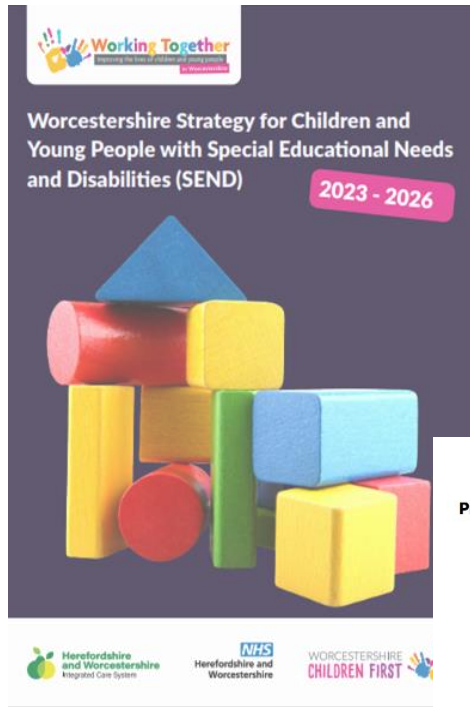


Worcestershire SEND Local Area Partnership Areas for Improvement Plan – September 2024
Co-production with parent carers is planned for Autumn 2024 and this plan will then be updated



Worcestershire SEND Local Area Partnership Improvement Programme – Children and Young People with Special Educational Needs and Disabilities (SEND)

Priority Action Plan - September 2024



Worcestershire SEND Local Area Partnership Improvement Programme – Children and Young People with Special Educational Needs and Disabilities (SEND)

Improvement Plan

September 2024

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Foreword

In April 2024 a [local area inspection](#) took place by Ofsted and the Care Quality Commission (CQC) into the effectiveness of Worcestershire's arrangements for children and young people with special education needs and disabilities (SEND). The local area partnership comprises of an array of partners, services and stakeholders. This includes but is not limited to NHS Herefordshire and Worcestershire Integrated Care Board, NHS Herefordshire and Worcestershire Health and Care Trust, Worcestershire Children First, Worcestershire County Council and Worcestershire Parent Carer Forum, Education Services, and Children and Young People.

The inspection identified two priority actions and three areas for improvement. In response the local area partnership has produced a priority action plan which details our response to the two priority actions. The purpose of this improvement plan is to detail how the partnership will address the three areas for improvement:

1. Leaders across the partnership should work at pace to implement the action plans that underpin the SEND strategy and seek to address the areas identified as priorities. This includes ensuring that:

- All services gather accurate data and use this to effectively identify where there are gaps in provision and commission appropriate services to address those gaps;
- Existing processes in place for tracking attendance are more rigorous in ensuring that no child or young person is missing education for prolonged periods of time;
- The time children and young people wait for a specialist place is reduced so that AP provision is available to those children and young people who need it.
- The planned increases in specialist places does not compromise the quality of existing places and enables valuable outreach to mainstream settings to continue.

2. Leaders across the partnership should work at pace to continue to improve the timeliness and quality of new EHC plans and the quality of existing plans. This includes:

- Ensuring that the number of new EHC plans issued within the statutory timeframe increases.
- Ensuring that new EHC plans accurately reflect the child or young persons' needs through appropriate contributions from all relevant professionals across education, health and care.
- Ensuring that the annual review process takes place within the appropriate timescales and amendments to plans include updated views from children and young people and their families.

3. Leaders across the partnership should continue to address the long waiting times for children and young people requesting support from CAMHS.


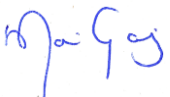
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The Worcestershire Local Area partnership is on an improvement journey. This inspection report recognised improvements have been made but we know there is still much more to be done. Alongside the creation of this improvement plan and the priority action plan, we have revised our SEND strategy and SEND strategy delivery plan and these documents should be read in conjunction with each other.

This improvement plan is a starting point. We will be hosting ongoing co-production workshops with children, young people and parent carers to better understand the changes they are seeking and what improvement looks and feels like to them. Feedback from parent carers has told us we need to consider the impact of trauma on children, young people and families. The partnership will work with Worcestershire Parent Carer Forum to better understand this and how trauma informed principles can be woven through all aspects of strategy and improvement work to include the improvement plan. This improvement plan will therefore be subject to ongoing development as we address the three identified areas for improvement. This is directly linked to our priority action to “develop genuine co-production with children and young people with SEND at a strategic level. Children and young people should feel they have fully participated in the process of developing services, improvement strategies and plans that meet their needs.” The Partnership will review and update the Improvement Plan on a quarterly basis.

