

Liverpool

**Written Statement of Action for Special Educational
Needs and/or Disabilities (SEND)**

July 2019

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Liverpool Local Area Special Educational Needs and Disability

Written Statement of Action

1. Senior Leaders' Commitment

As local leaders we are committed to delivering improvement for children and young people with special educational needs and disabilities (SEND) in order to improve their lives and life chances. The Liverpool partnership is determined that the significant areas of weaknesses identified in the Local Area inspection (January 2019), are fully addressed and leads to sustainable improvement. We want children and young people with SEND and their parents and carers to feel supported by all services in Liverpool and to receive high quality education, care and health provision. We are jointly committed to delivering an effective local offer of support for children and young people with SEND and their families.

This Written Statement of Action sets out the actions that we will take to address the areas of weakness identified by Ofsted and the Care Quality Commission. The development of these actions has been led by Liverpool City Council and Liverpool Clinical Commissioning Group with the involvement of a wide range of stakeholders, including health providers, (MerseyCare & Alder Hey), public health, early years, schools, (Primary, Secondary, Special & Pupil Referral Units). In addition, the action plan has been informed through a series of stakeholder events and focus groups facilitated by an independent organisation, SEND4Change, commissioned to undertake Liverpool's High Needs Review. The focus groups have looked specifically at SEN Support, Specialist Services, SEMH, as well as Joint Commissioning and Engagement. Liverpool's Parent Carer Forum have been active partners in this process & their views have very much informed this Statement of Action.

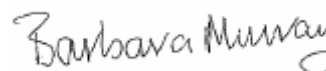
As leaders we will ensure that implementing this Statement of Action is a priority for our organisations and that management oversight and scrutiny is in place to provide the assurance that what we do makes a difference to children, young people and their families.



Steve Reddy
Director of Children's Services



Jane Lunt
Executive Lead Liverpool Clinical
Commissioning Group



Cllr Barbara Murray
Cabinet Member



Sandra Davies
Director of Public Health

2. Purpose of this Document

As a result of the joint local areas SEND inspection undertaken by the Ofsted and the Care Quality Commission (CQC) in January 2019, the Liverpool local area is required to produce a Written Statement of Action to Ofsted to explain how it will tackle the following areas of significant weakness:

- the failure of leaders to take the necessary actions to remedy known weaknesses
- the significant weaknesses in the EHC processes, timeliness and quality of plans
- the underdeveloped joint commissioning arrangements for 0 to 25 SEND provision

The local authority and the Local Commissioning Group are jointly responsible for submitting the Statement of Action to Ofsted. This document outlines what we in Liverpool are currently doing and also plan to do in order to improve the above three areas of significant weakness and the areas for improvement identified by Ofsted and the CQC. A copy of the Liverpool local area inspection letter is available on the Ofsted website <https://files.api.ofsted.gov.uk/v1/file/50060774>

The programme of improvement requires the full commitment from all key partners across the local area, at every level, from both strategic leaders to front line practitioners within education, health, social care. This work is being driven by the SEND Partnership Board which is a multi-agency partnership which includes representation from the city council, health, primary, secondary and special schools, and the Liverpool Parent Carers' Forum, alongside other stakeholders.

3. Governance

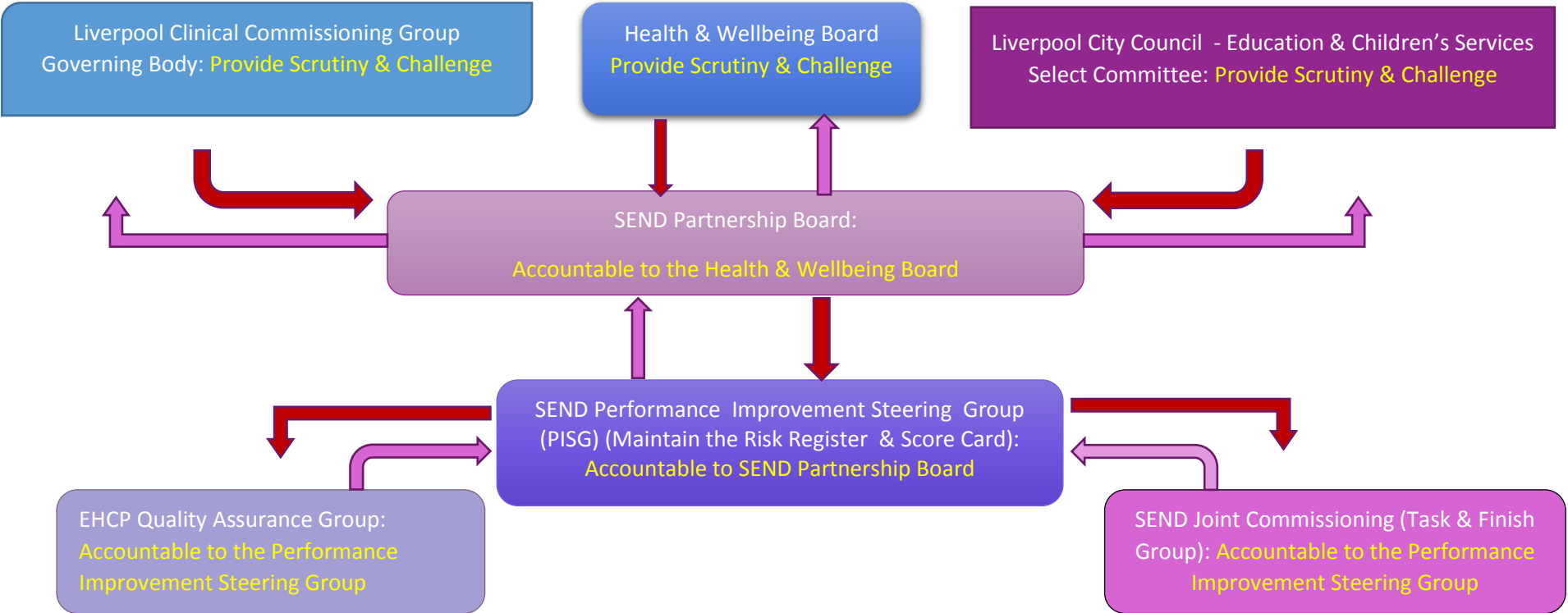
The SEND Partnership Board is the accountable body responsible for the implementation of this Written Statement of Action and driving improvement, demonstrated through outcomes. The Statement of Action will be delivered in alignment with a co-designed Special Educational Needs and/or Disabilities 0-25 years Partnership Strategy. The Board is co-chaired by the Director of Children's Services, Liverpool City Council and the Executive Lead for SEND, Liverpool CCG. There is strong multi-agency representation. (Terms of Reference: Appendix B). In particular, the views of children, young people their families and carers are represented by both LivPaC (Liverpool's Parent/Carers Forum) and Healthwatch Liverpool. The Designated Clinical Officer (DCO) is a member of the Partnership Board and holds both the CCG and health providers to account against statutory duties as defined in the SEND Code of Practice and NICE guidelines.

The Board meets on a bi-monthly basis to review progress against both the SEND Partnership Strategy and the action plan outlined in this document. Partners will monitor and track improvement and hold each other to account by scrutinising progress against the score card and action plan. Partners will take the necessary corrective action to address variance in performance. A risk register will be utilised to ensure the effective management of risk and performance.

The Liverpool Health & Well-being Board (Terms of Reference: Appendix A) is the overarching board for the SEND Partnership Board Scrutiny and challenge are also provided by members of Education and Children Service Select Committee and Liverpool’s Clinical Commissioning Group Governing Body. Reports will be provided to each of the above on a quarterly basis.

A diagram showing reporting and governance arrangements for the SEND Partnership Board is outlined below. An EHCP Quality Assurance Group (Terms of Reference: Appendix D) & a Joint Commissioning (Task & Finish Group). (Terms of Reference: Appendix: E) each have a specific, dedicated focus on two of the three priority areas. These work streams report to the SEND Performance Improvement Steering Group (Terms of Reference: Appendix C) which is responsible for ensuring that necessary action is taken against all areas for improvement, on behalf of the Partnership. This group is responsible for maintaining and updating this document and the progress ratings within the action plan. The Performance Improvement Steering Group reports directly to the SEND Partnership Board. Parents carer representatives are members of the SEND Partnership Board, the SEND Performance Improvement Steering Group and the two dedicated work streams.

Reporting & Governance Arrangements **Key:** Reports to & is accountable to  Provides scrutiny & challenge 



4. Measuring impact

The plan will be monitored on a monthly basis by the SEND Performance Improvement Steering Group. The Group is chaired by the Deputy Director of Quality, Outcomes and Improvement, Liverpool CCG. The Designated Clinical Officer for SEND is also a member of the Group. The report will include progress against key actions, (using the Progress Rating below), performance against the score card trajectories and the maintenance of the Risk Register. Progress against the action plan will also be shared with the NHS England and Department for Education advisers through meetings which will initially be scheduled to take place every three months, commencing from the 4th July 2019.

Progress will be rated based on the following Blue, Green, Amber and Red Rating:

| Progress Rating |
|--------------------------------------------------------------------------------------------------------------------------------|
| Action completed, evidence of improvement and future monitoring to ensure sustainability |
| Action underway and on target for completion within the agreed timescale & evidence of impact |
| Action underway but behind target or at risk of completion within the agreed timescale & limited evidence of impact |
| Action not started and significantly at risk of completion within the agreed timescale |

To assess the impact of our improvements on children and young people and their families we will also use information from the sources as outlined below including a 0-25 SEND Score card:

What children & young people and their parents and carers tell us:

- Feedback from the Liverpool's Parent Carer Forum – LivPaC
- Parent/carer satisfaction surveys
- Parent/carer Focus Groups
- Young People's Satisfaction/Feedback loop (To be co - produced)
- Service specific feedback

What staff across the partnership tell us:

- Staff surveys

- SENCO forums
- Training evaluations (Pre & Post)
- Team Meetings

What the qualitative data tells us:

- North West Peer Challenge
- Individual school SEFs/Inspection reports
- Audits of EHCPs and assessments
- Early Years inspection reports

What the quantitative data tells us:

- SEND Score Card
- Vulnerable Pupils Report
- School based data /SEFs
- Healthy Child Programme
- SEND Data Pack
- 2 year old (take up rate) and 3 and 4 year old take up rate

5. SEND Score Card

In addition to the range of sources listed above, in order to measure progress and impact of our improvement we will maintain a score card. The score card includes targets for key performance areas and cumulative targets (trajectories). The nature of the key indicators will determine the frequency of reporting. For example timeliness of assessments will be reported monthly, attendance termly and the end of key stage results annually.

