

Tameside Preparation WSOA Review Meeting 05.12.2022

**General update on governance, progress or areas of significant impact on the local area eg staffing**

**Overall Governance**

Governance is provided via the SEND Improvement Group. Membership and terms of reference are established.

Meetings monthly.

Numerous groups feed into this board, including SSSP

Inclusion Group

WSOA Tracker and GANT chart in place

**Health Governance**

Regular SEND Steering Groups.

Internal provider SEND monitoring meetings

All WSOA KPIs monitored and projected forwards – full data dashboard.

Gantt Progress chart in place aligned to WSOA deadlines

Action Log reviewed and updated

**Progress**

Priority Status @ 05/12/2022

Red 4= 4.2%

Amber 67=69.8%

Green 23=24%

Blue 2= 2%

**Total 96**

Previous Status @ 28/09/22

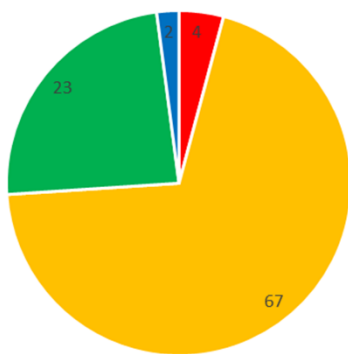
Red 5 = 5.2%

Amber 74= 77%

Green 16= 17%

Blue 1= 1.04%

**Total 96**



An increase in green and blue actions, indicates that progress is being made. Similarly, fewer amber actions, reflects that work is moving on across all priority areas. A slight increase in red areas, where one action (1.1.4) has become delayed, due to staffing capacity ( more detail below).

**Staffing**

The DSCO role has not yet been recruited to, which has created some delay in priority 6. This recruitment process remains underway. New lead identified for p 6 and progress has been made.

The project manager role has not yet been recruited to, which has the potential to create delays in several areas going forward, although has not, as yet. Mitigated by PM support from Stockport LA, which has allowed progress to continue on track. PM recruitment process well underway. Currently shortlisting for interview. New leads identified in P3,6 and 10 due to staff changes.

**Areas of Significant Impact on Local Area**

Continued growth of EHCP requests. Projections indicate that we will have received over 600 requests for statutory assessment this year, the highest ever received. Data indicates a negative impact on timeliness performance, due to processing 50-60 requests for SA per month. Capacity analysis and benchmark exercise commenced to explore solutions and mitigate impact, although insufficient feedback from other LAs to make a meaningful analysis.

Ongoing challenges in relation to NHS recruitment of psychologists and occupational therapists reflecting the national picture. Recruitment campaigns in place to resolve this.

<b>WSOA Actions/timescale check</b>		
<b>Are there any actions behind schedule?</b>		<b>Y</b>
<b>Action</b>	<b>Reason</b>	<b>Mitigation/remedial action</b>
1.1.4 Review the process for responding to statutory requests for advice from all services (health, CSC, schools, EPS) that includes improving EHCP administration processes.	Some delays due to capacity. Need to embed the process for training and liaison between send assessment team and social care team.	However, appropriate liaison link now in place to allow this to happen. New revised date of Jan 23 Health – DCO attends multi agency monthly timeliness meetings. Since Inspection significant improvement has been made in relation to the timeliness of Health Advice into EHCPs. Mental health advice is currently at 100%, Therapy advice at 99% and Paediatric advice up to 46% from 13% at Inspection. Progress will continue to be made in this area.
6.2.3 Quality Assurance and Practice Standards established for CSC and Early Help.	DSCO not in post. Two rounds of recruitment undertaken- unsuccessful.	Next recruitment round in progress

7.3.7 Implement more effective brokerage and monitoring of commissioned Independent and Non-Maintained school placements to ensure value for money and delivery aligns with Tameside's performance framework	The Dsco is not yet in post. The recruitment processes are underway	This has been prioritised for fast track recruitment
8.3.1 Offer training for all schools on Whole School SEND practice as part of a SEND 'training passport' programme.	Nasen Whole School Training – details not yet clear. Training may need a longer delivery time to capture more settings. Scoping meeting set for October 3 <sup>rd</sup> did not resolve	Moving to quality Mark and whole school passport in absence of DfE NASEN training offer

Support received in this reporting period		
<b>WSoA area of work</b>	All areas	
<b>Support/Activity</b>	Project management support from Stockport	<b>Provider</b> Stockport MBC
<b>Impact/Outcomes from the activity</b>	Increased oversight and programme management capacity	

### WSoA Strand Progress

<b>Area 1</b>	<b>The endemic weaknesses in the quality and, due to the pandemic, timeliness of EHC plans, which lead to poor outcomes for children and young people with SEND across education, health and care</b>
<b>Outcomes to Achieve</b> 1.1 Improved timeliness of EHC Plans 1.2 Improved quality of EHC Plans 1.3 Improved culture of co-productivity and greater engagement with children and families and agreement among all contributors that SEND is “everybody’s business” 1.4 Good quality health advice that accurately reflects children and young people’s needs 1.5 Professionals are confident that the established quality assurance processes are appropriately supportive and challenging and will increase the quality of EHC Plans.	

**Are baseline measures in place? Outline any that are not yet in place**

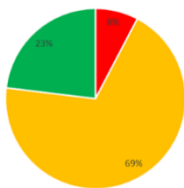
Complaint reporting process in place- this will also provide a metric to measure baseline. However, numbers are very low comparatively. It remains uncertain that this will provide a useful metric to measure against with such low numbers.

Measures derived from the Parent/Carer survey - The Parent/Carer satisfaction survey has just been completed. Analysis has started and baseline measures are being compiled from the resulting data. This will provide metrics on numerous priority areas.

C&YP survey underway at present.