To ensure delivery of our key priority actions are at pace, and evidence impact on the outcomes and experiences of children, young people and families with SEND, we will strengthen our governance, oversight and accountability across the partnership. Revised governance includes Health Youth Board, Worcestershire Youth Cabinet, children and young people’s groups and the parent carer forum participating in SEND and Alternative Provision (AP) Partnership Executive Board, to provide challenge to the board on progress against plan. **It also includes appointment of an Independent Chair for the SEND and AP Executive Board, where leaders and responsible officers will be held accountable for actions in the priority action plan and SEND strategy delivery and improvement plan.**

Please be aware that all references to children’s services are currently titled Worcestershire Children’s First (WCF). As of 1st October 2024, children’s services will reintegrate into the county council and will therefore be under the umbrella of Worcestershire County Council (WCC).

 <p>Adam Johnston Director of Children’s Services & Chief Executive Worcestershire Children First</p>	 <p>Mari Gay Managing Director NHS Herefordshire and Worcestershire</p>
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1. Leaders across the partnership should work at pace to implement the action plans that underpin the SEND strategy and seek to address the areas identified as priorities. This includes ensuring that:

1.1 all services gather accurate data and use this to effectively identify where there are gaps in provision and commission appropriate services to address those gaps;

What Ofsted and the CQC told us;

- The inspection report tells us: “Leaders have started to use data in a more forensic way to understand the changing needs of the children and young people with SEND. When used well, this data informs the commissioning of appropriate services to meet needs. So, for example, leaders have used their data to commission additional support for children and young people with social, emotional and mental health needs.”
- The inspection report tells us: “Use of data to monitor health provision is underdeveloped. For example, leaders do not have oversight of the length of time some children and young people wait to be assessed. Outcome measures are not collated at a pathway or service level, which means that leaders cannot assure themselves that provision is effective in meeting need.”

What have children and young people and parent carers told us;

- Parents tell us they wait too long for appointments

What impact will this plan have over the next 18 months?

- We will have improved oversight of demand on health services and capacity to meet need, identification of gaps in service provision to support commissioning decisions.
- We will have clarity of the waiting times across the CYP health service with provision of monthly data for each service area by time band and priority.
- We will develop a system to flag CYP with SEND waiting for assessment and diagnosed as part of overall health referrals.
- We will develop and commission a co-produced sustainable model of children’s community health provision.
- We will robustly review data on a weekly basis. It will be used to address timeliness of plans, and evidence areas of concern and identify and plan for specific issues at the earliest opportunity.

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1.2 existing processes in place for tracking attendance are more rigorous in ensuring that no child or young person is missing education for prolonged periods of time;

What Ofsted and the CQC told us;

- Ofsted inspectors feedback included that whilst they could see that we get robust and regular attendance from state funded schools this was not the case for Independent Schools where we are commissioning places for children with EHCPs and WCF scrutiny of attendance of children with EHCP's attending INMS is limited compared to other schools.
- The Ofsted report told us that some young people are “slipping through the cracks and receiving no education for prolonged periods of time” The systems for tracking need to identify these children more quickly.

What have children and young people and parent carers told us;

- Some parents have told us that when they are struggling to get the right support to help their child to attend regularly it takes too long to get help and the right support to improve attendance.

What impact will this plan have over the next 18 months?

- As a partnership we will improve our collaboration with independent schools, and they will be clear about what is expected of them in managing and supporting attendance. The knowledge and skills of independent schools to manage attendance will improve and this will help to target attendance and improve attendance rates.
- We have increased capacity to receive notifications of irregular attendance and so this will make a timelier response to understanding need and supporting schools.

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1.3 the time children and young people wait for a specialist place is reduced so that AP provision is available to those children and young people who need it; and

1.4 1.4 the planned increases in specialist places does not compromise the quality of existing places and enables valuable outreach to mainstream settings to continue.

What Ofsted and the CQC told us;

1.3 While awaiting a specialist setting some children and young people attend interim Alternative Provision or are educated at home or at other settings including tutoring.

1.4 Additional specialist places have been created, including mainstream autism bases/places. The increase in places at existing specialist settings affect their capacity to provide valuable outreach to support mainstream schools. Although there is a strategy in place to address this, some of the future additional places planned are still some years from being realised.

