health have a comprehensive programme of recovery around the waiting   |  |  |  |  |  |  |
| of COVID19.   | 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  | Through Objective 3 of the APP, we are developing a Coproduction framework,  |  |  |  |  |  |  |
| Birmingham.   | 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  | Through Objective 3 of the APP, we are developing a Communication and  |  |  |  |  |  |  |
| engagement was weak.  | 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   | Everything we are working on in the APP is to build that trust back with families  |  |  |  |  |  |  |
| ASW8, there is a lack of trust and satisfaction from parents on the   | and to improve satisfaction appropriately with the SEND system in Birmingham.  |  |  |  |  |  |  |
| system.   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| ASW10: Pupils with SEND make <b>weak academic progress</b> when compared with all pupils nationally                               |  |  |  |  |  |  |  |
| There was a lack of understanding in the system on measuring  | Through the work in Objective 4, we are working on developing systems to   |  |  |  |  |  |  |
| academic progress across the city and developing supporting   | better monitor and track academic process, which will then support local models of improvements in terms of academic progress. |  |  |  |  |  |  |
| frameworks between education settings to close the gap with   |  |  |  |  |  |  |  |

| national averages.   |   |  |  |  |  |
|--|---|--|--|--|--|
| ASW11: Pupils with SEND attend less often and are excluded more freq   | uently 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 <b>employment o</b> paid employment is below the national average                      | r supported employment and the proportion of adults with learning disabilities in   |  |  |  |  |
| 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

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

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







## Feedback received from young people (RISE Youth Forum)

We are Additional Needs, not Special. #additionalnotspecial Prefer mini-assessments, helps with preparation and managing our anxiety We would like support with work experience.

We want tailored support for exams Provide support on how to revise for exams. We need alternative ways of learning We would like the SEND Improvement Programme to be called "Together we CAN" (Children with Additional Needs)

Improve support for anxiety and mental health

We want professionals to talk to each other We ned more awareness in schools on what "additional" means

Don't want to be defined by my additional need. We want more opportunities for extracurricular activities.

We are all individuals with different needs and abilities.









## Feedback received from parents/carers

Have more opportunities for parents to meet professionals Have a clearly explained process that we all understand Be transparent on funding and ensure education settings provide the right support

Ensure that there is permanent staff working for our children

Provide coproduced fit for purpose EHCP plans Provide genuine multi agency working Speedy access to diagnosis and treatment Ensure that there is timely and appropriate provision and support

Improve communication: answer calls and emails

Stop sending EHCPs to the wrong people Appropriate social care respite and support Apprenticeship for autism school leavers

Having a named, accessible plan coordinator Reduce waiting times for services like S&L, OT, etc. Invest more in MH support for parents and children More specialist training for mainstream schools









# Feedback received from education settings

We would like more of these reflective conversations to keep the momentum going

Need to ensure professionals understand their remit

The authority needs permanent staff

We need clarity on toup funding for EHCPs We need to keep SEND Support Provision Plans

We need interim emergency funding to be able to support pupils

Need to ensure that we decrease the number of children awaiting placements Need better transition planning from one phase to the next.

Need a fair and transparent funding system

We need support, so that we reduce part-time timetables









# Feedback received from the voluntary and community sector

We would like to be more involved

The processes for parents and professionals need to be clearer

Parents come to us when the professionals are not responsive We need more support for 14-19 olds

We need more respite provision in Birmingham

The process to get support needs to be shorter Focus on Early Intervention

Invest more in Art Therapy

Support education settings to understand needs better