Actions 1.1: Embed a culture of ambition, resilience and accountability through strengthened governance, leadership, management & improved performance

| | | 2018/19 | | Direction of Travel | Compared to 2018 | 2018/19 Target | 2019/20 Target | Liverpool 2017/2018 | Nat 2017/2018 |
|------------------------------------|-------------|-------------|--------------------|---------------------|------------------|----------------|----------------|---------------------|---------------|
| | | Autumn Term | Autuum/Spring Term | | | | | | |
| Primary School Attendance | | | | | | | | | |
| KPI 1a | All Pupils | 95.98 | 95.79 | | | 95.7 | 96.0 | 95.38 | 95.80 |
| KPI 1b | No SEN | 96.29 | 96.2 | | | 96.1 | 96.4 | 95.68 | 96.10 |
| KPI 1c | SEN Support | 94.84 | 94.57 | | | 94.5 | 95.0 | 94.12 | 94.50 |
| KPI 1d | EHCP | 92.02 | 91.59 | | | 93.0 | 93.2 | 92.82 | 93.20 |
| Secondary School Attendance | | | | | | | | | |
| KPI 2a | All Pupils | 94.63 | 94.46 | | | 94.4 | 94.7 | 93.82 | 94.50 |
| KPI 2b | No SEN | 95.12 | 95.02 | | | 94.9 | 95.3 | 94.33 | 94.90 |
| KPI 2c | SEN Support | 92.23 | 91.68 | | | 91.5 | 92.0 | 91.19 | 92.00 |
| KPI 2d | EHCP | 91.48 | 91.06 | | | 92.7 | 92.7 | 92.72 | 91.80 |
| Special School Attendance | | | | | | | | | |
| KPI 3a | All Pupils | 89.84 | 89.77 | | | 89.5 | 90.0 | 88.96 | 89.80 |
| KPI 3c | SEN Support | 92.13 | 89.7 | | | 89.5 | 90.0 | 89.11 | 80.10 |
| KPI 3d | EHCP | 90.14 | 92.39 | | | 89.5 | 90.0 | 88.96 | 90.00 |
| Primary School PA | | | | | | | | | |
| KPI 4a | All Pupils | 10.93 | 10.4 | | | 10.0 | 8.7 | 11.67 | 8.70 |
| KPI 4b | No SEN | 9.78 | 8.4 | | | 8.0 | 7.2 | 10.2 | 7.20 |
| KPI 4c | SEN Support | 15.42 | 15.4 | | | 15.2 | 14.8 | 17.7 | 14.80 |
| KPI 4d | EHCP | 21.78 | 22.7 | | | 21.4 | 20.0 | 21.43 | 20.00 |
| Secondary School PA | | | | | | | | | |
| KPI 5a | All Pupils | 13.62 | 13.8 | | | 14.3 | 13.9 | 16.7 | 13.90 |
| KPI 5b | No SEN | 12.13 | 11.3 | | | 12.0 | 11.8 | 14.7 | 12.20 |
| KPI 5c | SEN Support | 21.15 | 22.6 | | | 23.4 | 23.0 | 26.91 | 23.40 |
| KPI 5d | EHCP | 22.35 | 22.5 | | | 22.0 | 22.0 | 19.31 | 23.60 |
| Special School PA | | | | | | | | | |
| KPI 6a | All Pupils | 28.21 | 29.7 | | | 29.0 | 28.0 | 30.94 | 29.60 |
| KPI 6b | SEN Support | 34 | 32.7 | | | 29.0 | 28.0 | 42.53 | 52.30 |
| KPI 6c | EHCP | 27.07 | 28.6 | | | 29.0 | 28.0 | 30.09 | 28.90 |

| | | 2018/19 | | Direction of Travel | Compared to 2018 | 2018/19 Target | 2019/20 Target | Liverpool 2017/2018 | Nat 2017/2018 |
|----------------------------------------------------------------------------------|-------------|-------------|--------------------|---------------------|------------------|----------------|----------------|---------------------|---------------|
| | | Autumn Term | Autuum/Spring Term | | | | | | |
| Permanent Exclusions - % of Pupil Population with a Permanent Exclusion | | | | | | | | | |
| KPI 7a | No SEN | 0.02 | 0.06 | | | 0.10 | 0.08 | 0.12 | N/A |
| KPI 7b | SEN Support | 0.16 | 0.31 | | | 0.4 | 0.35 | 0.44 | N/A |
| KPI 7c | EHCP | 0.00 | 0.00 | | | 0.00 | 0.00 | 0.11 | N/A |
| Fixed Term Exclusions - % of Pupil Population with a Fixed Term Exclusion | | | | | | | | | |
| KPI 8a | No SEN | 0.63 | 1.10 | | | 1.3 | 1.2 | 1.5 | N/A |
| KPI 8b | SEN Support | 2.11 | 3.7 | | | 4 | 3.5 | 4.3 | N/A |
| KPI 8c | EHCP | 2.70 | 4.26 | | | 5.5 | 5 | 6.8 | N/A |

Actions 1.1: Embed a culture of ambition, resilience and accountability through strengthened governance, leadership, management & improved performance continued

| EYFS - % achieving GLD | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 9a | All Pupils | 62 | 66 | 72 | 69 | 72 |
| KPI 9b | No SEN | 69 | 73 | 77 | 76 | 79 |
| KPI 9c | SEN Support | 21 | 27 | 28 | 34 | 41 |
| KPI 9d | EHCP | 2 | 2 | 5 | 4 | 5 |

| KS1 - % achieving ES Reading | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 10a | All Pupils | 67 | 70 | 75 | 73 | 76 |
| KPI 10b | No SEN | 76 | 80 | 84 | 83 | 86 |
| KPI 10c | SEN Support | 27 | 33 | 33 | 40 | 47 |
| KPI 10d | EHCP | 5 | 7 | 13 | 10 | 13 |

| KS1 - % achieving ES Writing | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 11a | All Pupils | 57 | 64 | 70 | 69 | 74 |
| KPI 11b | No SEN | 67 | 75 | 79 | 81 | 85 |
| KPI 11c | SEN Support | 18 | 25 | 25 | 34 | 43 |
| KPI 11d | EHCP | 4 | 4 | 9 | 6 | 9 |

| KS1 - % achieving ES Maths | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|----------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 12a | All Pupils | 66 | 72 | 76 | 77 | 82 |
| KPI 12b | No SEN | 76 | 82 | 84 | 87 | 90 |
| KPI 12c | SEN Support | 29 | 36 | 36 | 42 | 48 |
| KPI 12d | EHCP | 5 | 11 | 13 | 13 | 14 |

| KS1 - % achieving ES Science | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 13a | All Pupils | 74 | 76 | 83 | 79 | 82 |
| KPI 13b | No SEN | 83 | 86 | 90 | 89 | 92 |
| KPI 13c | SEN Support | 36 | 42 | 46 | 47 | 52 |
| KPI 13d | EHCP | 4 | 5 | 15 | 9 | 15 |

| KS2 - % achieving ES Reading | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 14a | All Pupils | 69 | 73 | 76 | 77 | 81 |
| KPI 14b | No SEN | 78 | 82 | 84 | 86 | 90 |
| KPI 14c | SEN Support | 37 | 46 | 43 | 52 | 58 |
| KPI 14d | EHCP | 8 | 8 | 16 | 12 | 16 |

| KS2 - % achieving ES Maths | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|----------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 16a | All Pupils | 73 | 74 | 76 | 77 | 80 |
| KPI 16b | No SEN | 83 | 83 | 84 | 86 | 89 |
| KPI 16c | SEN Support | 39 | 46 | 42 | 51 | 56 |
| KPI 16d | EHCP | 5 | 4 | 15 | 9 | 15 |

| KS2 - % achieving ES Writing | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 15a | All Pupils | 71 | 75 | 79 | 79 | 83 |
| KPI 15b | No SEN | 83 | 87 | 89 | 91 | 95 |
| KPI 15c | SEN Support | 28 | 39 | 38 | 46 | 53 |
| KPI 15d | EHCP | 5 | 5 | 13 | 9 | 13 |



| KS2 - % achieving ES GPS | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|--------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 17a | All Pupils | 75 | 75 | 78 | 78 | 81 |
| KPI 17b | No SEN | 85 | 87 | 87 | 89 | 92 |
| KPI 17c | SEN Support | 36 | 42 | 40 | 48 | 54 |
| KPI 17d | EHCP | 8 | 5 | 16 | 9 | 16 |

| KS2 - % achieving ES RWM | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|--------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 18a | All Pupils | 58 | 62 | 65 | 65 | 68 |
| KPI 18b | No SEN | 68 | 73 | 74 | 76 | 79 |
| KPI 18c | SEN Support | 19 | 27 | 24 | 33 | 39 |
| KPI 18d | EHCP | 4 | 2 | 9 | 5 | 9 |

| KS4 - Average A8 Score | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 19a | All Pupils | 44.2 | 43.5 | 46.5 | 46.5 | 47 |
| KPI 19b | No SEN | 48.1 | 47.4 | 49.9 | 49.9 | 50.2 |
| KPI 19c | SEN Support | 30.1 | 29.8 | 32.2 | 32.2 | 34 |
| KPI 19d | EHCP | 8 | 6.5 | 13.5 | 13.5 | 14 |

| KS4 - Average P8 Score | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------|-------------|-------|-------|----------|-------------|-------------|
| KPI 20a | All Pupils | -0.29 | -0.32 | -0.02 | -0.1 | -0.02 |
| KPI 20b | No SEN | -0.19 | -0.2 | 0.08 | -0.15 | -0.08 |
| KPI 20c | SEN Support | -0.62 | -0.68 | -0.43 | -0.5 | -0.43 |
| KPI 20d | EHCP | -1.36 | -1.55 | -1.09 | -1.2 | -1.09 |

| KS4 - % achieving 9-5 in E&M | | 2017 | 2018 | Nat 2018 | 2019 Target | 2020 Target |
|------------------------------|-------------|------|------|----------|-------------|-------------|
| KPI 21a | All Pupils | 37.3 | 35.9 | 43.3 | 40 | 43.3 |
| KPI 21b | No SEN | 42.5 | 38.9 | 48.5 | 44 | 48.5 |
| KPI 21c | SEN Support | 14.2 | 14.5 | 16.5 | 16.5 | 16.5 |
| KPI 21d | EHCP | 1.8 | 0.6 | 5.3 | 3 | 5.3 |

| Post 16 | | 2019 | | Direction of Travel | Compared to 2018 | Sept 2019 Interim | Dec 2019 Target | Dec 2020 Target | Dec 2018 Outturn |
|---------|-------------------------------------------------------------|------|-----|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------|-----------------|-----------------|------------------|
| | | May | Jun | | | | | | |
| KPI 22 | % post 16 SEND engaged in education, employment or training | 85 | |  |  | N/A | 84 | 87 | 80 |