1.4 Some special schools told Ofsted that the increase in places in their schools affects their capacity to provide valuable outreach support to mainstream schools.

What have children and young people and parent carers told us;

- Some parents and carers feel they have no option other than to electively home educate their child.
- Some parents tell us that they want their children with complex needs to attend their mainstream school
- Some parents tell us they are not confident in the skills and resources of mainstream schools to support their children.

What impact will this plan have over the next 18 months?

- We will see a further increase in provision linked either to specialist settings, alternative provision and mainstream schools. We will use the opportunity of the SEND and Alternative Provision Change Programme testing and development projects to improve the right support at the right time, develop relationships between schools and inform commissioning and sufficiency planning.
- We will have developed the AP outreach model as required by the SEND and AP Change Programme - this will be supporting more children in mainstream schools and making more effective use of AP schools
- We will be able to communicate the impact of outreach from special schools and describe partnership arrangements.

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What are we going to do?	Who will be involved?	Who will be responsible /accountable.	Partnership impact measures	Timescales	How will PC/CYP know it has changed/What will it look like or feel like?			Improve ment area linked to
					3 months	6 months	12 months	
<p>Health services will robustly collect data to support system understanding of need.</p> <p>We will:</p> <ul style="list-style-type: none"> • Articulate current position in relation to data reporting • Identify gaps in data reporting and agree future reporting intentions as a system • Enhance available health data sets to reflect performance and qualitative measures including feedback on experiences – build into new Electronic Patient Record systems 	<p>ICB and HWHCT Business Intelligence team</p> <p>HWHCT and WCF complaints managers</p>	<p>Jade Brooks, Director of Operations & Delivery - System Programmes, HWICB</p> <p>Matthew Hall Chief Operating Officer, Herefordshire and Worcestershire Health and Care NHS Trust, H&WHCT</p>	<p>Shared system understanding of health service position</p>	<p>Actions have commenced</p>	<p>The system will understand the current position in relation to health data reporting.</p> <p>Gaps in data reporting will be identified and future reporting intentions as a system agreed.</p> <p>Established escalation process will be in place for absence of data and risk to performance.</p>	<p>Review Data - reporting will have been reviewed to better understand population health needs</p> <p>Monitoring of escalation process reports into Partnership committee.</p>	<p>Enhanced health data sets will be available to reflect performance and qualitative measures including feedback on experiences which will be built into new EPR systems.</p>	<p>1.1</p>

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<ul style="list-style-type: none"> Agree escalation process when complaints are received regularly about an identified need, but data is not routinely collected to support system understanding 								
Provide all health professionals with a centralised source of information on how to highlight and support children and young people who are struggling to attend their education setting	WCF DCO & SEND manager HW ICB Health providers	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	Improved understanding of professionals as to where they can access support for attendance challenges	Autumn term 2024/25	Communication plan to be in place to cascade to health professionals	Improved knowledge of health professionals will increase escalation of appropriate cases to LA	Review impact of health professionals use of attendance support mechanisms	1.2
WCF and ICB will robustly review data on a weekly basis. It will be used to address timeliness of plans, and evidence areas of concern and identify and plan for specific issues at the earliest opportunity.	WCF Business Intelligence DCO and AAD director of service	Daniela Carson, Director AAD	Earlier completion of EHCPs following efficient understanding of areas of delay to plan mitigations.	Within 12 months 70-80% of EHCPs will be finalised within the 20 week statutory timescale	Understand baseline at September 2024. Develop risk assessment, gaps and mitigations framework.	60% of EHCPs will be finalised within the 20 week statutory timescale	70-80% of EHCPs will be finalised within the 20 week statutory timescale	1.1

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			Decrease in the number of EHCPs issued with missing advice.					
<p>Working together to improve school attendance Statutory guidance for maintained schools, academies, independent schools and local authorities applies from 19th August 2024.Working together to improve school attendance (applies from 19 August 2024) (publishing.service.gov.uk)</p> <p>In line with this guidance, we will communicate and take action to ensure all independent schools that the partnership commission to deliver</p>	<p>WCF — commissioning, business system support and Education Engagement Team</p> <p>Independent Schools commissioned to provide education for children with EHCP’s</p>	<p>Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning</p>	<p>Attendance rates improving</p> <p>Schools increase in confidence and knowledge</p>	<p>Actions have commenced and will be completed for set up over Autumn Term 2024/25</p>	<p>Improved attendance return from all Independent Special Schools, following up any gaps/issues (supported through training and approached as a safeguarding issue).</p> <p>Adapted existing system to include monitoring of Independent Special Schools attendance data returns,</p>	<p>Full attendance return from all Independent Special Schools, following up any gaps/issues (supported through training and approached as a safeguarding issue).</p> <p>Robust engagement with Worcestershire PCF regarding attendance</p>	<p>All schools will have received Targeting Support Meetings, to strategically review whole school's approach to attendance and discuss strategies for persistent and severely absent pupils.</p> <p>All independent schools that the partnership commission to deliver</p>	<p>1.1 1.2 2.2</p>