New EHCP QA tool only just finalised

**Progress on key actions**



Action Reference	Planned Completion date	Actual completion date	RAG	% complete	Progress
1.1.1 Conduct a full service review of SEND assessment - considering all aspects of the service- including staffing structure and process, to improve the experience of children parents and carers.	Jul-22	Jun-22	G	100%	
1.1.2 Further develop the SEND Health data set to include training uptake, timeliness, QA progress and ensure data systems and flow are robust from CCG, ICFT and Pennine Care.	Nov-22	Nov-22	A	75%	Data set in place & being monitored via fortnightly health meetings. Health 6 week timeliness data Quarter 2 CAMHS 100% ISCAN 94% Paeds 62.9% There is a new tracking team with start dates any time now. These have been recruited by ICFT. EHCP tracking team now live

<p>1.1.3 EHCP Timeliness Recovery Plan reviewed and implemented.</p>	<p>Jan-23</p>	<p>Jan-23</p>	<p>A</p>	<p>50%</p>	<p>Timeliness recovery plan now in place. Too early to show impact.</p>
<p>1.1.4 Review the process for responding to statutory requests for advice from all services (health, CSC, schools, EPS) that includes improving EHCP administration processes</p>	<p>Sep-22</p>	<p>Jan-23</p>	<p>R</p>	<p>10%</p>	<p>Delays due to capacity - and liaison link now in place- revised date</p>
<p>1.1.5 Establish and embed a new sustainable EHCP health administration tracking team.</p>	<p>Sep-22</p>	<p>Nov-22</p>	<p>A</p>	<p>75%</p>	<p>An EHCP tracking team and system is being established and has started to have an impact on timeliness. (update?) EHCP tracking team about to commence their service. Health navigator service now in in place 253 New families have registered with OKE 502 families have contacted the Navigator service 2128 enquiries to the Navigator service from parents &amp; professionals</p>
<p>1.2.1 EHCP Quality Improvement Schedule established and Implemented and Quality Assurance Audit process in place.</p>	<p>Jan-23</p>	<p>Jan-23</p>	<p>A</p>	<p>65%</p>	<p>QA framework developed but assessing online tool which may accerlate progress A DCO EHCP heath advice quality audit programme has begun using a health quality framework. The findings of these audits will inform future training priorities. EHCP QA tool developed. However, considering an alternative online tool which may be preferable. On track</p>

					Tool shared with multi agency operational group and excellent feedback received.
1.2.2 Identify and secure an EHCP CPD framework, addressing all aspects of the EHC assessment - delivered to all contributing personnel and partners. Secure agreement and delivery of a rolling training programme to assure consistency and quality and informs induction and CPD.	May-22	sustain			<p>1.2.2 Identify and secure an EHCP CPD framework, addressing all aspects of the EHC assessment - delivered to all contributing personnel and partners. Secure agreement and delivery of a rolling training programme to assure consistency and quality and informs induction and CPD.</p> <p>Health CPD framework is now established and first cohort have accessed this training. CDC e – learning has been agreed as first cycle of training to ensure all staff have good basic training. Health guidance for professionals on the EHC needs assessment process has been completed. Training has been rolled out internally to SEND assessment team. 46% of therapy staff have completed Level 1 and 2 of CDC E – learning. This percentage figure has reduced as the number of staff recruited to ISCAN has increased! HV and SN received training from Educational Psychology on Graduated Response at last development day. CDC Training next.</p> <p>Being CPD, this is an ongoing piece of work which has already started regarding wider EHCP contributors. Training sessions have been delivered to cover part of the statutory assessment process.</p>
			A	50%	

					Staff have also accessed customer care and complaints training. All staff were asked to complete a pre/post evaluation form. Next steps is delivery of training session on writing a legally compliant EHCP, which will coincide with introduction and launch of the QA framework. Capacity challenges in SEND assessment team is a challenge in terms of training delivery. Training for sensory support team scheduled for spring term 2023. Training matrix in development.
1.3.1 Establish systematic co-production opportunities with parent groups to measure satisfaction levels.	Sep-22	Nov-22		100%	First session has taken place and thematic schedule established. Ongoing monthly A VCSE Health Navigator Service has been established provided by OKE. This has seen improved engagement between health and support to parents. Closer engagement between therapy/CAMHS services and parent/carer forum now happens. Work is currently underway to carry out baseline surveys for 2 satisfaction KPIs in WSOA. Parent Carer Forum attends fortnightly health system wide SEND meetings.
1.3.2 Establish Student Fora schedule enabling young people's voice to influence service delivery and create consultation	Jan-23	Aug-23		10%	This work has now started, but in early stages-on track

opportunities with young people to measure satisfaction levels. [Five primary schools, five secondary schools, two Post-16 settings to establish a SEND student co-production forum].					
1.3.3 Annual SEND student conference established to create a celebration of achievements, success and best practice.	May-23	May-23	A	10%	New lead in place.
1.4.1 Establish a programme of audits across health to address shortfalls to ensure that EHCs are holistic, timely and accurate and ensure that appropriate input is captured at all stages of	Nov-22	Nov-22	A	75%	A DCO EHCP health advice quality audit programme has begun using a health quality framework. The findings of these audits will inform future training priorities. Health advice only audited. 36% achieved 'good' rating in Quarter 2
1.5.1 Increase capacity of Designated Medical Officer role.	Feb-22	Feb-22	G	100%	
1.5.2 Produce and publish guidance for health providers on the EHC needs assessment process.	Oct-22	Oct-22	A	80%	Health guidance for professionals on the EHC needs assessment process has been written and is being circulated. 46% of therapy staff have completed Level 1 and 2 of CDC E – learning. This percentage figure has reduced as the number



				of staff recruited to ISCAN has increased! HV and SN received training from Educational Psychology on Graduated Response at last development day. CDC Training next.
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**Any barriers to progress**

Capacity in SEND assessment team and social care creating some delays to progress in 1.4

**Key next steps**

Capacity analysis and benchmark exercise- ongoing.  
 Analyse and publish results of parent/carer survey results- some results shared with parents via first parent engagement session and with Primary Headteachers  
 Recruitment of project manager and DSCO  
 Child/YP survey results to be collated and analysed  
 To feedback findings to staff and partners on a regular basis to inform the improvement cycle.  
 To liaise with LA colleagues to share findings from audits.  
 To plan/deliver workshop to improve health advices from CAMHS and Paediatrics.  
 Liaison with Greater Manchester ICB and Council for Disabled Children  
 Plan out EHCP CPD schedule to be shared and delivered to all contributors

<b>Area 2</b>	<b>The high level of dissatisfaction among parents and carers with the area's provision</b>
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**Outcomes to Achieve**

- 2.1 Increased parental satisfaction – as evidenced in survey returns
- 2.2 Parents and families feel that they are well informed and listened to in a timely manner
- 2.3 Parents and carers feel well prepared and have greater involvement in person-centered planning
- 2.4 Successful completion and delivery of the area SEND sufficiency Plan.

**Are baseline measures in place? Outline any that are not yet in place**

Measures derived from the Parent/Carer survey - The Parent/Carer satisfaction survey has just been completed. See Appendix 1

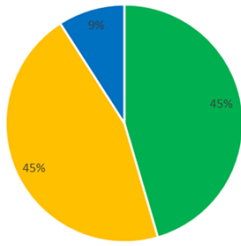
10% reduction by December 2023 in interim reviews requesting a change of placement – a significant amount of data cleansing work in relation to reviews is currently taking place in order to be able to report on this accurately.

Parent/ carer survey is now complete to establish baseline measures- these will provide a metric on numerous priority areas.