Actions 1.2: Ensure compliance with the SEND Code of Practice and National Institute for Health and Care Excellence guidelines

| | | 2019 | | Direction of Travel | Compared to 2018 | Sept 2019 Interim | Dec 2019 Target | Dec 2020 Target | Dec 2018 Outturn |
|---------------|------------------------------------------------------------------------------------------------------------|------|-----|---------------------|------------------|-------------------|-----------------|-----------------|------------------|
| | | May | Jun | | | | | | |
| KPI 23 | 0-18 ASD diagnostic pathway waiting times - reduction in max number of weeks (individual month) | 60 | N/A | | | 59 | 58 | 30 | 60 |
| KPI 24 | 0-18 ADHD diagnostic pathway waiting times - reduction in max number of weeks (individual month) | 60 | N/A | | | 59 | 58 | 30 | 60 |
| KPI 25 | % of backlog cleared for post 18 young people who have opted to transition to adults services (cumulative) | 28 | N/A | | | 70 | 100 | 100 | N/A |
| KPI 26 | % LAC assessment medicals for SEND within 20 working days of becoming LAC (individual month) | 50 | N/A | | | 100 | 100 | 100 | N/A |
| KPI 27 | Increased completion rates (%) of the Strength and Difficulties Questionnaire * | 88.4 | 85 | | | 75 | 75 | N/A | 72 |
| KPI 28 | % GP annual health checks for LD, 14-25 (cumulative) | 53 | N/A | | | 62 | 62 | 72 | N/A |

* 31st March 2020 target

Actions 2.2: Improve the timeliness of the EHC assessment process and EHCPs

| | | 2019 | | Direction of Travel | Compared to 2018 | Sept 2019 Interim | Dec 2019 Target | Dec 2020 Target | 2018 Outturn |
|----------------|----------------------------------------------------------------------------------------|-------|-------|---------------------|------------------|-------------------|-----------------|-----------------|--------------|
| | | May | Jun | | | | | | |
| KPI 29a | % of assessments completed 6 weeks from assessment start date (cumulative from Jan 19) | 5.98 | 5.36 | | | 20 | 40 | 100 | 21.00 |
| KPI 29b | % of assessments completed 6 weeks from assessment start date (individual month) | 2.00 | 2.00 | | | 20 | 40 | 100 | 19.00 |
| KPI 30a | % Health Advices Returned in 6 weeks (cumulative from Jan 19) | 30.6 | 25.82 | | | 40 | 60 | 100 | 49.35 |
| KPI 30b | % Health Advices Returned in 6 weeks (individual month) | 1.96 | 1.79 | | | 40 | 60 | 100 | 88.37 |
| KPI 31a | % Ed Psych advices returned in 6 weeks (cumulative from Jan 19) | 46.87 | 53.00 | | | 65 | 75 | 100 | 73.75 |
| KPI 31b | % Ed Psych advices returned in 6 weeks (individual month) | 54.74 | 88.24 | | | 90 | 95 | 100 | 70.97 |
| KPI 32a | % Social Care advices returned in 6 weeks (cumulative from Jan 19) | 87.50 | 84.62 | | | 85 | 90 | 100 | 84.51 |
| KPI 32b | % Social Care advices returned in 6 weeks (individual month) | 92.86 | 68.75 | | | 85 | 90 | 100 | 92.50 |
| KPI 33 | % of EHC Plans completed in 20 weeks including exceptions (cumulative) | 10.32 | 8.67 | | | 20 | 40 | 100 | 46.00 |

Actions 2.3: Improve the quality, consistency & person centred approaches across the EHC assessment & process

| | | | | Direction of Travel | Compared to 2018 | Sept 2019 Interim | Dec 2019 Target | Dec 2020 Target | 2018 Outturn |
|---------------|---------------------------------------------------|-----|-----|---------------------|------------------|-------------------|-----------------|-----------------|--------------|
| | | May | Jun | | | | | | |
| KPI 34 | Percentage of EHCP audits graded "good or better" | | | | | | | | |

Establishing baseline

Actions 2.4: Strengthen the review processes and improve the timeliness of amendments to plans

| | | | | Direction of Travel | Compared to 2018 | Sept 2019 Interim | Dec 2019 Target | Dec 2020 Target | 2018 Outturn |
|----------------|-----------------------------------------------------------------------------|-----|-----|---------------------|------------------|-------------------|-----------------|-----------------|--------------|
| | | May | Jun | | | | | | |
| KPI 35a | % of Annual Reviews attended when required (cumulative from Jan 19) | | | | | | | 100 | N/A |
| KPI 35b | % of Annual Reviews attended when required (individual month) | | | | | | | 100 | N/A |
| KPI 36a | % of Annual Review amendments completed in 8 weeks (cumulative from Jan 19) | | | | | | | 100 | N/A |
| KPI 36b | % of Annual Review amendments completed in 8 weeks (individual month) | | | | | | | 100 | N/A |

Establishing baseline

Actions 3.2: To address the underdeveloped joint commissioning arrangements for 0 to 25 SEND provision

| | | | | Direction of Travel | Compared to 2018 | Sept 2019 Interim | Dec 2019 Target | Dec 2020 Target | 2018 Outturn |
|---------------|--------------------------------------------------------------------------|-----|-----|---------------------|------------------|-------------------|-----------------|-----------------|--------------|
| | | May | Jun | | | | | | |
| KPI 37 | Number of Personal Health Budgets | N/A | 1 | | | 3 | 4 | 10 | 1 |
| KPI 38 | OT average wait in weeks: Referral for Sensory Motor Assessment | 35 | 35 | | | 28 | 20 | 18 | 23 |
| KPI 39 | OT average wait in weeks: Priority referral for Sensory Motor Assessment | 10 | 17 | | | 16 | 9 | 9 | 5 |
| KPI 40 | Wheelchair Assessment - % within 18 wks 0-18 (individual month) | 75 | N/A | | | 90 | 95 | 95 | 90 |
| KPI 41 | Wheelchair Handover - % within 24 wks 0-18 (individual month) | 100 | N/A | | | 95 | 95 | 95 | 100 |
| KPI 42 | Wheelchair Assessment - % within 18 wks 18-25 (individual month) | 100 | N/A | | | 95 | 95 | 95 | 83 |
| KPI 43 | Wheelchair Handover- % within 24 wks 18- 25 (individual month) | 70 | N/A | | | 86 | 95 | 95 | 100 |

6. Action Plan:

| 1. Intended outcome | To address the failure of leaders to take the necessary actions to remedy known weaknesses | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 | Embed a culture of ambition, resilience and accountability through strengthened governance, leadership, management & improved performance | | | | |
| 1.2 | Ensure compliance with the SEND Code of Practice and National Institute for Health and Care Excellence guidelines | | | | |
| Actions we are taking | The work stream that will deliver on this | Lead * refer to key page 30 | Completion of action date | Progress Rating | How we will evidence outcomes |
| 1.1: Embed a culture of ambition, resilience and accountability through strengthened governance, leadership, management & improved performance | | | | | |
| 1.1.1 Drive a strong evidence based performance culture and deliver the principles of the SEND Code of Practice through active leadership, visible across the SEND partnership by undertaking the actions outlined 1.1.2 to 1.1.7 | SEND Partnership Board | SR/JL | Ongoing cycle of improvement | | Effective leadership and oversight will be evidenced through: <ul style="list-style-type: none"> - Clear lines of governance & accountability - Minutes and action notes of the respective governance arrangements: what was discussed, what actions resulted from the discussion & the outcomes of the actions. - Improved performance against Key Performance Indicators (KPIs) in the 0-25 Partnership Score Card. This will be reviewed at each SEND Partnership Board Meeting. - Maintenance of a risk register which identify risks, including nature of the risk, who owns it & what mitigation measures are in place to respond to it. - Implementation of an escalation process - Team level improvement plans/self evaluations |
| 1.1.2 Revise the Membership and Terms of Reference of the SEND Partnership Board. | SEND Partnership Board | SR/JL | July 2019 | | |
| 1.1.3 Establish a SEND Performance Improvement Steering Group to strengthen leadership oversight of performance, including support and challenge. (COMPLETED) | SEND Partnership Board | SR/JL | May 2019 | | |
| 1.1.4 Strengthen the data infrastructure and reporting systems to support effective performance management. | SEND Performance Improvement Steering Group | SM/LJ/HD | Sept 2019 | | |

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------|----------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1.5 Establish a risk register to ensure the effective management of risk and performance. | SEND Performance Improvement Steering Group | SM/LJ/HD | Aug 2019 | | <ul style="list-style-type: none"> - Partnership access to the SEND Dashboard that strengthen management oversight <p>Evidence source: Minutes of SEND Partnership Board & Governance Groups/Scorecard/Risk Register</p> |
| 1.1.6 Review SEND Partnership Strategy to take account of the findings of the Local Area Inspection and recommendations from the SEND4Change High Needs Review to reaffirm the our strategic intention and inclusive intent | SEND Partnership Board | SR/JL | Oct 2019 | | <p>Effective implementation of the Strategy will be and evidenced through:</p> <ul style="list-style-type: none"> - Improved performance against KPIs on the 0-25 Partnership Score Card. - Increased parental confidence in SEND leadership and the capacity to improve as a result of improved experiences informed by stronger co-production in planning, delivery & review, resulting in improved outcomes for children & young people e.g. stronger inclusive offer (SEND Support) <p>Evidence Source: 0-25 Partnership Scorecard, Parental Feedback through Focus Groups/Electronic Surveys/ Events/Local Offer & Service Specific Questionnaires</p> |
| 1.1.7 Co-produce the launch of the revised Partnership Strategy with parents & Carers, children & young people | SEND Partnership Board LivPaC | SR/JL | Nov 2019 | | |
| 1.1.8 Revise Action Plans that sit beneath the Strategy | SEND Partnership Board | SR/JL | Nov 2019 | | |
| 1.1.9 Implement the revised Action Plans | SEND Performance Improvement Steering Group | | Nov 2019 | | |
| 1.1.10 Establish an Education Improvement Board | - | HD | Oct 2019 | | <p>Improved leadership and oversight will be evidenced through improved educational performance outcomes:-</p> |
| 1.1.11 Produce an Education Improvement Strategy & Action Plan that reflects SEND as a clear priority. | Education Improvement Board | HD | Oct 2019 | | <ul style="list-style-type: none"> - Reduction in permanent and fixed term exclusion for children and young people with SEND (Scorecard KPIs |