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<p>placements for children with EHCP's, have robust systems and processes in place for ensuring children do not miss education unnecessarily. This will include:</p> <ul style="list-style-type: none"> · Contract updates · Data system changes · Single point of contact for schools · Training needs analysis · Targeted Support meetings 					<p>including ensuring that SEND Colleagues can access/are provided with updates.</p> <p>Robust scrutiny of attendance data to provide a strategic overview, identifying and responding to trends to improve attendance.</p> <p>Targeting Support Meetings in place for all schools, including Independent Special Schools, to strategically review whole</p>	<p>guidance and its application in Worcestershire schools.</p>	<p>placements for children with EHCP's have robust systems and processes in place for ensuring children do not miss education unnecessarily</p>	

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					<p>school's approach to attendance and discuss strategies for persistent and severely absent pupils.</p> <p>Local Penalty Notice Code of Conduct updated in line with national review and agreed by Council Leader & CMR.</p> <p>Attendance Forum (23/09/24) to update all schools & settings on Working Together to Improve School Attendance, including</p>			

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What are we going to do?	Who will be involved?	Who will be responsible /accountable.	Partnership impact measures	Timescales	How will PC/CYP know it has changed/What will it look like or feel like?			Improve area linked to
					sharing of good practice.			
WCF increase in workforce capacity to Education Engagement: Absence and Monitoring Team to receive and action absence notifications within appropriate timescales. <ul style="list-style-type: none"> · Management of information · Management oversight of SEND actions 	WCF — Education Engagement Team and SEND Service	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	Reduce time from notification to partnership action	Action has commenced Monitor impact 2024/25	Confirmation after 3 months that all notifications have been issued and are on track to continue.	Live data system to be established to enable timely partnership response.		1.1 1.2 2.2

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WCF will use attendance data from special schools to agree priority actions for targeted support where attendance levels are not within expected ranges.	WCF and special schools/Trusts Health providers	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	Improve attendance levels for children	Action will start autumn term 2024/25	Live data system to be established to enable timely partnership response.			1.1 1.2 2.2
We will increase the availability of places for children with social, emotional and mental health needs as the primary need for specialist education. · Specialist provision · Specialist resource or base linked to mainstream This is the greatest needs for provision	WCF Special Schools Mainstream Schools HWICB	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	Increase in provision. Reduction in children without a placement waiting for provision. Reduction in waiting times of children at a provision and waiting for specialist provision.	Increases from Sept 2024	To be developed in line with educational sufficiency and growth approach. Begin to coproduce a provision specification to meet needs. Begin to identify potential	Feasibility studies commissioned / underway at education provisions. Local Authority commissioning intentions made clear.	Statutory processes underway / completed by proposers of new provision. Implementati on of new provision being planned.	1.3

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for children in Worcestershire.					education providers for delivery.			
<p>We will increase the availability of Early Years and Key Stage 1 Provision:</p> <ul style="list-style-type: none"> · Specialist provision · Specials resource or base linked to mainstream 	WCF Special Schools Mainstream Schools	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	<p>Increase in provision</p> <p>Reduction in children without a placement waiting for provision.</p> <p>Reduction in waiting times of children at a provision and waiting for specialist provision</p>	Increases from Sept 2024.	<p>To be developed in line with educational sufficiency and growth approach.</p> <p>New provision at Honeywell Primary School opens Sept 2024 – providing between 3 – 6 places initially.</p> <p>Feasibility studies commissioned / underway at education provisions.</p> <p>Local Authority commissioning</p>	Statutory processes underway / completed by proposers of new provision.	Following review, potential to expand provision at Honeywell to 10 places. Implementation of new provision being planned.	1.3