Child/Yp survey live.

Complaint reporting process in place- this will also provide a metric to measure baseline  
 All baseline measures/ metrics will be established by November 2022

## Progress on Key Actions



WSOA Action	Due date	Completion date	RAG Rate	% complete	Comments
2.1.1 Issue and analyse the area parent / carer satisfaction survey of views of SEND network and systems.	Jul-22	Jul-22	G	100%	Complete - analysis ongoing
2.1.2 Establish an area parent and family satisfaction survey schedule	Dec-23	Dec-22	G	100%	Agreed 6 monthly April-May and Oct to Nov
2.1.3 Set up a Health system navigation post/service via.	Dec-22	Oct-22	B	100%	Navigator impact is v positive. 253 New families have registered with OKE0
2.1.4 Establish systematic co-production opportunities with parent groups to measure satisfaction levels.	Sep-22	Nov-22	G	100%	Themed monthly co-production plan agreed
2.2.1 Establish monthly meeting between the parent and carer forum (OKE), SEND and Health representatives.	May-23	May-23	A	75%	On track On track. SEND now attending parent carer forum monthly. Health colleagues have a full programme of meetings and sessions in place.

Ensure open communication channels and opportunity for information to be communicated to parents and parents views heard					
2.2.2 Parent and carer forum (OKE) Chair to join SENDIG membership and participate monthly.	Mar-22	Mar-22	G	100%	OKE chair attends SENDIG
2.2.3 Health to provide clear information for families on what to expect from services, including information about waiting times and service offer. A range of bite-size information products such as factsheets will be developed to give families an overview of conditions and common themes. Generic email addresses to be established across all areas so that parents and carers can easily contact services.	Sep-22	Sep-22	A	50%	<p>Therapy Team leaders have met with parent carer forum to listen to feedback. Therapies microsite coproduced and developed and QR codes for ease of communication.</p> <p>Links between therapies, CAMHS and external agencies have been intensified to capture the views of families in order to gather feedback and suggestions. Links with families have increased and improved communication, such as improvements to the acceptance and discharge letters for CAMHS and Therapies. CAMHS have a generic email address system for each service provided (core/Neuro etc.) that professionals can access. Parents ring the duty system if urgent. Wellbeing calls are ongoing to discuss any concerns whilst on the waiting list. The MHST are in place in 40 schools allowing for another route for children to access CAMHS. Schools have a direct link in to the neuro team via the neuro duty call system when required. Fact sheets have been developed and shared. Waiting list numbers are shared with parents and parents often ring in to service to ask questions on current position. Ongoing work with OKE and parent navigator service with parents on communication to reduce concern and also to reduce complaints through lack of information. .</p> <p>ISCAN</p>

					<p>All teams now have generic email addresses.</p> <p>The ISCAN/Health Child Programme microsite has now been built and has been launched. It is still being populated but eventually will contain webinars, bite size information from all services, hints and tips while families are waiting for appointments.</p> <p>A generic sentence is being added to all documentation sent out by the team, directing families to oke and the navigator service if they need support or advice whilst they are waiting.</p> <p>The tracker team has been recruited and is in the induction phase. There is an ISCAN team leader meeting on the 30th November to review the EHCP advice process.</p>
2.3.1 Person-centred planning CPD rolled out across all EHC contributors and SEND Service	Jan-23	Jan-23	A	75%	On track and progressing well. Working group including parents to develop the training and some pilots currently happening and focus groups planned for the new year.
2.3.2 Parent consultation sessions (ref 2.1.4) gather parental views on optimum models of person centred	Sep-22	Sep-22	A	75%	Started and on track
2.4.1 Establish a SEND Sufficiency strategy group, to create a strategic plan and monitor capacity and provision.	Sep-22	Sep-22	G	90%	Annual schedule to be established
2.4.2 Deliver Strategic SEND Sufficiency Plan	Dec-23	Dec-23	A	50%	On track

**Any barriers to progress**

None identified

### Key next steps

Collect, analyse and publish parent/carer survey results  
Recruitment of project manager  
Child/YP survey results to be collated, analysed and published  
SENDCO survey results to be collated, analysed and published

### Area 3 The local offer not being well publicised and not providing parents with the information that they need

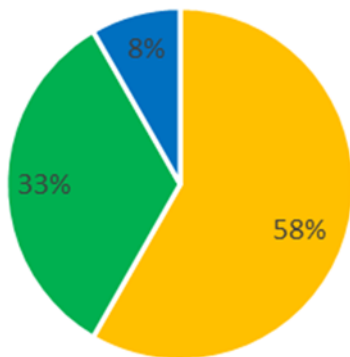
#### Outcomes to Achieve

- 3.1 Families are aware of and use the local offer and it helps them to find the information they need
- 3.2 The local offer is helping to identify gaps in provision
- 3.3 All services clearly convey their service delivery description and outcomes via the Local Offer
- 3.4 Young people, families / carers and professionals have access to clear and accessible information including the Transition Pathway and Protocol that accurately reflects the transition journey.
- 3.5 The Local Offer is fit for purpose for all families, services and providers.

#### Are baseline measures in place? Outline any that are not yet in place

Measures derived from the Parent/Carer survey - The Parent/Carer satisfaction survey has just been completed. Analysis has started and baseline measures are being compiled from the resulting data. **See Appendix 1**

#### Progress on key actions



WSOA Action	Due date	Completion date	RAG Rate	% complete	Comments
3.1.1 Establish a multi-agency co-production ownership board for the Local Offer responsible for: The implementation plan for Priority 3 Ensuring it is up to date It is useful to families, providers and schools Commissioning the annual review of the Local Offer Identifying	Jun-22	Complete	B	100%	Board established meeting regularly- New Lead from EH

gaps in services and identifying commissioning solutions to meet them.					
3.1.2 Develop a marketing and communication plan for the Local Offer based around the current Local Offer.	Jun-22	Complete	G	100%	
3.1.3 Deliver an ongoing marketing plan which promotes the current offer, and the relaunch of the offer following improvement work.	Jul-23	Jul-23	A	50%	Light touch marketing launched with social media and article. Full launch of marketing plan with full website relaunch to be created to include social media. Flyers, and launch meetings with Parents, carers, Young People and Professionals.
3.1.4 Develop attractive family-friendly materials to promote the Local Offer which is sent with standard correspondence relating to EHCPs.	Jun-22	Complete	G	100%	
3.1.5 Further develop and embed the 'Meet the Local Offer' virtual and in-person events.	Sep-22	Dec-22	G	100%	Meet the local offer events monthly and Local Offer day in April 2023
3.2.1 Review the current content of the Local Offer with all partners and Parent and carer forum (OKE) to ensure it is fit for purpose, well publicised and accessible to parents, young people and professionals so that they understand what is on offer to meet their needs.	Aug-22	Dec-22	A	90%	Progress but timeline underestimated democratic process - delayed but on track.
3.2.2	Sep-22	Sep-22	G	100%	Cabinet approved funding for bespoke Local offer website