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| 1.1.12 Implement the Education Improvement Action Plan | Education Improvement Board | HD | Oct 2019 | | <p>7a to 8c) e.g. Reduction in permanent and fixed term exclusion for children and young people with SEND (SEND Dashboard/Scorecard KPIs 7a to 8c) e.g. Reduction in the permanent exclusion rate for SEN Support students from 0.44 to 0.35 by the end of July 2020</p> <ul style="list-style-type: none"> - Improved attendance and reduction in the rates of persistent absence for children and young people with SEND (Scorecard KPIs 1a to 6c) e.g. reduce secondary persistence absence for SEN Support students from 26.9% to 23% by 2020 & improve attendance for pupils in special schools from 88.9% to 90% by the end of July 2020 - Improved outcomes across all key stages for children and young people on SEN Support and those with EHC Plans (SEND Dashboard/Scorecard KPIs 9a to 21d /Feedback/Annual Vulnerable Pupils Report) - Increased numbers of young people with SEND who are engaging in education, employment and training (EET) (Scorecard KPI 22) e.g. % of post 16 students engaged in EET will increase from 80% to 87% by the 31st December 2020. <p>Improved leadership and oversight will also be evidenced through the:</p> <ul style="list-style-type: none"> - Minutes and action plan of the School Improvement Board: What was discussed, what actions resulted from |
| 1.1.13 Establish a secondary consortia model, (building on the effectiveness of the primary consortia) to improve identification, improve access to support services and make mainstreams schools more inclusive | SEND Performance Improvement Steering Group | HD/JH | Jan 2020 | | |
| 1.1.14 Improve the quality and use of SEN Support Plans across Liverpool Schools to ensure consistent practice | SEND Performance Improvement Steering Group | HD/JH | Jan 2020 | | |
| 1.1.15 Improve the quality and use of SEN Support Plans across Liverpool's Post-16 Providers to ensure consistent practice | SEND Performance Improvement Steering Group | EMcC | Jan 2020 | | |
| 1.1.16 Increase the use of specialist expertise (including the use of Teaching Schools and Schools who have a strong inclusive ethos) to share good practice to inform the skills, knowledge and understanding of SEND | SiL Senior Leadership Team/Education Improvement Board | HD | June 2019 (Started) | | |

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| | | | | | <p>the discussion & what were the outcomes of the actions.</p> <p>Evidence Source: 0-25 Partnership Scorecard, Minutes of School Improvement Board & progress against the action plan targets.</p> |
| 1.2: Ensure compliance with the SEND Code of Practice and National Institute for Health and Care Excellence guidelines | | | | | |
| 1.2.1: Deliver a SEND Partnership Board Development Session specifically on the requirements of the Code of Practice and NICE Guidelines (Repeat the session annually) | SEND Partnership Board | SR/JL | Sept 2019 & annually | | <p>Members of the SEND Partnership Board understand and implement the 'principles in practice' of the SEND Code of Practice and the National Institute for Health & Care Excellence guidelines</p> <p>Evidence Source: Pre & Post Development Session Questionnaire</p> |
| 1.2.2 Undertake a review of Community Paediatric/ASD Pathway and waiting times for 0-18 to improve efficiency, communications and waiting times | SEND Performance Improvement Group | LJ/LC | June 2019 | | COMPLETED |
| 1.2.3 Implement the recommendations of the Community Paediatric/ASD Pathway review to reduce the maximum waiting time to an overall maximum wait of 30 weeks . (This aligns to the NICE guidance – commence diagnostic assessment within 12 weeks of referral to the autism team – pathway, with a subsequent local target of a maximum 18 weeks to diagnosis. <u>The high level</u> | SEND Performance Improvement Steering Group | LJ/LC | Dec 2020 | | <p>This will be evidenced by improved maximum waiting times for the ASD Diagnostic Pathway from 60 weeks to 30 by 31st December 2020 resulting in children & young people getting a timely & thorough assessment and access to the appropriate level of support.</p> <p>Evidence Source: Scorecard KPI 23 & service specific feedback</p> |

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| <u>milestones to achieve the trajectories are outlined from 1.2.4)</u> | | | | | |
| 1.2.4 Complete Transforming Care proposal to secure additional non recurrent funding for the pathway | - | LJ | June 2019 | | COMPLETED |
| 1.2.5 Secure funding from Transforming Care Programme | - | LJ | June 2019 | | COMPLETED |
| 1.2.6 Issue formal invitation to tender (ITT) to secure an external provider. (Tender submission deadline for 12/07/2019) | - | LJ | July 2019 | | COMPLETED |
| 1.2.7 Undertake evaluation process including presentations to panel | - | LJ | July 2019 | | COMPLETED |
| 1.2.8 Complete tender process and award contract | SEND Performance Improvement Steering Group | LJ | September 2019 | | See 1.2.3 |
| 1.2.9 Review administration of pathway to ensure that planned utilisation of all clinical capacity is 100% | SEND Performance Improvement Steering Group | LC | September 2019 | | See 1.2.3 |
| 1.2.10 Commence delivery of additional clinical capacity | SEND Performance Improvement Steering Group | LC | October 2019 | | See 1.2.3 |
| 1.2.11 Develop internal proposal for additional capacity specifically within Alder Hey, Children's Hospital Trust. | SEND Performance Improvement Steering Group | LC | October 2019 | | See 1.2.3 |

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| 1.2.12 Review assessment pathway to ensure consistency of approach across the clinical team | SEND Performance Improvement Steering Group SEND Performance Improvement Steering Group | LC | October 2019 | | See 1.2.3 |
| 1.2.13 Identify children & young people for both ASD & ADHD assessment to develop a single pathway process | SEND Performance Improvement Steering Group | LJ/LC | October 2019 | | See 1.2.3 |
| 1.2.14 Review referral criteria with local partners for both ASD and ADHD to establish the impact of enhanced early help on the pathway | SEND Performance Improvement Steering Group | LJ/LC | October 2019 | | See 1.2.3 |
| 1.2.15 Complete workforce planning with ASD Team to ensure required level of capacity to meet demand (Additional Neurodevelopmental staff/Speech & Language Therapists/Psychologist) | SEND Performance Improvement Steering Group | LJ/LC | November 2019 | | See 1.2.3 |
| 1.2.16 Undertake a review of Community Paediatric ADHD waiting times 0-18 | SEND Performance Improvement Steering Group | LJ/LC | July 2019 | | Increased awareness and understanding of the two diagnostic pathway for Children/Young people and parent/carers Evidence Source: Pre & Post review questionnaire |

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| 1.2.17 Implement the recommendations of the Community Paediatric ADHD waiting times 0-18 review to reduce the waiting times to a maximum waiting time of 30 weeks. <u>(The high level milestones to achieve the trajectories are outlined from 1.2.18)</u> | SEND Performance Improvement Steering Group | LJ/LC | Dec 2020 | | This will be evidenced by: Improved maximum waiting times for the ADHD Diagnostic Pathway from 60 weeks to 30 by 31 st December 2020 resulting in children & young people getting a timely & thorough assessment and access to the appropriate level of support. Improved experience for Children/Young people and parent/carers of the diagnostic pathways. Evidence Source: Scorecard KPI 24 & service specific feedback |
| 1.2.18 Implement a transition pathway for post 18-25 young people with ADHD from paediatric to adult services | SEND Performance Improvement Steering Group | AK | May 2019 | | COMPLETED |
| 1.2.19 Transfer backlog of those aged 18 years+ currently on the paediatric pathway to the adult commissioned service | SEND Performance Improvement Steering Group | AK | Dec 2019 | | All post 18 young people have transferred to adult services resulting in no backlog. Evidence Source: Scorecard KPI 25 |
| 1.2.20 Review Electronic Patient Record system to enable clear monitoring of ADHD activity | SEND Performance Improvement Steering Group | LC | October 2019 | | |
| 1.2.20 Identify children & young people for both ASD & ADHD assessment to develop an approach to a single assessment pathway | SEND Performance Improvement Steering Group | LC | October 2019 | | See 1.2.17 |
| 1.2.21 Validate current ADHD backlog: | SEND Performance Improvement Steering Group | LC | January 2020 | | See 1.2.17 |

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| <ul style="list-style-type: none"> - Expedite through additional telephone clinics all diagnosed ADHD to ensure access to appropriate support & invite to follow up medication awareness workshop | | | | | |
| <p>1.2.23 Improve information sharing & strengthen communication between health professionals and the Local Authority through –</p> <ul style="list-style-type: none"> - Development & implementation of a clear pathway for health staff to inform the local authority of children under five who they believe have SEND - Ensuring health visitor representation at Early Years Consortia meetings | <p>SEND Performance Improvement Steering Group</p> | <p>JH/EP</p> | <p>Dec 2019</p> <p>June 2019 (completed)</p> | | <p>This will be evidenced by -</p> <p>An increase in the number of children under five supported through the EY consortia model. (This is subject to consent)</p> <p>Evidence Source: Minutes of consortia meetings & children centre reports including children with SEND who receive an early help assessment.</p> |
| <p>1.2.24 Improve the information sharing process between Children’s Social Care to Health, when a child with SEND becomes Looked After, to ensure completion of health assessments within 20 working days of a child becoming Looked After through -</p> <ul style="list-style-type: none"> - Strengthened Children’s Social Care management oversight through the development of weekly management reports of all children becoming LAC | <p>SEND Performance Improvement Steering Group</p> | <p>FW/TM/CB</p> | <p>Dec 2019</p> | | <p>This will be evidenced through:</p> <p>Increase the percentage of LAC assessment medicals for SEND held within 20 working days of becoming LAC from 50% in May 2019 to 100% by 31st December 2020 - thereby leading to improved identification of additional needs so that better outcomes can be secured for this vulnerable population.</p> <p>Evidence source: Scorecard – KPI 26</p> |