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					intentions made clear.			
We will identify young people and their schools to engage in the review of post 16 opportunities and utilise this information to better understand any impact on the provision and capacity for statutory school age places.	WCF Special Schools Mainstream Schools AP schools Independent Sector FE sector	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	Increase in provision Reduction in children without a placement waiting for provision. Reduction in waiting times of children at a provision and waiting for specialist provision	Increases from Sept 2024.	To be developed in line with educational sufficiency and growth approach. Establish baseline of number of children waiting and waiting times for a placement.	Measure reduction in waiting times and number of children waiting for a placement.	Measure reduction in waiting times and number of children waiting for a placement.	1.3 1.1

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WCF will survey the nine-state funded special schools in Worcestershire to understand what the issues, impact and opportunities at each school.	WCF Special Schools Mainstream Schools	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	To be able to qualify the actions needed and the impact this will have for children and schools.	Autumn term 2024/25	Survey to be completed with special schools to identify issues, impact and opportunities.			1.4 1.1
WCF will review impact data and outcomes of existing outreach provision from special schools to inform commissioning reviews and intentions.	WCF Special Schools Mainstream Schools	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	To be able to qualify the actions needed and the impact this will have for children and schools.	Autumn term 2024/25	Review and analysis of impact data and outcomes to be completed.	Commissioning approach to be determined by 6 months.		1.4
Communicate clearly across the partnership what outreach from specialist provision to mainstream is available.	WCF Special Schools Using the Local Offer	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	Schools and settings are consistently able to understand what support is available for them to access. Partnerships develop.	Autumn term 2024/25	Achieved within 3 months, including an update of the Local Offer.			1.4

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We will ensure that the outreach developments from AP schools supported and being tested via the DfE SEND and AP Change Programme across Worcestershire is communicated across the system partnership, and we avoid duplication and promote value as appropriate.	WCF AP Schools Special Schools Mainstream Schools	Sarah Wilkins, Director for Education, Early Years, Inclusion and Education Place Planning	Schools and settings are consistently able to understand what support is available for them to access. Partnerships develop.	2024/25	Update on local offer every 3 months	Update on local offer every 3 months	Update on local offer every 3 months	1.4

2. Leaders across the partnership should work at pace to continue to improve the timeliness and quality of new EHC plans and the quality of existing plans. This includes:

2.1 ensuring that the number of new EHC plans issued within the statutory timeframe increases;

2.2 ensuring that new EHC plans accurately reflect the child or young persons' needs through appropriate contributions from all relevant professionals across education, health and care; and

2.3 ensuring that the annual review process takes place within the appropriate timescales and amendments to plans include updated views from children and young people and their families.

What Ofsted and the CQC told us;

- The longstanding issue around the timeliness of EHC plans remains an area for improvement. While there has been a recent increase in the number of plans being issued within the statutory timeframe, too many children and young people receive their final plan outside of this timescale.
- Quality assurance processes to date have not been effective in improving the quality of EHC plans. This has, in part, been down to instability in staffing. Area SEND inspection report: Worcestershire Local Area Partnership, 22 to 26 April 2024 6 recent improvements in the accuracy of some of the newest plans, which reflects both the impact of training and a more stable workforce. However, too many existing EHC plans do not give a full and accurate picture of the child or young persons' needs. This is often due to the absence of appropriate input from health and social care.
- EHC plan reviews do not always take place on time, and, when they do, plans are not always amended in response to them. Consequently, information, including children's and parents' views, is not up to date. Some children and young people's plans have not had their views updated for several years. Planning for many children is not driven by the EHC plan review process but by the work of the settings, family, social workers and multi-disciplinary team meetings.

What have children and young people and parent carers told us;

- We need to get co-production right in an EHCP or review. If we can't get right at this level, how can we strategically? CYP and parent carers are not co-producing their own EHCPs or care plans.

What impact will this plan have over the next 18 months?