Develop proposals and business cases to move local offer website to its own domain to allow for better search, tracking and reporting of use and gaps.					
3.2.3 Develop, test and launch new local offer website including co-production of functionality with children and families (this will include user access testing).	Apr-23	Apr-23	A	0%	Steering group has new lead from EH and Neighbourhoods and family Hubs. Agreed to aim to have a "1 stop shop" for families to access help – and the local offer will sit within the help advice given. Task and Finish group will be responsible for Website development and mapping using GROW as the model Comms plan needed to ensure parents, children and YP and professionals have a "one stop shop"
3.3.1 Identify provision which is currently missing from the local offer.  [An output of the review of the existing content 3.2.1]	Aug-22	Feb-23	A	20%	Timescales underestimated time needed for democratic process-OKE to take deeper review
3.3.2 Develop and implement a plan to target provision that is not properly captured or omitted on the local offer site	Aug-23	Aug-23	A	0%	Depends on 3.3.1
3.4.1 Promote understanding, insight into and opportunities regarding prep for Adulthood on Local offer.	Sep-23	Sep-23	A	0%	Adult Lead now in place.
3.5.1 Ownership Board for the Local Offer steers delivery and commissions an annual	Oct-22	Nov-23	A	0%	Parent survey shows low awareness (30%) of Local offer website-and those that are aware use it infrequently.

review of the local offer. Reviews progress and impact of Priority 3 action plan.					
Ownership Board identifies and reports where there are gaps in services					

### Any barriers to progress

New lead in place-transition may take some time.

### Key next steps

Collect, analyse and publish parent/carer survey results  
Recruitment of project manager  
Child/Yp survey to go live in October

## Area 4 The placement of some children and young people in unsuitable education provision

### Outcomes to Achieve

- 4.1 Successful implementation of the area SEND sufficiency Plan
- 4.2 Improved parental satisfaction with education provision
- 4.3 Increased specialist capacity and capability
- 4.4 Improved culture of inclusion across all settings
- 4.5 Annual Review management and monitoring process in place - all Capita one IT systems fit for purpose

### Are baseline measures in place? Outline any that are not yet in place

Measures derived from the Parent/Carer survey - The Parent/Carer satisfaction survey has just been completed. Baseline available see appendix 1  
50% reduction in in-year transition between settings - baseline has not yet established due to a significant amount of data cleansing work currently being undertaken in order to report this accurately.

### Progress on key actions



WSOA Action	Due date	Completion date	RAG Rate	% complete	Comments
4.1.1 (see 2.4.1 and 2.4.2)	Sep-23	Sep-24	A	60%	SEND projections used but made need validation and challenge on model assumptions. Reduce OOB specialist places to 55 by sept 24. Current number of children in



					OOb placements 71 Sufficiency group membership established. First meeting has taken place. Annual schedule to be established. Send projections obtained in place up until 2023. Powerpoint available. sufficiency tracker drafted showing plans for placement growth in line with actual pupil number growth in place. 65% growth in specialist places in the last 4 years. 120 additional places due to be secured by sept 23. (RB and specialist growth)
4.1.2 (Also incorporating and 4.3) Increase SEND specialist provision places across the borough, including the expansion of existing settings, the development of satellite bases within mainstream settings and the addition of further resource bases across Tameside.	Sep-23	Sep-23	A	50%	Sufficiency group established.- SEND projections models needs recap
4.4.1 Same as 7.3.1		see 7.3.1	A		
4.4.2 Same as 8.1.1		see 8.1.1 etc	A		
4.5.1 (same as 1.1)  Implement Annual Review Recovery Plan. (ref action 1.1, 9.1)	Sep-23	Sep-23	A	60%	Following business process review annual recovery plan v2 now refreshed and in place. Positive impact being felt. Significant amount of backlog has been recovered. However, next term 160 reviews per caseworker- risk to recovery plan due to volume and capacity.

### Any barriers to progress

Timescales for Send sufficiency are long term and subject to numerous internal and external factors. Cost of living may be a factor. SEND sufficiency will be permanent part of our long term strategic planning.

Annual review recovery plan on track, but high numbers of reviews scheduled for spring term pose a significant challenge and may risk timescales.

### Key next steps

SEND Sufficiency Strategy finalised  
 SEND Sufficiency Group next meeting – October  
 Collect, analyse and publish parent/carer survey results  
 Recruitment of project manager  
 Child/Yp survey to go live in October

### Area 5 | The unreasonable waiting times, which lead to increased needs for children and young people and their families

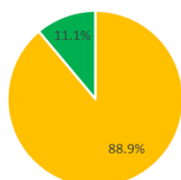
#### Outcomes to Achieve

5.1 Children and young people are seen and assessed in a timely way so that they can receive appropriate intervention and therapy  
 5.2 Effective, transparent and accessible support offer for children, young people and families whilst waiting for assessment and therapy

#### Are baseline measures in place? Outline any that are not yet in place

Yes – all baselines are in place and monitored on a fortnightly, monthly and quarterly basis as appropriate to ensure target is controlled and on track for achievement.

#### Progress on key actions



WSOA Action	Due date	Completion date	RAG Rate	% complete	Comments
5.1.1 Review and align the Therapy services with the Thrive/Graduated Response to ensure they are effective.	Jan-23	Jan-23	A	50%	Therapy pathways review complete to streamline offer and prioritise
5.1.2 Recruit to provide additional capacity to enable delivery of identified needs in line with the capacity and demand review.	Feb-23	Feb-23	A	75%	Recruitment ongoing- using external agency
5.1.3 Agree standard operating procedures for the provision of therapy services across Tameside.	Jul-23	Jul-23	A	50%	
5.1.4 Implement the mobilisation project plan following additional investment in CAMHS	Feb-23	Feb-23	A	50%	Recruitment challenges ongoing

and the neuro-developmental pathway.					
5.1.5 Waiting List Initiative to reduce number of people waiting for ASD assessment with additional weekend slots over the next 12 months	Mar-23	Nov-22	A	75%	Tgt 32/mnth - act 42/mnth
5.1.6 Increased awareness and understanding of neurodiversity for professionals through training programme	Mar-23	Mar-23	A	50%	200 attended Neurodiversity training
5.1.7 Establish and embed feedback mechanisms to provide dynamic data on impact of additional investment and continuously review waiting times and referral numbers to ensure in line with projected targets.	Aug-22	Aug-22	G	100%	Ongoing process
5.2.1 Increased parent carer offer for families on the Neurodevelopmental pathway to access information and support sessions and tailored activities.( in conjunction with action for Navigator Post action 2.1.3)	Mar-23	Mar-23	A	75%	OKE Health navigator impact positive
5.2.2 Family Support Offer for families who may have difficulties with emerging neurodiversity, who may or may not be on a diagnostic pathway but who may need additional peer support, help with strategies or additional services input.	Mar-23	Apr-23	A	50%	MENCAP pilot EY Parent engagement

### Overview

A multi agency health operational and steering group has been put in place to monitor Area 5. The parent carer forum is a member of the operational group and the steering group has decision makers in it from across the health system who can resolve any issues quickly.