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| <ul style="list-style-type: none"> - Health Assessment training for social workers by Designated Nurse, Designated Doctor, Clinical Lead and Lead Nurse for Children in Care. | | | | | |
| <p>1.2.25 Improve the completion rate of Strength & Difficulties Questionnaires (SDQ) and share the information with Health though –</p> <ul style="list-style-type: none"> - Development of an improved SDQ tracker at an individual child level (CSC performance management system) to improve management oversight. - Inclusion of the SDQ in the Independent Reviewing Officers 'meeting outcomes form.' | <p>SEND Performance Improvement Steering Group</p> | <p>FW</p> | <p>June 2019 (Started)</p> | | <p>This will be evidenced through: Increased completion rates of the Strength and Difficulties Questionnaire (that inform children looked after health assessments) from 72% to 75% by 31st March 2020, results in improved screening and tracking of emerging or changing mental health needs and improved care planning and improved outcomes.</p> <p>Evidence source: Scorecard, - KPI 27, Audit/Case-sampling</p> |
| <p>1.2.26 Recruit a therapist to monitor and support young people's emotional well being via the SDQ</p> | <p>SEND Performance Improvement Steering Group</p> | <p>A'OC</p> | <p>July 2019</p> | | |
| <p>1.2.27: Health partners and Local Authority establish a consistent approach to integrating 2 to 2 ½ year health checks via children's centres through -</p> <ul style="list-style-type: none"> - Development of a consolidated pathway that clearly defines responsibilities for information sharing (June 2019) - Revision of the funding agreement with the PVI sector to | <p>Integrated Review Working Group for integrated health assessments</p> | <p>TM/HP</p> | <p>Oct 2019</p> | | <p>Increased consistency in the approach to integrating 2 to 2 ½ year old checks improves the early identification of children's needs will be evidenced through the following:</p> <ul style="list-style-type: none"> - Staff survey (pre-pathway review & post review); - Monitoring of the number of assessments shared e.g. If there are 100 health assessments, the centres receive 100 assessment; |

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| <p>include the requirement to share information (Sept 2019)</p> <ul style="list-style-type: none"> - Development of a clear mechanism and timescales for sharing and acting on the information shared (June 2019) - Strengthened role of the EY Consortia in ensuring a consistent approach (Sep 2019) - Implementation of a consistent recording method through the use of a standard data base (Sept 2019) | | | | | <ul style="list-style-type: none"> - Dip sampling of the quality of assessments (exception reporting); - Improved outcomes evidenced through progress against a base line. <p>Evidence source: Staff survey, number of assessments shared with the children centres & dip-sampling.</p> | |
| <p>1.2.28 Increase the number of 14 – 25 year olds with LD undertaking the annual GP health check</p> | <p>SEND Performance Improvement Steering Group</p> | <p>AE</p> | <p>April 2020</p> | | <p>This will be evidenced through: Increased percentage of children and young people with Learning Disability health checks delivered by GPs from 53% In May 2019 to 72% by 31st December 2020, contributing to improved health outcomes</p> <p>Evidence source: Scorecard KPI 28</p> | |
| <p>2 Intended outcome</p> | <p>To improve the significant weaknesses in the EHC processes, timeliness and quality of plans</p> | | | | | |
| <p>2.1</p> | <p>Improve joint working arrangement in relation to EHC Assessment</p> | | | | | |
| <p>2.2</p> | <p>Improve the timeliness of the EHC assessment process & EHCPs</p> | | | | | |
| <p>2.3</p> | <p>Improve the quality, consistency & person centred approaches across the EHC assessment & process</p> | | | | | |
| <p>2.4</p> | <p>Strengthen the review processes and improve the timeliness of amendments to plans</p> | | | | | |
| <p>Actions we are taking</p> | | <p>The work stream that will deliver on this</p> | <p>Lead</p> | <p>Completion date</p> | <p>Progress Rating</p> | <p>How we will evidence impact</p> |
| <p>2.1: Improve joint working arrangements in relation to EHC Assessment</p> | | | | | | |

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| 2.1.1: Redesign Moderating Panel arrangements to promote the key principles of the SEND Code of Practice: 0-25 years including revised Terms of Reference and publish on the Local Offer | SEND Performance Improvement Steering Group | KG | March 2019 | | COMPLETED |
| 2.1.2: (a) Co-produce a mechanism to gather feedback from parents/carers to measure levels of satisfaction with the assessment process | SEND Practice Improvement Steering Group | KG/DP & LivPAC | Starts Sept 2019 | | <p>This will be evidenced through:</p> <ul style="list-style-type: none"> - the co-production of mechanisms to gather feedback; - the establishment of baselines against which progress can be measured; - incremental increase in the levels of satisfaction reported against base lines. <p>Evidence source: Feedback from children & young people & feedback from parents/carers</p> |
| (b) Co-produce a mechanism to gather feedback from children and young people to measure levels of satisfaction with the assessment process | SEND Practice Improvement Steering Group | KG/ Young Advisers | Starts Sept 2019 | | |
| 2.1.3 Hold multi-agency information and feedback sessions for front line staff to improve joint working arrangements to support performance improvement | SEND Performance Improvement Steering Group | KG/EP/NU, JH/AO'C/ LivPaC, | Starts Sept 2019 | | <p>Increased professional understanding of the EHC needs assessment process including how decisions are made, by whom and at what stage(s) in the process & 'What Good Looks Like'.</p> <p>Evidence source: Training registers, feedback from practitioners & audits of plans & Scorecard KPI 34</p> |
| 2.1.4 Deliver workforce development/training informed by feedback from frontline staff (as above) & findings from audit | SEND Performance Improvement Steering Group | KG/EP/NU/JH, AO'C/LivPaC | Dec 2019 | | |
| 2.1.5 Develop a consistent flagging system to ensure Merseycare staff know children who have an EHCP | EHCP Quality Assurance Group | TM | Dec 2019 | | <p>Increased visibility of the known needs of children/young people with EHCP</p> <p>Evidence source: Audit of information held on information systems</p> |

| 2.2: Improve the timeliness of the EHC assessment process & EHCPs | | | | | |
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| 2.2.1: Implement a proactive tracking and reporting structure to ensure that every stage of the 20 week EHC needs assessment process is monitored across education, health and social care | EHCP Quality Assurance Group | KG/EP/NU/ JH/AO'C/ LivPaC | Aug 2020 | | <p>Increased percentage of statutory advices received within the 6 week timescales (Scorecard KPIs 29a to 32b) from 21% to 100% by 31st December 2020.</p> <p>Increased percentage of full EHC needs assessments (with final EHCP issued) completed within 20 weeks from 46% to 100% by 31st December 2020. (Scorecard KPI 33)</p> <p>Reduction Percentage of EHCPs audits graded 'good or better.' (Scorecard KPI 34)</p> <p>Evidence source: Scorecard. Baseline to be established.</p> |
| 2.2.2 Implement service improvement plans across the partnership | EHCP Quality Assurance Group | KG/EP/NU/ JH/AO'C/ LivPaC | Nov 2019 | | <p>Reduction Percentage of EHCPs audits graded 'good or better.' (Scorecard KPI 34)</p> <p>Evidence source: Scorecard. Baseline to be established.</p> |
| 2.2.3: Recruit additional permanent Educational Psychologists and Assistants of staff to improve service delivery and timeliness | EHCP Quality Assurance Group | JB | Aug 2019 | | <p>Increased percentage of statutory advices received within the 6 week timescales from 73% to 100% by 31st December 2020. (Scorecard KPI 31a & 31b)</p> <p>Evidence source: Scorecard</p> |
| 2.2.4: Implement a service re-design of the SEND Assessment and Pupil Support team to increase capacity & ensure the team structure enables effective delivery of the EHC needs assessment process within 20 weeks and annual reviews | EHCP Quality Assurance Group | KG | Nov 2019 | | <p>Increased percentage of full EHC needs assessments (with final EHCP issued) completed within 20 weeks from 73% to 100% by 31st December 2020.</p> <p>Evidence source: Scorecard - KPI 33</p> |
| 2.3 Improve the quality, consistency & person centred approaches across the EHC assessment & process | | | | | |

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| 2.3.1: Deliver training programme on 'Improving Quality of EHCPs' (using the NW SEND Regional Coordinator) to ensure plans are outcome-focused, holistic and include SMART outcomes and provision COMPLETED | EHCP Quality Assurance Group | WM | April 2019 | | <p>This will be evidenced by through –</p> <ul style="list-style-type: none"> - Attendance lists - 100% of identified key staff attended training - Pre & post training questionnaire evidence improved knowledge & understanding - % of EHCP audits graded 'good or better' evidences improved practice <p>Evidence source: As outlined above, plus Scorecard - KPI 34: Baseline to be established</p> |
| 2.3.2 Commission and deliver training on legal and statutory processes COMPLETED | EHCP Quality Assurance Group | KG | June 2019 | | |
| 2.3.3 Commission assessor (advices) training for Children's Social Care & Health (using the NW SEND Regional Coordinator) to ensure consistently good quality advices | EHCP Quality Assurance Group | WM | Sept 2019 | | |
| 2.3.4: Review and co-produce all standard letters and templates to ensure that we are giving parents the right level of information in the right way | EHCP Quality Assurance Group | KG | Sept 2019 | | <p>This will be evidenced through co-produced standard letter and co-produced templates that give parents the right level of information in the right way (jargon free)</p> <p>Evidence source: Feedback from parents/carers</p> |
| 2.3.5: Develop a multi-agency EHCP Audit Tool to audit & grade the quality of EHCPs in order to strengthen the quality of plans. Also – <ul style="list-style-type: none"> - Develop Practice Standards to sit alongside the audit tool - Produce & implement an annual auditing schedule | EHCP Quality Assurance Group | KG/JH | Start Sept 2019 | | <p>This will be evidenced by an incremental increase in the percentage of audits graded 'Good or Better.'</p> <p>Evidence source: Scorecard – KPI 34: Baseline to be established.</p> |

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| <ul style="list-style-type: none"> - Moderate the quality of audits & grades through the establishment of a Moderation Panel - Produce bi-monthly reports: 'Findings from audit' including recommendations to strengthen the feedback loop - Share the report with a) front line practitioners, b) managers at each level & c) SEND Partnership Board | | | | | |
| 2.4: Strengthen the review processes and improve the timeliness of amendments to plans | | | | | |
| 2.4.1: Implement a proactive tracking and reporting system to ensure that annual reviews processes (including amendments, reassessment and withdrawals) are monitored and tracked through the 8 week timeframe, ensuring schools are compliant with the SEND Code of Practice | EHCP Quality Assurance Group | KG | Dec 2019 | | <p>This will be evidenced by an increased performance against the statutory 8 week timescale to 100%</p> <p>Evidence source: Scorecard - KPIs 35a and 36b. Baseline to be established.</p> |