- Health advice for EHCNA will be provided within statutory timeframes
- More re-issued EHCPs will contain accurate and relevant health information

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					3 months	6 months	12 months	
<p>Increase the capacity and efficiency within the SEND service by three Case work Officers.</p> <p>Increase the capacity within the case work officer function.</p> <p>Review and streamline the SEND service functions to ensure most efficient use of resources.</p>	<p>Daniela Carson Director AAD</p> <p>Charlotte Krivosic and Lucy Hall Group Managers SEND</p> <p>SEND Quality Assurance Officer</p> <p>SEND service</p>	<p>Daniela Carson Director AAD</p>	<p>A month-on-month reduction in the length of time taken to finalise EHCPs.</p> <p>The statutory process will be more streamlined, staff will feel motivated, and empowered with greater self-effectuation as a result.</p> <p>The quality assurance programme will evidence an improved quality of plans as</p>	<p>Recruitment will take place imminently. With the aim to have three new caseworkers in posts within three months.</p> <p>A new model of working will be in place by December 2024.</p>	<p>Three new caseworkers in post in first three months</p> <p>Establish baseline for EHCP completion.</p> <p>Comprehensive dip sampling across the age ranges to establish baseline.</p>	<p>60% of EHCPs will be finalised within the 20-week statutory timescale</p> <p>Partnership dip sampling quality assurance audit to evidence an increase in those judged to be good or outstanding and a decrease in those judged to be inadequate or RI.</p>	<p>70-80% of EHCPs will be finalised within the 20-week statutory timescale</p>	<p>2.1</p>

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			casework officers will have greater capacity to formulate and draft EHCPs.					
WCF will undertake a comprehensive review of the use of the data system and the processes in place. We will identify where and how this can support more effective and efficient service delivery	Daniela Carson Director AAD Charlotte Krivosic and Lucy Hall Group Managers SEND Business Intelligence Team	Lucy Hall Group Manager And Daniela Carson Director AAD	Data system will provide more intuitive data to inform service development areas. EHCPs will be formulated using the most up to date information with advice being populated.	Monthly review meetings will inform the work identified and progress against these.	Commencement of data quality assurance activity. Outcomes shared across the partnership to establish the baseline.	Increased number of cases rated as good or outstanding via QA audits.	70-80% of EHCPs will be finalised within the 20-week statutory timescale. Co-design a survey with Healthwatch for parent carers around the quality and timeliness of EHCPs. Parent carers and children and young people will report that the information within EHCP is up to date and	2.1

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							reflective of current needs.	
<p>The partnership will formulate clear guidance for each agency to follow when submitting advice and annual review paperwork.</p> <p>The partnership will pro-actively challenge where advice and annual review commentary is not fit for purpose.</p> <p>WCF will lead in implementing partnership training to enhance the quality of plans</p>	<p>WCF SEND Services SENCOs DCO</p>	<p>Louisa Jones Group Manager</p> <p>Hannah Jeffery – Designated Clinical Officer</p> <p>Jill Hughes – Group Manager</p>	<p>Multi-agency audits will evidence EHC plans accurately reflect the child or young persons’ needs through their express views and appropriate contributions from all relevant professionals across education, health and care.</p>	<p>The multi-agency quality assurance programme will develop further to include the auditing of annual review paperwork – from October 2024.</p> <p>Expectations will be set out and circulated across the partnership by the end of October 2024.</p>	<p>Development of the multi-agency quality assurance process</p> <p>Roll out of partnership training programme</p>	<p>The quality of plans will improve - 60% of plans will be judged good or outstanding.</p> <p>Parents and carers will report through QA activity that the plan/annual review is reflective of the young person’s views and needs.</p>	<p>The quality of plans will improve – 70-80% of plans will be judged good or outstanding.</p> <p>Improvement in the number of parents and carers who report through QA activity that the plan/annual review is reflective of the young person’s views and needs.</p>	2.2

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<p>We will improve the timeliness of health advice for EHCNA to align with statutory timeframes</p> <p>We will:</p> <ul style="list-style-type: none"> - Record data on EHCNA health advice returns - Monitor the impact of additional funding to improve the timeliness of health advice 	<p>Health Leads: Louise Adams Hannah Jeffery Natalie Langdown HWHCT WCF EHCP coordinator CYP Parent carers</p>	<p>Maria Hardy, Children and Young People Lead, NHS Herefordshire and Worcestershire</p>	<p>Health providers able to provide validated data on EHCNA reports</p> <p>Increase in reports provided for EHCNA from health services within statutory timeframes</p> <p>Decrease in numbers of EHCP's issued with missing health advice</p>		<p>The system will understand current timeliness of EHCNA health advice returns</p>	<p>The system will understand the impact of additional funding to improve timeliness of health advice</p> <p>CYP will be offered increasingly timely assessment for their EHCNA</p>	<p>Parent carers and CYP tell us that waits for EHCNA health assessments are not delaying the issue of their EHCP</p>	<p align="center">2.1</p>
<p>We will review the pathway for accessing health service assessments for EHCNA where there may be an unmet health needs</p> <p>We will:</p> <ul style="list-style-type: none"> - Review processes for 	<p>Health Leads: Louise Adams, Hannah Jeffery Natalie Langdown WCF CYP Parent carers</p>	<p>Maria Hardy, Children and Young People Lead, NHS Herefordshire and Worcestershire</p>	<p>Families are satisfied with health service involvement in EHCNA</p> <p>Transparent processes and decision making are in place and monitored</p>		<p>Parent carers and CYP understand how the information provided for EHCNA is used to identify any potential unmet health needs and how they will be notified if a service will be offering an</p>		<p>Parent carers and CYP will tell us that they are being offered assessments within statutory timeframes if needs have been identified which</p>	<p align="center">2.2</p>