In Therapy services there has been an additional investment of £1.3m. This provides additional capacity in Occupational Therapy, SALT, Physiotherapy, Dietetics and Paediatrics. A full mobilization plan is in place and being monitored at senior leadership level within the ICFT. Recruitment is well underway. Once additional staff are in place impact will begin to be seen on waiting times and quality of offer. National challenges in relation to recruitment of OTs.

In CAMHS an additional Investment of £1.5m has been made that also gives a comprehensive CAMHS service up to age 18. This provides additional staffing capacity. Recruitment has been a challenge, in line with the National picture in this area, and is ongoing.

CAMHS has introduced live management of waiting lists to ensure staffing levels are adapted to suit pressured areas of the service. Staff continue to manage and cleanse data and caseload numbers. Overtime opportunities in place for staff, including weekend clinics to manage pressures on the pathways, and also to increase choice and flexibility for families.

There is now a weekly review of longest waiters, with actions being taken to support those families and a wellbeing call process is in place to check on families. Data coming through is starting to show that actions are having an impact and in particular the longest waiting time has reduced from 125 weeks at the time of Inspection down to 76 in September Internally in CAMHS and Therapies a review of pathways has taken place, to streamline offers, and understand clinical priority.

Effective, transparent and accessible support offer for children, young people and families whilst waiting for assessment and therapy.

The commissioning of a Health Navigator service in the VCSE with OKE is working well.

Work has been done by the Navigator service to listen to families and an expanded offer of training, support and activities for families who have been diagnosed and are waiting for a diagnosis has been put in place.

The 'Sky High' short break activity benefits the whole family. Siblings, parents & grandparents are welcome and activities include climbing wall, soft play, leap of faith and indoor caving. Resources include lego and books that are specifically relevant to children with Neuro conditions. Parents/Carers have access to a wide range of relevant information, advice and signposting at the short break activities. Parent to parent peer support is also available.

In the first 6 months of 22 'Sky High' benefitted

- 215 parents/carers
- 308 children (includes siblings)
- 193 SEND children (Pre pathway – Pathway – Post Pathway)

Navigator workshops have included 'Understanding Neurodiversity' and 'Sleep', and coffee mornings have been held in communities to support families.

Additional parent workshops on Understanding Autism, Understanding ADHD, Sensory Processing, Selective Mutism and Deputyship/POA have taken place through September to November 2022.

These workshops are shared through OKE newsletters and with partners.

The workshops are jointly funded between the VCSE provider, OKE and Health (formerly CCG)

The Family Support Offer is being developed to help families in a graduated response from advice to targeted support. The team consists of Activity Participation Workers and Family Intervention Workers, and supports families with emerging neurodiversity, connecting them into community activities and helping them to thrive. Workers have been recruited and mapping is underway.

Tameside recently became a pilot area for Greater Manchester for the Mencap Early Years Parent Engagement Programme. This will provide peer support for families of children 0 – 5 years at the point of identification of additional need/diagnosis. The first groups took place w/c 1/11/22

Barnardo's Key Worker Project is in the process of being established in Tameside. This is intended to provide support for children and young people on the Disability Support Register, who are at risk of placement breakdown or hospital admission.

Links between therapies, CAMHS and external agencies have been intensified to capture the views of families in order to gather feedback and suggestions. Links with families have increased and improved communication, such as improvements to the acceptance and discharge letters for CAMHS and Therapies linking into the Navigator service have been put in place.

Duty calls to CAMHS have reduced with the introduction of the OKE Health Navigator service, as the services work closely together. In Sept 575 families contacted the Navigator service.

ISCAN therapies Local offer information microsite has been launched. It is still being refined and in the process of providing links to waiting time information, while you wait information, pathway information, online resources useful for individual therapies and sign posting for CYPF.

A training offer is underway around 'Understanding Neurodiversity', and so far there have been 200 people from backgrounds in education, health and social care attending the online sessions, with good feedback. Each person made a pledge in how to embrace neurodiversity in their role or workplace and the outcomes so far showed that

- 89% increased their knowledge and understanding of neurodiversity
- 86% increased their knowledge and understanding of neuro-inclusive practice
- 83% felt more able to adapt their work to better include neurodivergent individuals

**Any barriers to progress**

Ongoing challenges remain in relation to recruitment in CAMHS and with OTs – this reflects the national recruitment picture. Additional recruitment drives are focusing efforts in this area.

**Key next steps**

- Continue to publicise services and the therapies microsite through coffee mornings and launch events, and stakeholder collaboration
- Continue the recruitment process in CAMHS and Therapies, and actively manage the waiting lists on a weekly basis adapting to service and patient need.
- Waiting list initiatives to increase clinic capacity.
- Acknowledgement letters to be sent to all CYPF on waiting lists with waiting time pathway information and redirection to Microsite
- Launch of family satisfaction questionnaire from the health perspective.

<b>Area 6</b>	<b>The lack of contribution from social care professionals to the EHC Plan process</b>
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**Outcomes to Achieve**

- 6.1 Improvement in the quality of social care contributions to EHC Plans, and in the timeliness of contributions from social care professionals to the EHC plan process
- 6.2 Through co-produced training, develop an improved understanding of the EHC Plan process with all social care professionals
- 6.3 Shared Practice Standards for contribution from social care professionals to the EHC Plan process implemented across the service

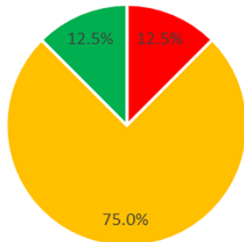
6.4 All requests for statutory assessment will result in the receipt of social care advice, including those not known to social care.