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| 3 | Intended outcome | To address the underdeveloped joint commissioning arrangements for 0 to 25 SEND provision | | | | |
| 3.1 | Develop strong, effective and visible leadership of the joint commissioning arrangements for SEND provision | | | | | |
| 3.2 | Strengthen co-production with children and young people and their families | | | | | |
| 3.3 | Develop a shared understanding of the needs of children and young people with SEND informed by an analysis of available data and the views of children and young people with SEND and their families | | | | | |
| 3.4 | Produce a comprehensive joint commissioning strategy (underpinned by the views of children, young people and their families) with clear roles, responsibilities and accountability for funding and delivering the agreed priorities and outcomes | | | | | |
| 3.5 | Strengthen joint service planning to deliver more consistently joined up and integrated services that are personalised and lead to improved outcomes for children and young people with SEND | | | | | |
| Actions we are taking | | The work stream that will deliver on this | Lead | Completion date | Progress Rating | How we will evidence impact |
| 3.1 Develop strong, effective and visible leadership of the joint commissioning arrangements for SEND | | | | | | |

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| 3.1.1 Establish SEND Commissioning Task and Finish Group (Families and Partners) | SEND Joint Commissioning T&F Group | GP/LJ/CR | Completed | | <p>Strong, effective and visible leadership will be evidenced through the following:</p> <ul style="list-style-type: none"> - Clear lines of governance/ accountability (Terms of Reference) - Minutes and action notes of the SEND Task & Finish Group: What was discussed, what actions resulted from the discussion & what were the outcomes of the actions. - Minutes of Performance Improvement Steering Group (Governance) - Improved performance against KPIs on the 0-25 Partnership Score Card. <p>Evidence source: Minutes of Governance Groups/Scorecard</p> |
| 3.1.2 Co-produce the establishment of a SEND Joint Commissioning Board (families and partners) to lead the further development of joint commissioning arrangements | SEND Joint Commissioning Board | GP/LJ/CR | Sept 2019 | | <p>Strong, effective and visible leadership will be evidenced through the following:</p> <ul style="list-style-type: none"> - Clear lines of governance/ accountability (Terms of Reference) - Minutes and action notes of the SEND Joint Commissioning Board: What was discussed, what actions resulted from the discussion & what were the outcomes of the actions. - Minutes of SEND Partnership Board. (Governance) - Improved performance against KPIs on the 0-25 Partnership Score Card. |
| 3.1.3 Affirm the strategic governance and accountability framework for SEND alongside the operational responsibility for delivery of SEND support and services | SEND Joint Commissioning Board | GP/LJ/CR | Sept 2019 | | <ul style="list-style-type: none"> - Annual partnership Self Evaluation document |
| 3.1.4 Co-produce and deliver a SEND Joint Commissioning Board development session to focus on building productive strategic relationships and working practices | Workforce Development | WM | Oct/Nov 2019 (annually thereafter) | | <p>Evidence source: As outlined above - Increased oversight of SEND work</p> |

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| | | | | | programme and outcomes by Governing Boards & senior leadership across and within the LA and health partnership |
| 3.1.5 Co-produce and deliver an annual self-assessment of the Board's performance and ways of working | SEND Joint Commissioning Board | GP | April 2020 (annually thereafter) | | |
| 3.2 Strengthen co-production with children and young people and their families | | | | | |
| 3.2.1 Deliver consultation events, lead by LivPaC (Parent Carer Forum) to examine what works well and what needs to improve around engagement, communication, and co-production | LivPaC | DP/ML | Sept/Oct 2019 | | <p>Strengthened co-production will be evidenced through –</p> <ul style="list-style-type: none"> - Record of Consultation Event including the development of an Engagement, Communication & Co-production Strategy & Improvement Plan (informed by the consultation event) that clearly outlines what needs to happen and when; - A report of the review & analysis of complaints & compliments, that informs the Strategy & Improvement Plan; - Record of progress in implementing the Improvement Plan (Minutes and action notes of the SEND Joint Commissioning Board); - Samples of service specifications; - Increase in the number of children and young people and families who are actively engaged in co-producing outcomes and involved in joint commissioning decisions and reviews against an established baseline. <p>Evidence source: As outlined above including events evaluations and increased user satisfaction against an established base line.</p> |
| 3.2.2 Review the current complaints & compliments across all service areas (health, EHCPs, education and local authority services) and feedback from the Local Offer, to identify key areas for improvement | SEND Joint Commissioning Task & Finish Group | CR/LJ | Sept 2019 (annually thereafter) | | |
| 3.2.3 Co-produce and develop an Engagement, Communication and Co-Production Strategy & Improvement Plan (which is underpinned by clear practice standards) | SEND Joint Commissioning Task & Finish Group | CR/LJ | November 2019 | | |
| 2.2.4 Embed co-production and participation arrangements across the commissioning cycle and decisions, and in all service specifications | Commissioning Managers | CR/LJ/SS | April 2020 | | |

| 3.2 Develop a shared understanding of the needs of children & young people with SEND informed by an analysis of available data and the views of children and young people with SEND and their families | | | | | |
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| 3.3.1 Co-produce a Joint Strategic Needs Analysis of children and young people with SEND 0-25 to establish the current needs across the local area and inform future service planning | SEND Commissioning T&F Group | CR/LJ | Nov 2019 | | <p>A shared understanding of the needs of children & young people will be evidenced through –</p> <ul style="list-style-type: none"> - Production of Joint Strategic Needs Analysis; - Record of consultation event on the recommendation of the JSNA; - Publication & promotion of the JSNA post consultation; - Development & implementation of a SEND Joint Commissioning Strategy & underpinning action plan; - Record of progress in implementing the Action Plan (Minutes and action notes of the SEND Joint Commissioning Board); - Results of survey of front line professionals demonstrates increased understanding of the needs and views of children & young people; - Improved performance against KPIs on the 0-25 Partnership Score Card. <p>Evidence source: As outlined above</p> |
| 3.3.2 Consult on the JSNA recommendations to ensure they reflect the needs of children & young people and their families and inform the Joint Commissioning Strategy | SEND Commissioning T&F Group | CR/LJ/LivPac | Nov/Dec 2019 | | |
| 3.3.3 Publish and promote the findings of the JSNA across the SEND Partnership | SEND Commissioning T&F Group | CR/LJ/LivPac | Jan 2020 | | |
| 3.3.4 Co-produce and establish an annual review mechanism and a 3-year refresh cycle for the JSNA. | SEND Commissioning T&F Group | CR/LJ | Jan 2020 | | |
| 3.4 Produce a comprehensive joint commissioning strategy (underpinned by the views of children, young people and their families) with clear roles, responsibilities and accountability for funding and delivering the agreed priorities and outcomes | | | | | |
| 3.4.1 Co-produce the revision of the SEND Joint Commissioning Strategy to reflect the needs identified in the JSNA, the vision and priorities of the | SEND Commissioning T&F Group | GP/LJ/CR/LivPac | Dec 2019 | | <p>This will be evidenced through:</p> <ul style="list-style-type: none"> - A revised Joint Commissioning Strategy & underpinning action plan; |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------|----------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEND Strategy, and clarify the priorities for service development and delivery (including joint funding arrangements, personalisation and transition arrangements) | | | | | <ul style="list-style-type: none"> - Record of progress in implementing the Action Plan (Minutes and action notes of the SEND Joint Commissioning Board); - Samples of service specifications- - Increase in the number of jointly commissioned services across the partnership including Section 75 agreements (Minutes of Joint Commissioning Board) - Increase in the number of personal health budgets for children and young people with SEND (Scorecard – KPI 38) - Increased confidence and understanding for professionals of the personalisation agenda (Staff Survey/Feedback) <p>Evidence source: As outlined above including scorecard</p> |
| 3.4.2 Co-produce the refresh of the joint commissioning action plan to include the identified priorities from the SEND Partnership Strategy and the JSNA | SEND Commissioning T&F Group | LJ/CR | Jan 2020 | | |
| 3.4.3 Communicate and promote the SEND Joint Commissioning strategy, priorities and action plan across the partnership (including parents and carers) | SEND Joint Commissioning Board | GP | Jan 2020 | | |
| 3.4.4 Establish an annual review mechanism and a 3-year refresh cycle for the SEND Joint Commissioning Strategy | SEND Joint Commissioning Board | GP | Jan 2020 | | |
| 3.4.5 Co-produce and conduct a review of current personalisation arrangements (process, procedures, usage, feedback from CYP and their families) and make recommendations for change | New Joint Post (with Adult Services) | New Post holder | Oct-Nov 2019 | | |
| 3.4.6 Co-produce and develop an action plan for delivery of personalisation agenda (in conjunction with children, young people and families and Adult Services as part of transition work) | New Joint Post (with Adult Services) | New post holder | Jan-March 2020 | | |
| 3.5 Strengthen joint service planning to deliver more consistently joined up and integrated services that are personalised and lead to improved outcomes for children and young people with SEND | | | | | |
| 3.5.1 Review the services highlighted in the inspection feedback [SENDIASS, Occupational Therapy | SEND Commissioning T&F Group | LJ/CR | Jan 2020 | | This will be evidenced by: |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------|---------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (sensory offer), Community & Schools equipment] including specifications, contracts, funding arrangements and current levels of service | | | | | <ul style="list-style-type: none"> - Improved outcomes for CYP with SEND (Scorecard) - Record of review of the services highlighted in the inspection; - Samples of service specification - Samples of contracts - Improved waiting times (Reduction in waiting times to access sensory services element of Occupational Therapy from 23 weeks to 18 weeks by 31st December 2020 (Scorecard - KPI 38) & Increase in the % of young people receiving a wheelchair assessment within 18 weeks from 90% to 95% by 31st December 2020 (Scorecard KPI 41) - Survey of user satisfaction <p>Evidence Source: As outlined above</p> |
| 3.5.2 Undertake a joint baseline assessment of current commissioned SEND services (including looking at value for money and performance outcomes) across health, social care, and education, including the voluntary sector, and identify commissioning gaps. | Commissioning Managers | LJ/CR/SS | Nov 2019 - Jan 2020 | | |
| 3.5.3 Establish regular service delivery performance reporting to the SEND Joint Commissioning Board to identify progress in delivering on individual, service and strategic outcomes and inform future joint service planning | Commissioning Managers | LJ/CR/SS | Oct 2019 | | |
| 3.5.4 Establish a calendar of commissioned contracts and schedule systematic Progress/Impact Reports to the SEND Joint Commissioning Board to inform future joint service planning | SEND Joint Commissioning Board | GP | Oct 2019 | | |
| 3.5.5 Review the current joint funded arrangements and the opportunities for further joint arrangements underpinned by Section 75 agreements. | SEND Joint Commissioning Board | GP/LJ/CR | March 2020 | | |
| 3.5.6 Establish regular, co-produced, reviews of the Local Offer to ensure it reflects the current needs, commissioned and provided services and ongoing plans from service improvement programme(s) | SEND Joint Commissioning Board | GP | March 2020 | | |