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<p>identifying potential unmet health needs</p> <ul style="list-style-type: none"> - Communicate processes to all stakeholders - Develop a partnership approach to how sensory needs are understood and captured in EHCP's 					<p>assessment as part of the EHCNA</p>		<p>require a new health service assessment</p>	
<p>Post 14 – year 9 annual review will include planning through to further education, children, young people and their parent carers will feel informed about their options and what their next steps may look like.</p>	<p>Louise Oland, Senior Educational Psychologist – Lead of DBV workstream 3, Post 16 transitions.</p> <p>Group Manager Social Care Lead Commissioner Adults Services WCF Commissioning Hub Manager</p>	<p>Daniela Carson Director AAD</p>	<p>The year 9 annual review will include planning beyond year 11 and is reflective of the views of the young person and their parent carers.</p>	<p>Development of year 9 toolkit to be piloted in the autumn term and reviewed spring 2025.</p>	<p>Newly developed year 9 toolkit to be piloted Autumn 2024 and reviewed by key settings, CYP and parent carers.</p>	<p>Review success of year 9 toolkit implementation at pilot settings. Consider changes required. Commence wider roll out</p> <p>Parents and carers will report through QA activity that the annual review is</p>	<p>Roll out of year 9 toolkit complete or all settings.</p> <p>Co-design a survey with Healthwatch for parent carers around the inclusion of planning beyond year 11 in the year 9</p>	<p>2.3</p>

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	Enterprise Coordinator- Worcestershire SEND Parent Carer Representative Inclusion support rep Further education representative Expert by experience					reflective of the young person's views and needs and includes planning beyond year 11.	annual review.	
Children and young people's views for EHCP to be a mandatory element of the annual review.	WCF SEND Services	Lucy Hall Group Manager, Charlotte Krivosic Group Manager And Daniela Carson Director AAD	New notification system to be embedded where WCF alert schools that annual reviews are due. Annual reviews will be undertaken on time, with the right people in attendance. Good quality conversation	Completion of process review within 3 months to include new notification system. Roll out of training within 3 months.	Review of KPI and QA/audit data. Improvement in capturing CYPs views in the annual review within 6 months.	Quality assurance measures show continuing improvement of how well annual review reflect the views from children, young people and their families.		2.3

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			will take place at the annual review which will lead to well informed and annotated annual reviews being submitted which clearly reflect the views from children, young people and their families.					
<p>We will review processes to improve health service input to annual reviews</p> <p>We will:</p> <ul style="list-style-type: none"> - Establish a central coordination point within the provider for schools to alert/ request support for Annual Review 	<p>Louise Adams Hannah Jeffery Parent carers CYP Natalie Langdown EHCP coordinator WCF Schools</p>	<p>Maria Hardy, Children and Young People Lead, NHS Herefordshire and Worcestershire</p>	<p>Improved communication routes</p> <p>Clear expectations for the system on when health service input will be offered.</p> <p>Improved communication and information sharing to</p>		<p>Schools will know where to contact to alert/ request support for Annual Review from health services</p>	<p>Stakeholders will be aware of the process to identify when updated advice is required for Annual Reviews and how this is communicated to CYP, families and schools</p> <p>Process will be in place to</p>	<p>Monitoring of processes implemented and audit of EHCP's will show improved quality and accuracy of information</p>	2.3

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<ul style="list-style-type: none"> - Develop process to identify when updated advice is required for an Annual Review - Develop process to update involved parties when a health service is no longer working with a CYP with an EHCP 			<p>ensure accurate EHCP's are reissued</p>			<p>update involved parties when a health service is no longer working with a CYP with an EHCP to inform EHCP updates</p>		
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3. Leaders across the partnership should continue to address the long waiting times for children and young people requesting support from CAMHS