**Are baseline measures in place? Outline any that are not yet in place**

Measures derived from the Parent/Carer survey - The Parent/Carer satisfaction survey has just been completed. See Appendix 1

Annual reduction in complaints relating to parent experience of area provision - Complaint reporting process in planning phase

**Progress on key actions**



WSOA Action	Due date	Completion date	RAG Rate	% complete	Comments
6.1.1 New Designated Social Care Officer (DSCO) role implemented	Sep-22	Dec-22	A	75%	Interviewing for candidates on 02/12/2022
6.1.2 Convene a meeting of Children's Social Care (CSC) leaders to develop and agree a shared understanding of the challenges in this priority area, and to form a task and finish group whose purpose is to agree the actions required and oversee their implementation.	Dec-22	Dec-22	A	50%	Date in diaries for December

<p>6.1.3 Develop a monitoring and oversight process for timeliness and quality of social care professionals' contribution to EHC Plans (see priority 1-outcomes 1.1, 1.3, 1.4, and actions 1.2.1, 1.3.1)</p>	Jan-23	Mar-23	A	50%	Progress made for Threshold 3 and 4 – however, EH needs to start this process
<p>6.1.4 Implement the improved process for social care contribution to EHC Plans in both the Early Help and CSC section of LCS (Liquid Logic). This will include a process to ensure all children, including those not known to social care, receive a social care advice as part of EHC assessment</p>	Jan-23	Mar-23	A	50%	As above
<p>6.2.1 Develop and deliver regular bespoke training to social care professionals, co-produced with SEND and social care staff and families and children with EHC Plans.</p>	Jan-23	Jan-23	A	75%	First booked with CSC. EH, Adults – co-delivered by ISCAN and SEND

6.2.2 Every social care team to identify a SEND champion who will attend SEND events and training such as the "Meet the Local Offer" event.	Dec-22	Dec-22	G	100%	SEND champions identified for every team in CSC and adults - 1st event Dec 15
6.2.3 Quality Assurance and Practice Standards established for CSC and Early Help.	Jan-23	Mar-23	R	0%	DSCO not in post - 3rd round of i/v 2/12/2022
6.3.1 Develop and implement Practice Standards for the contribution from social care professionals to the EHC Plan process.	Jan-23	Mar-23	A	50%	In progress draft practice standards and flow charts have been developed

### Any barriers to progress

6.1.1 Delay in appointment of DSCO.

3<sup>rd</sup> attempt at recruitment - Interview for DSCO on 2nd December. Plan to have in post by March 2023

Not having the DSCO in place, and new HoS service just started for CiN/CP November 2022

### Key next steps

Recruitment of DSCO

New lead identified in SC to support. New DSCO in post to support with this also.

SEND champions to meet and EHC training to be delivered.

## Area 7 The limited oversight of the quality of SEND provision for children and young people's education

### Outcomes to Achieve

7.1 SEND data is used to understand and improve SEND provision

7.2 Best practice SEND provision is identified and effectively shared to ensure that children are prepared for the next stage of their education or life journey

7.3 SEND provision in schools and settings is effectively evaluated and LA has clear oversight

**Are baseline measures in place? Outline any that are not yet in place**

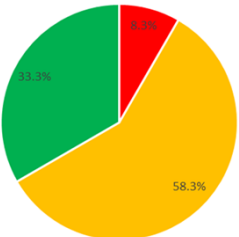


Measures derived from the Parent/Carer survey - The Parent/Carer satisfaction survey has just been completed. Baseline available See Appendix 1

Annual reduction in complaints relating to parent experience of area provision - Complaint reporting process in planning phase -this will provide a metric on numerous priority areas.

Complaint reporting process in planning phase- this will also provide a metric to measure baseline

**Progress on key actions**

 <p><b>WSOA</b></p>	Due date	Completion date	RAG	% Rate complete	Comments
<b>Action</b>					
<p>7.1.2 Complete and communicate to schools detailed annual analysis of SEND Census information regarding EHCP and SEN Support numbers, incidence, areas of primary need and use this information to improve provision in all education settings to inform future training programmes coproduced with education settings and oversight.</p>	Nov-22	Nov-22	G	100%	
<p>7.1.3 Joined up SEND Quality First Teaching CPD programme for classroom/subject practitioners. "Whole School SEND" training programme in place across all settings.</p>	Sep-22	Mar-23	A	0%	DfE training did not match needs. Now identifying new provider to match need.
<p>7.2.1 Identify and utilise existing school groups [Tameside Primary Consortium (TPC) Inclusion Committee and Task and Finish Group; Tameside Association of Secondary Heads (TASH); Special School Heads (SSSP)] to ensure culture and practice change</p>	May-22	Complete	G	100%	

through ownership and accountability.					
7.2.2 Establish a model of 'moderation' of SEND practice and policy across all education settings.	Mar-23	Mar-23	A	0%	Start Dec/Jan for event March 2023
7.2.3 Develop and establish peer SEND/Inclusion reviews of practice with an ambitious delivery schedule.	Apr-23	Apr-23	A	15%	Brief written & item on Inclusion committee
7.3.1 Co-produce a SEND Charter/Pledge for Tameside which outlines the provision and opportunities that children with SEND and their families can expect 0-25.	Jul-22	Apr-23	A	15%	Shared Charter Examples with OKE- Parent consultation Nov
7.3.2 Incorporate a bi-annual SEND focus in the systematic review of schools in EI&P	Jun-22	Complete	G	100%	2nd meet 9/11/22
7.3.3 Design and implement a SEND Data Dashboard for performance information accessible to all SEND managers and front line staff on customer satisfaction data	Sep-22	Nov-22	A	90%	Dashboard almost ready - waiting parent caer baseline
7.3.4 Establish a model for reporting qualitative feedback from complaints and compliments to understand system health.	Aug-22	Complete	G	100%	Quantative and Qualitative reports now available for SENDIG
7.3.5 Design and agree a delivery and monitoring plan for a dynamic Inclusion Quality Partnership (IQP) (this will work like a Quality Mark)	Dec-22	Jan-23	A	20%	Lead briefed Nov 22
7.3.6 Design and implement a dynamic Inclusion Quality Partnership (IQP) and secure sign up from all educational settings with a	Jun-23	Jul-23	A	10%	As above

co-produced delivery and monitoring plan in place					
7.3.7 Implement more effective brokerage and monitoring of commissioned Independent and Non-Maintained school placements to ensure value for money and delivery aligns with Tameside's performance framework	Dec-22	Not yet started	R	0%	Change in Head of commissioning – Lead now identified

**Any barriers to progress**

7.3.7 Not yet started due to a change in head of commissioning. New head identified – Dave Leadbetter

**Key next steps**

Surveys completed and analysis completed and shared at heads and SENCo networks in January.  
 Parent Charter draft completed and ready for consultation with more parents and with schools.  
 Identify training providers and whole school programme.