| 7. Lead Officers | | | | | |
|---------------------------|-------------------------------------------------|-----------------------|------------------------------------------------------------|-----------------------|-----------------------------------------------------------|
| SR – Steve Reddy | Director of Children’s Services (LCC) | JL – Jane Lunt | Director of Quality Outcomes and Improvement (Chief Nurse) | SM – Suzanne Metcalfe | Assistant Director: Early Help (LCC) |
| HD – Heather Duggan | Chief Education Officer (LCC) | FW – Fiona Waddington | Assistant Director: Childrens Social Care (LCC) | GP - Gail Porter | Families Programme Director (LCC) |
| LJ – Liz Johnson | Lead Commissioner: Maternity and Children (CCG) | KG – Karen Gleave | Service Manager: SEND (LCC) | JH – John Holt | Service Manager: SEND (LCC) |
| EP – Emma Powell | Designated Clinical Officer (Mersey Care) | WM – Wendy Moss | Workforce Development Lead (LCC) | NU – Nicky Urding | Service Manager – Children’s Social Care (LCC) |
| E McC – Elaine McCausland | Head of Adult Learning (LCC) | DP - Donna Phipps | Liverpool Parent/Carers Forum | TM – Trish Mattinson | Head of Service for Children & Young People (Mersey Care) |
| JB – Joanne Bowden | Principal Educational Psychologist (LCC) | Alison O’Connor | Service Manager – Children’s Social Care (LCC) | CR – Carol Roche | Commissioning Manager (LCC) |
| JC - Jayne Cook | Advanced Public Health Practitioner (LCC) | AK – Andy Kerr | Programme Manager, Adult Mental Health | CB – Carlene Baines | Designated Nurse for LAC (Mersey Care) |
| AE – Antoinette Egan | Programme Manager – Learning Disabilities | AS – Avril Swan | Programme Manager, Children & Maternity (CCG) | LC – Lisa Cooper | Director of Community Division (Alder Hey) |
| HP – Hazel Paterson | Service Manager – Early Help (LCC) | ML – Maria Laurence | Liverpool Parent/Carers Forum | SS – Sarah Sinclair | Commissioner: SEND (LCC) |
| CJ – Carol Jones | Children’s Operation Lead Mersey Care | Kerry Lloyd | Deputy Director of Quality, Outcomes and Improvement | | |

Appendix A

Terms of Reference of the Liverpool Health and Wellbeing Board

Introduction

The Health and Social Care Act 2012 states that every upper-tier and unitary local authority in England has a statutory duty to establish a Health and Wellbeing Board for its area, and these boards be treated as if they were a committee appointed under Section 102 of the Local Government Act 1972.

Vision

The Health and Wellbeing Board will improve the outcomes of the citizens of Liverpool through partnership and integrated commissioning.

Accountability

The Health and Wellbeing Board shall be accountable to the City Council.

Functions of the Board

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs);
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services;
- A power to encourage close working between commissioners of health-related services and the board itself;
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services;
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities;
- To formally approve the submission of, and provide oversight and monitoring of the Better Care Fund.

Underlying Principles of the Board

A number of principles underlie the creation of health and wellbeing boards. These include:

- Shared leadership of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations;
- A commitment to driving real action and change to improve services and outcomes;
- Parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities;
- shared ownership of the board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves;
- openness and transparency in the way that the board carries out its work;
- inclusiveness in the way it engages with patients, service users and the public.

Aims

The primary aims of the Board are to promote integration and partnership working between the Local Authority, the NHS and other local services, and improve the local democratic accountability of health.

The Board will achieve this by –

- Promoting the reduction in health inequalities across the City through the commissioning decisions of member organisations and building up strong and effective partnerships;
- Reporting on progress of reducing health inequalities, delivered through commissioning and delivery of services by LCC and the NHS;
- Having the responsibility for delivering the Joint Strategic Needs Assessment for Liverpool;
- Delivering and implementing the Joint Health and Wellbeing Strategy for Liverpool;
- Promoting service integration through effective joint commissioning arrangements and pooled budget arrangements.

Membership of the Board

The initial Membership of the Board was appointed at the City Council meeting held on 16th January 2013 and since then additional members and advisory members have been appointed.

The Health and Social Care Act 2012 (Part 5, Chapter 2, Section 194 (8)) states –

“The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.”

The Membership for 2018-19 is as follows -

| Appointed Position | Current Holder |
|-------------------------------------------------|------------------------|
| Mayor of Liverpool (Chair) | Mayor Joe Anderson OBE |
| Deputy Mayor of Liverpool (Deputy Chair) | Councillor Wendy Simon |
| | |
| Cabinet Member for Social Care and Adult Health | Councillor Paul Brant |
| Cabinet Member for Housing | Lynnie Hinnigan |

| | |
|--------------------------------------------------------------------|--------------------------------|
| Mayoral Lead for Fairness and Tackling Poverty / Assistant Mayor | Councillor Jane Corbett |
| Opposition Member | Councillor Richard Kemp CBE |
| | |
| Representative of Liverpool Clinical Commissioning Group(1) | Jan Ledward |
| Representative of Liverpool Clinical Commissioning Group(2) | |
| Representative of Liverpool Clinical Commissioning Group(3) | Mark Bakewell |
| | |
| Director of Adult Services & Health for Local Authority | Martin Farron |
| Director of Children & Young People's Services for Local Authority | Steve Reddy |
| Director of Public Health for Local Authority | Dr Sandra Davies |
| Director of Regeneration & Employment for Local Authority | Nick Kavanagh |
| Director of Community Services for Local Authority | Ron Odunaiya |
| Director of Finance & Resources for Local Authority | Vacancy |
| | |
| Representative of Liverpool Healthwatch | Lynn Collins |
| Representative of NHS England | Phil Wadeson |
| Advisory Members | |
| Independent Advisor | Gideon Ben-Tovim OBE |
| Merseyside Police and Crime Commissioner | Rt Hon Jane Kennedy |
| Merseyside Police | Chief Supt Mark Wiggins |
| Academic Advisor | Prof Peter Kinderman |
| Housing Advisor | Angela Forshaw |
| Merseyside Fire and Rescue Services | DCFO Phil Garrigan |
| Public Health England | Dr Sam Ghebrehewet |
| Community and Voluntary Sector | Colin Heaney |

Further Membership

The Health and Social Care Act 2012 (Part 5, Chapter 2, Section 194 (8)) states –
 “The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.”

Standing Orders of the Board

1. Establishment of Committees and Other Bodies

The Board may establish Sub Committees to carry out the work of the Board and may refer to those bodies such matters as are considered appropriate. Such Committees will operate under Section 102 (2) of the 1972 Local Government Act.

2. Chairing of Meetings

The Chair of the Health and Wellbeing Board will be the Mayor of Liverpool, with the Deputy Mayor of Liverpool being Deputy Chair.

3. Meeting Facilitation and Frequency

Meetings of the Board are open to the public, and held in publicly accessible venues. There will be a minimum of six meetings of the Board each municipal year. The public may be excluded from meetings whenever it is likely in the nature of the proceedings that exempt information would be disclosed.

4. Agendas

The meetings and agendas of the Board will comply with the Local Government Access to Information rules. Meetings will be summoned with agendas published at least five clear working days before the date of the meetings by electronic notice of the agenda or hard copy. The agenda summons will give the date, time and place of the meeting and specify the business to be transacted, and will be accompanied by such reports as are available.

5. Urgent Items

If the Mayor (Chair of the Board) decides that an item of business not included in the agenda for the meeting sent with the summons may be taken for reasons of urgency (which must be specified), that item shall be taken at the end of the other items of business.

6. Quorum

The minimum number of voting members to form a quorum for each meeting of the Board is four, to include a minimum of one elected Member (Councillor or Mayor) and one Clinical Commissioning Group Member.

7. Voting

The Board will aim for decisions and recommendations will be reached on a consensus basis.

In exceptional circumstances and where decisions cannot be reached by a consensus of opinion, voting will take place and decisions will be agreed by a simple majority by means of a vote of all members with voting rights present. The Chair will exercise a casting vote in cases where there is an equality of votes.

8. Code of Conduct for Board Members

All Members of the Board are required to sign up to the Liverpool City Council Code of Conduct 2012.

9. Conflicts of Interest

In accordance with the Code of Conduct, members will need to complete a notification of disclosable pecuniary interests form, and declare any relevant interests at the meetings of the Board.

10. Public Questions

Questions to the Board by a Member of the Public or partner organisation not represented on the Board may only be asked if submitted in writing, either in advance to the Committee Clerk whose contact will appear on the agenda summons for the meeting, or by completing a question card at the meeting.

11. Audio or Visual Record of Proceedings

The use of social media and filming for reporting proceedings is permitted during the duration of public Committee meetings.

Any person wishing to film proceedings or use social media will be required to ensure that this causes no disruption to the running of the meeting and that devices remain on silent for the duration of the meeting.

This does not extend to the filming of members of the public, and filming an individual without their express permission might be an infringement of an individual's human rights. Anyone wishing to film the proceedings is also particularly directed to the very sensitive issue of filming children without the express permission of their parents.

DRAFT

SEND Strategic Partnership Board

Terms of Reference

1. Purpose

The purpose of the SEND Strategic Partnership Board is to:

- Improve outcomes for children and young people with SEND;
- Embed a culture of ambition, resilience and accountability through strong governance and leadership
- Promote a strong culture of inclusion that is underpinned by a clear graduated approach & inclusive offer;
- Oversee the development of systems and processes which are child and parent centred and responsive to need;
- Oversee the development of a strong joint commissioning approach that results in joint service planning and integrated services that are personalised and contribute to improved outcomes;
- Ensure children and young people's needs are met through the effective delivery of EHC process and plans.

2. Role

The role of the board is to:

- Ensure the Written Statement of Action (WSOA) is implemented in an effective, transparent and timely manner;
- Manage the delivery of the wider work programme for SEND;
- Ensure meaningful engagement with children, young people and their families is embedded in the culture of SEND services;
- Ensure engagement and co-production with other relevant stakeholders and partners;
- Ensure the quality of provision and services;
- Engage with relevant departmental and statutory bodies, such as the Department of Education, Department of Health and the National Health Service.