<p>What Ofsted and the CQC told us;</p>
<ul style="list-style-type: none"> • All young people supported by child and adolescent mental health services (CAMHS) Area SEND inspection report: Worcestershire Local Area Partnership, 22 to 26 April 2024 5 have access to a youth worker at the start of their transition out of CAMHS or into adult mental health services. This innovative provision provides bespoke goal-based support for young people at a time and place suited to them. This empowers a young person to be clear about their next steps in managing their emotional and mental well-being as they transition into adulthood. • Children and young people are waiting too long for specialist mental health services (core CAMHS). However, while a child or young person waits, they receive contact from the team for advice, guidance and review to see if there is a change in their need. When children and young people have their

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mental health needs assessed and receive intervention, they receive thoughtful, evidence-based support, delivered by a highly skilled workforce. A plan is in place to mitigate risk and reduce waiting times.

What have children and young people and parent carers told us;

- Parents have told us they wait too long for CAMHS appointments
- Parents tell us when they have a child or young person with Autism that their CAMHS referral is rejected
- Youth Cabinet are working on creating one accessible location/resource containing info on how to access mental health services. Transformative to how young people find out how to access mental health services.

What impact will this plan have over the next 18 months?

- Children and young people will not have prolonged waits to access specialist mental health services
- A new Prevention and Early Intervention Mental Health Service will be embedded in the local system

What are we going to do?	Who will be involved?	Who will be responsible/accountable	Partnership impact measures	Timescales	How will PC/CYP know it has changed/What will it look like or feel like?			Improvement area this is linked to
					3 months	6 months	12 months	
<p>We will review the CAMHS service to ensure it is an effective service for CYP in Worcestershire, reducing waits for assessment and intervention</p> <p>We will:</p> <ul style="list-style-type: none"> - Ensure clinical pathways are evidence based - Ensure the workforce is sufficiently staffed by recruiting to all vacant posts and 	<p>Health Leads: Amy Smith Elaine Cook-Tippins CYP Parent carers</p>	<p>Richard Keble, Programme Director for Mental Health, Learning Disability and Autism, NHS Herefordshire and Worcestershire.</p>	<p>Decreased vacancy rate and turnover figures</p> <p>92% of CYP will receive intervention within 18 weeks</p> <p>Less CYP and families complain because of waiting times</p>	<p>Actions in progress</p>	<p>CYP will follow clinical pathways which are evidenced based</p> <p>CYP will experience continuity of care through stable staffing</p>	<p>CYP will be able to access a wider offer with more staff trained to deliver DBT and NVR interventions</p> <p>More staff will be in post, available and consistent</p>	<p>CYP will be clear on the service offer for all NHS commissioned CYP Mental Health services</p> <p>New staff will be developing therapeutic skills used in their daily practice</p>	3

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<p>focussing on staff retention</p> <ul style="list-style-type: none"> - Ensure staff are trained in therapeutic skills by utilising NHSE training offer to support new staff - Review CAMHS Single Point of Access (SPA) to ensure CYP receive the right intervention at the right time - Complete capacity and demand modelling - Review service specification 					<p>CYP will receive timely intervention and support</p>		<p>Capacity and demand modelling completed will inform the system of any gaps</p>	
<p>We will expand Early Intervention services for CYP age 0-25 to ensure they can access the right service at the right time in the right place</p> <p>We will:</p> <ul style="list-style-type: none"> - Continue the expansion of Mental Health Support Teams in Schools in line with national programme 	<p>Health Leads: Amy Smith Elaine Cook-Tippins CYP Parent carers</p>	<p>Richard Keble, Programme Director for Mental Health, Learning Disability and Autism, NHS Herefordshire and Worcestershire.</p>	<p>New services are in place ready to offer support from April 2025</p> <p>New offer is understood by stakeholders</p> <p>CYP are supported before needs escalate</p>		<p>Market engagement will take place for the new service</p>	<p>More CYP will be able to access Mental Health Support Teams in Schools and Colleges</p> <p>The system will be aware of the outcome from tender</p>	<p>CYP will be able to access new Prevention and Early Intervention Mental Health services</p>	<p align="center">3</p>

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- Procure new Prevention and Early Intervention Mental Health Services to implement 2025/26						processes for new service		
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