**Key outcomes to be delivered in next 12 weeks?**

Work on the planning of the IQP. Consulting stakeholders on the IQP plans. Accessing specialist support for the IQP lead.

**Area 8 | The inconsistent application of a graduated approach across different settings, leading to weaknesses in meeting needs across the area**

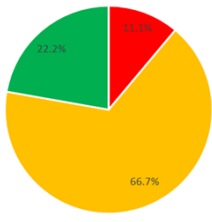
**Outcomes to Achieve**

- 8.1 The graduated approach as exemplified in Tameside's 'Thrive Matching Provision to Need' (MPTN) document is embedded across Tameside and utilised by educational settings.
- 8.2 Positive change in attitude, ethos, skills and knowledge across education settings shown in an increase of inclusive practices (e.g. increase in breadth of support provided within mainstream settings / reduction in permanent exclusions etc.).
- 8.3 An improvement in practice across the sector, generated by access to workshops and training, and sharing of practice between settings.

**Are baseline measures in place? Outline any that are not yet in place**

Parent Survey has is complete and is closed. Analysis ongoing. Baseline available for all priorities **See Appendix 1**  
 SENDCo Survey launched 2 November 2022, closing date 25 November. 65 schools out of 99 have responded.  
 Children and young people Survey live, closing date 16 December.  
  
 Feedback form attached to the Graduated report document is live but need further promotion.

**Progress on key actions**



**WSOA**

**Action**

	Due date	Completion date	RAG Rate	% complete	Comments
8.1.1 Active promotion of the Thrive Matching Provision to Need (MPTN) documents across the networks of schools, early years settings, and post-16 providers. Schools to identify and share good practice models for the different areas of need in order to support clear expectations for what mainstream settings should provide and how the physical environment should look to meet needs.	Nov-22		G	90%	Launched documents positive feedback. SENCOs report using it. Tameside Local Offer
8.1.2 Delivery of training around the SEND Children Thrive: MPTN documents alongside the parent created leaflet. Sessions delivered in pairs in order to collect feedback and impact from the initial training. All educational settings to receive a hard copy of the MPTN document.	Jul-23		A	25%	Workshops have been launched
8.1.3 Linked training sessions to include: Emotionally Friendly Settings, ELSA, EBSA. Education settings to be supported to work towards Emotionally Friendly Settings accreditation.	Rolling		G	100%	EBSA,EFS,ELSA shared
8.2.1 Development of 'SENDCo Induction Training' for all new SENDCOs including developing 'SEND Children Thrive Action Plans' and	Oct-22		A	50%	SENCO Workshops sheduled

workshops for experienced SENDCos.					
8.2.2 Develop and deliver SEND workshop for all Headteachers and included as part of induction programme for all new Headteachers annually.	Oct-22		A	15%	HT SEND workshop scheduled
8.2.3 Termly SENDCo networks for all SENDCos that will include LA updates, national updates and having different speakers from schools and other services sharing good practice.	Sep-22		A	30%	Termly SENDco meets set up - excellent feedback from kick off event
8.2.4 Develop and implement a model of school-led peer coaching, support and training based on a form of peer review	Nov-22		A	20%	In development - presented to inclusion committee
8.3.1 Offer training for all schools on Whole School SEND practice as part of a SEND 'training passport' programme.	Jul-22		R	0%	Moving to quality Mark and whole school passport in absence of DfE NASEN training offer
8.3.2 OKE-led training and information days for parents with a focus on the Graduated Response. Coordinated and led by parents with additional expertise from professionals, such as EPS, SOSS, School Leaders, Specialist teachers, therapists. etc.	Sep-23		A	10%	OKE and EPS co production offer on Local offer

### Any barriers to progress

8.3.1 Not yet started as not due; it needs to build on the peer review

We are also promoting a whole school approach to mental health that will complement the SEND framework but may be too much to expect schools to complete both simultaneously.

### Key next steps

- Surveys completed and analysis completed and shared at heads and SENCo networks in January.

- Parent Charter draft completed and ready for consultation with more parents and with schools.
- Identify training providers and whole school programme

**Area 9 | The poor transition arrangements across all stages of education**

**Outcomes to Achieve**

9.1 Timely, strategic and effective programme for review of plans at key transition points established.

9.2 Clear SEND transition protocol and standardized paperwork in place and practice embedded, including targeted approaches, resulting in improved understanding of the transition protocols among children and families.

9.3 Standardised SEND transition paperwork and data sharing established.

**Are baseline measures in place? Outline any that are not yet in place**

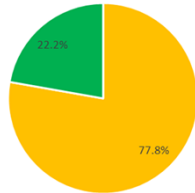
85% of annual reviews in place for key transition points in early years, 6 to 7, and KS4 to 5 at least one year in advance of regular transition activity, in place by September 2024 - Data cleansing taking place in order to be able to report accurately on this.

Measures derived from the Parent/Carer survey - The Parent/Carer satisfaction survey has just been completed and baseline available.

Child/YP survey launch October- closes December 2022.

Complaint reporting process in planning phase- this will also provide a metric to measure baseline

**Progress on key actions**



Family Support Offer for families who may have difficulties with emerging neurodiversity, who may or may not be on a diagnostic pathway but who may need additional peer support, help with strategies or additional services input.

WSOA Action	Due date	Completion date	RAG Rate	% complete	Comments
9.1.1 Annual Review recovery plan reviewed and agreed (in line with SEND Assessment Service review).	Sep-23	Dec-22	A	95%	Recovery plan Version 1 developed - to be enhanced to align to WSOA

9.1.2 Establish a protocol for Annual Reviews of EHCPs in Y5 and Y10 attended by LA representative.	Jul-22	Dec-22	A	80%	Risk around capacity - prioritisation of CLA, Significant changes and OOB Transitions.
9.1.3 Annual Review Recovery Plan delivered and position recovered.	May-24	May-24	A	45%	Risk due to capacity- workflow and priority to be set - Also consider REED to support with backlog.
9.2.1 Transition Protocol Working Group established to oversee improved transition arrangements.	Jul-22	Jul-22	G	100%	
9.2.2 Create schools and settings agreed transition protocols and framework across Tameside.	Jul-23	Jul-23	A	30%	Transition 6-7 peperwork agreed
9.2.3 Pre-school to school assessment documentation standardised to support more seamless transitions.	Apr-23	Apr-23	A	25%	Pre school assessment docs needs review
9.2.4 Ensure all transition support services or equivalent are available to Post-16 providers.	Sep-22	Sep-22	G	100%	
9.2.5 Place-based action research projects to develop key areas of practice around transitions.	Oct-23	Oct-23	A	0%	Use surveys to inform practice development and process

9.3.2 Data-sharing agreement across Tameside schools SEND needs.	all	Oct-22	Jan-23	A	90%	
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**Any barriers to progress**

9.1.1 Annual review recovery plan has been redrafted and will be shared with DfE on 5/12/22. Capacity and sheer volume of new EHCP and annual reviews is a challenge.