3. Decision Making and Delegation

The Director for Children’s Services along with the Director of Quality Outcomes and Improvement (Chief Nurse) are accountable for the SEND Partnership Programme and are responsible for reporting to the respective governance groups:

- Health & Well-being Board
- Education & Children’s Select Committee
- Clinical Commissioning Group Governing Body

The Partnership Board will be accountable for delivery of the Written Statement of Action. It will provide leadership and strategic direction for the agreed themes, ensure that timely progress is made against agreed plans and will sign off progress against key performance indicators.

4. Membership

| Membership Category | Name of Representative |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accountable Officers | Steve Reddy – Director of Children’s Services, LCC Jane Lunt - Director of Quality, Outcomes and Improvement (Chief Nurse), LCCG |
| Responsible Officers | Suzanne Metcalfe – Assistant Director, Children’s Services – Early Help, LCC Heather Duggan – Chief Education Officer, LCC Liz Johnson – Lead Commissioner, Children and Maternity, LCCG Kerry Lloyd Deputy Director of Quality, Outcomes and Improvement (Deputy Chief Nurse), LCCG |
| Education Representatives | Paul Anderson – Primary |
| | Mark O’Hagan – Secondary |
| | Michelle Beard – Special |
| Parents/Carers | Donna Phipps & Marie Laurence - Liverpool Parent and Carer Forum (Livpac) Clare Stevens - Healthwatch |
| Councillor Representative | Barbara Murray – Cabinet Member, LCC |
| Commissioners | Gail Porter – Programme Director, Families Programme, LCC Note: Liz Johnson – Lead Commissioner, LCCG (as above) |
| Children’s Social Care | Fiona Waddington – Assistant Director, Children’s Social Care, LCC |
| LCC Adult Social Care | Adrian Everton - Divisional Manager Mental Health and Transitions, LCC |
| Public Health | Martin Smith - Consultant in Public Health, LCC |
| Designated Clinical Officer | Emma Powell – Designated Clinical Officer for SEND |
| Merseycare | Trish Mattinson - Head of Service for Children & Young People, Mersey Care |

| | |
|-----------|---------------------------------------------------------------------|
| Alder Hey | Lisa Cooper – Director of Community & Mental Health Division |
|-----------|---------------------------------------------------------------------|

5. Frequency of Meetings

The Board will meet on a monthly basis, moving to bi-monthly from Sept 2018 onwards

6. Substitution of Meetings

Deputies will attend on the occasion the a member from the group cannot attend however substitutes will be the exception rather than the norm

7. Attendance by Non-Members

Invitations may be extended to non-members, where their input or advice supports the discussion taking place at the meeting

8. Declaration of Interest and Confidentiality

Board members should declare any items under discussion which are of direct personal or professional interest.

At times the Board will consider sensitive and/or confidential items, which shall remain so until agreed otherwise.

Appendix C

SEND Partnership Performance Improvement Steering Group Term of Reference

1. Purpose

The primary purpose of this group is to ensure:

- that the key actions and milestones set out in the Written Statement of Action (WSoA) are fully implemented;
- there is clear accountability for the delivery of each action/milestone;
- there is evidence of demonstrable progress;
- there is a robust evidence base demonstrating impact;
- the evidence base is informed by young people, their parents/carers

Representation from the group will report to the SEND Partnership Board, which in turn reports to the Health & Wellbeing Board.

2. Role/Responsibility

The role of the group is to:

- ensure collective and **accountable leadership** for the implementation of the WSoA
- ensure a shared **commitment** and **effective joint working** to deliver demonstrable improvement against both the 'areas for development' and 'significant' weakness
- to develop a **shared learning** approach to inform revisions to the WSoA
- maintain a risk register
- to **escalate** areas/issues of concern to the SEND Partnership Board.

3. Membership

| Name | Role/ Organisation |
|------------------|-------------------------------------------------------------------------|
| Kerry Lloyd | Deputy Director of Quality, Outcomes and Improvement (CCG) CHAIR |
| Liz Johnson | Lead Commissioner : Maternity & Children's Services (CCG) |
| Gail Porter | Director – Families Programme (LCC) |
| Emma Powell | Designated Clinical Officer (Merseycare) |
| Suzanne Metcalfe | Assistant Director – Early Help (LCC) |
| Linda Coady | Education Systems & Performance Manager (LCC) |
| Kate Hodgkiss | Senior Intelligence Analyst (CCG) |
| John Holt | SEND Service Manager (LCC) |
| Karen Gleave | SEND Service Manager (LCC) |
| Kerry Taylor | Public Health Programme Manager (LCC) |
| Heather Duggan | Chief Education Officer (LCC) |
| Donna Phipps | Liverpool Parent Carers Forum |
| Lisa Cooper | Clinical Director - Community Division (Alder Hey) |
| Trish Mattinson | Head of Children's Services (Mersey Care) |
| Nicky Urding | Children's Social Care – Service Manager |
| Adrian Everton | Adult Services – Divisional Manager |

4. Meeting Arrangements

- The Performance Improvement Group will meet at monthly intervals.
- The Chairperson will be responsible for agreeing meeting dates and the agenda.
- Papers will be circulated in advance of each meeting.
- Non - members will be invited by the Chairperson to attend a meeting if this is considered appropriate.
- Every effort will be made by group members to attend meetings.
- Deputies will attend on the occasion the a member from the group cannot attend however substitutes will be the exception rather than the norm.
- Secretariat support with be organised by the Chairperson
- The Terms of Reference will be reviewed in January 2020

Appendix D

EHCP Quality Assurance Group

Terms of Reference

1. Purpose

In order to secure the best possible outcomes for children and young people across education, health and social care, and to prepare them for adulthood, as they grow older, the primary purpose of this group is to:

- Improve joint working arrangement in relation to EHC Assessment
- Improve the timeliness of the EHC assessment process & EHCPs
- Improve the quality, consistency & person centred approaches across the EHC assessment & process
- Strengthen the review processes and improve the timeliness of amendments to plans

Representation from the group will report to the SEND Performance Improvement Group which in turn reports to the SEND Partnership Board.

2. Role/Responsibility

The role of the group is to:

- ensure collective and **accountable leadership** to fulfil the primary purpose of the group
- ensure a shared **commitment** and **effective joint working** to deliver demonstrable improvement
- to develop a **shared learning** approach to drive improved EHC processes, timeliness & quality of plans
- to **escalate** areas/issues of concern to strategic leaders

3. Membership

| Name | Job Title | Nominated Deputy |
|-----------------------|------------------------------------------|-----------------------------------------------------------------|
| Suzanne Metcalfe (SM) | Assistant Director | Heather Duggan |
| John Holt (JH) | Service Manager (SEND) | Alistair Youdan |
| Karen Gleave (KG) | Service Manager (SEND) | Chris Lee |
| Donna Phipps (DP) | Parent Carers Forum | Maria Williams |
| Emma Powell (EP) | Designated Clinical Officer | Liz Johnson |
| Joanne Bowden (JB) | Principle Educational Psychologists | Alice Tilley |
| Nicky Urding (NU) | Service Manager – Children’s Social Care | Angela Farron or other team manager (Safeguarding) |
| Alison O’Connor (AO) | Service Manager – Children’s Social Care | Dave Griffith or other team manager (Permanence & Leaving Care) |
| Wendy Moss (WM) | Workforce Development | Jude Moizer |

4. Meeting Arrangements

- The EHCP Quality Assurance Group will meet at monthly intervals.
- The Chairperson will be responsible for agreeing meeting dates and the agenda.
- The Group will meet every four weeks for 2 hours. (Calendar dates have been issued)
- Papers will be circulated in advance of each meeting.
- Non - members will be invited by the Chairperson to attend a meeting if this is considered appropriate.
- Every effort will be made by group members to attend meetings. Deputies must attend on the occasion the a member from the group cannot attend however substitutes will be the exception rather than the norm.
- Secretariat support with be organised by the Chairperson
- The Terms of Reference will be reviewed in November 2020

Appendix E

SEND commissioning Task and Finish Group

Terms of Reference

Rationale:

To bring focus and pace to the delivery of the response to the recommendation related to joint commissioning outlined in the SEND Inspection feedback, namely:

“Joint commissioning arrangements are underdeveloped across the 0 to 25 age range for children and young people with SEND. Arrangements are not underpinned by a thorough understanding of the needs of this population”.

To align developments to the core elements around joint commissioning in the SEND Code of Practice, namely joint assessment, joint planning, joint delivery and joint review.

Purpose:

- a) To direct the delivery of the elements of the SEND inspection action plan related to joint commissioning:

Our goal is to develop a commissioning framework that complies with the Code of Practice including:

- Refreshed JSNA
 - Robust Needs Analysis which includes child, parent/carer input
 - Identified Priorities and key shared outcomes and where appropriate, targets
 - Revised Joint Commissioning strategy
 - Commissioning plan to underpin the local offer
 - Confirm governance for the future development of commissioning arrangements including alignment with the wider joint commissioning with health.
- b) To provide regular updates to the SEND Partnership Board on delivery of the above actions
- c) To ensure all developments are in line with local, regional and national policy (SEND Code of Practice) and guidance.

Schedule and Administration of Meetings:

- Meetings will be planned fortnightly
- Administration of meetings will be through the local authority
- If a member is unable to attend a meeting apologies should be directed through the individual administering the board prior to the meeting.

- An agenda and any relevant documentation will be distributed to all members before the meeting
- Brief discussion notes and actions will be circulated after each meeting.

Accountability:

The T&F group will be accountable to the SEND Performance Improvement Steering Group

Membership:

- Donna Phipps - LivPac
- Maria Lawrence - LivPac
- Liz Johnson – SEND Commissioner (CCG)
- Alison Williams – Children’s Commissioner (CCG)
- Karen Gleave – SEND Service Manager (local authority)
- John Holt – SEND Service Manager (local authority)
- Sarah Sinclair – SEND Commissioner (local authority)
- Carol Roche – Children’s Commissioner (local authority)
- Gail Porter – Programme Director (chair)
- Martin Smith/Jayne Cook – Public Health
- Brian Monk/Joanne Stanton-Green – Adult Services
- Colette Denbigh – LPHA representative
- Paul Cronin/Ania Hildrey/Mark Christian – ALSSH representative
- James McDonald – LASSH representative