9.1.2 It is not yet possible to commit attendance at all transition reviews due to capacity constraints. The officer however will liaise with the school to determine if attendance should be prioritised; this decision is made on a case by case basis. The team is working to establish data to determine a baseline percentage of reviews that have been attended, which looks to be around 46%. The current review allocation for the spring term is 140 cases per officer, this is a significant risk factor to progressing the annual review recovery plan and our ability to increase attendance at reviews.

9.1.3 Annual review position recovery. Following business process review, systems significantly improved. School alerts in place and the backlog position significantly improved. However, caseloads for spring term (140 reviews per case worker) seem unmanageable so need to monitor impact and risk. Prioritizing transition year pupils to mitigate plus may utilize agency support via REED.

9.2.3 Pre-school to school assessment documentation standardised needs more attention. Good work has been done around SENDIF processes, EHCP assessment. This may address the identified need in this action but it is unclear. A meeting has been arranged in December to unpick this action. This will not negatively affect the completion date for this action.

9.3.2 Data sharing for SEND. In hindsight the completion date should have had a later date with as the SEND profiles needed to be created and distributed first, which was completed W/C 7 Nov. We are checking with Risk whether an agreement is needed as there is no pupil identifiable data in the profiles. We do not think an agreement will be needed as most of the information is in the public domain. All profiles have been sent out to schools and schools have been notified that a request to share is to follow.

**What Timescale risks are there?**

9.1.3 Annual Review position recovery is the biggest risk to timescales.

**Key next steps**

- Use parent carer results to ensure we prioritise critical themes for development : Local Offer, Transition planning and PFA
- Spotlight on Yr 6 yr 11 transition cohort for Sept 2023 AND get ahead for Yr5 Yr 10 transition cohort for SEPT 2024
- Recruitment of project manager
- Child/Yp survey analysis and additional transition/PFA focus groups – survey closes Dec

<b>Area 10</b>	<b>The lack of strategic direction in the support for children and young people to prepare them effectively for adulthood</b>
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**Outcomes to Achieve**



10.1 Preparing for Adulthood Plan (PfA) refresh is co-produced with all stakeholders including those with lived experience. The plan provides clear strategic direction, clear multi-disciplinary governance, oversight of the plan, staff development and improved processes.

10.2 Updated tracker (register) to capture all young people with EHCPs in need of social care from aged 14+ effectively linked with housing and support planning within Adult Social Care, and informing joint commissioning decisions regarding future delivery models for young people.

10.3 The Learning Disability and Autism Strategies align to the Preparing for Adulthood Plan objectives and that these are monitored via the established Tameside Partnership Board, the Greater Manchester Delivery Group and the Greater Manchester Health and Social Care Partnership governance and reporting structure.

10.4 Improved access to health provision that is available for those with more complex needs.

**Are baseline measures in place? Outline any that are not yet in place**

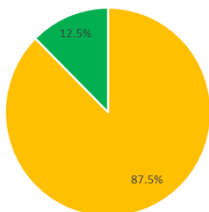
Measures derived from the Parent/Carer survey - baseline measures now available.

Young people feel they have greater insight into the opportunities afforded by the PfA process, including supported internships, and complete an annual SEND survey which show improved satisfaction among learners - There is a pupil survey currently live and open until 16 December 2022. Initially, this baseline survey was expansive and long. There were some concerns about this and it was felt there would be better ways to engage with children and YP around key topics.

Therefore, for the initial survey it was agreed to go with a short survey and PFA/Transitions questions were omitted. There would be more meaningful ways to engage with the cohort most affected and in need for PFA (Year 9 above) directly.

The mechanism and timeline for this is to be established but will link with partners such as Active Tameside, and PFA colleagues.

**Progress on key actions**



WSOA Action	Due date	Completion date	RAG Rate	% complete	Comments
10.1.1 Identify SEND professional/s to liaise with all partner agencies and parents and families to support processes around Preparation for Adulthood	Apr-22	Dec-22	A	50%	Management changes impact
10.1.2 Ensure the governance structures mean that key stakeholders and leaders are held accountable for the implementation of the plan and key objectives and that these are monitored on a	Sep-22	Mar-23	A	25%	PfA plan needs development collaboratively

quarterly basis enabling senior leaders across agencies to evaluate effectiveness of PfA arrangements.					
10.1.3 Source training opportunities for young adults through liaison with DfE and NDTI, with emphasis on Preparation for Adulthood. Plan and deliver an annual SEND student conference focusing on Preparation for Adulthood, with engagement from a wide range of stakeholder. Secure sign-up from providers for Supported internships.	Apr-23	Apr-23	A	50%	
10.1.4 Review the Transition Protocol and Pathway, consult on and publish in an accessible format	Mar-23	Mar-23	A	25%	
10.2.1 Implement a live Tracker (register) in LCS and LAS for all young people predicted to come into adult social care to inform future planning of provision and demand.	Sep-22	Ongoing	A	50%	Ongoing Initial tracker developed but linking different partner systems difficult without unique identifiers – work underway.
10.3.1 Align the Preparing for Adulthood Plan strategically with the: •Tameside Learning Disability Strategy •Tameside Autism Strategy •SEND Joint Commissioning Plan •SEND Improvement and Development Action Plans.	Sep-22	Jan-23	A	50%	NEET aspirations now end Jan
10.4.1 Strategic Preparation for Adulthood lead for Health identified.	Apr-22	Apr-22	G	100%	
10.4.2	Jun-22	Mar-23	A	60%	Work with GP cont'd

Establish robust systems to check the quality of health provision for children and young people preparing for adulthood across Tameside.					
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**Any barriers to progress**

- Winter pressures across the system – social care, primary care etc.
- Capacity and resources to deliver this area remains a challenge to progress actions and within timescales.
- Funding needs to be reviewed and clearly understood.

**Key next steps**

- Complete analysis and obtain baseline on Parent Carer Survey.
- Meeting to consider young person’s PfA engagement
- Progress work on establishing Transitions Panel, Transitions Steering Group and continue to further refine the Tracker.
- Meet with NDTi to establish work around supported internships.
- Transitions Protocol, wider enhancement of PfA plan, aligning and strengthening pathways.
- Ensuring PfA is strengthened on ECHP documentation, and advice sheets
- Future NEET aspirations agreed with partners
- Workshops/focus groups with young people, and parent carers

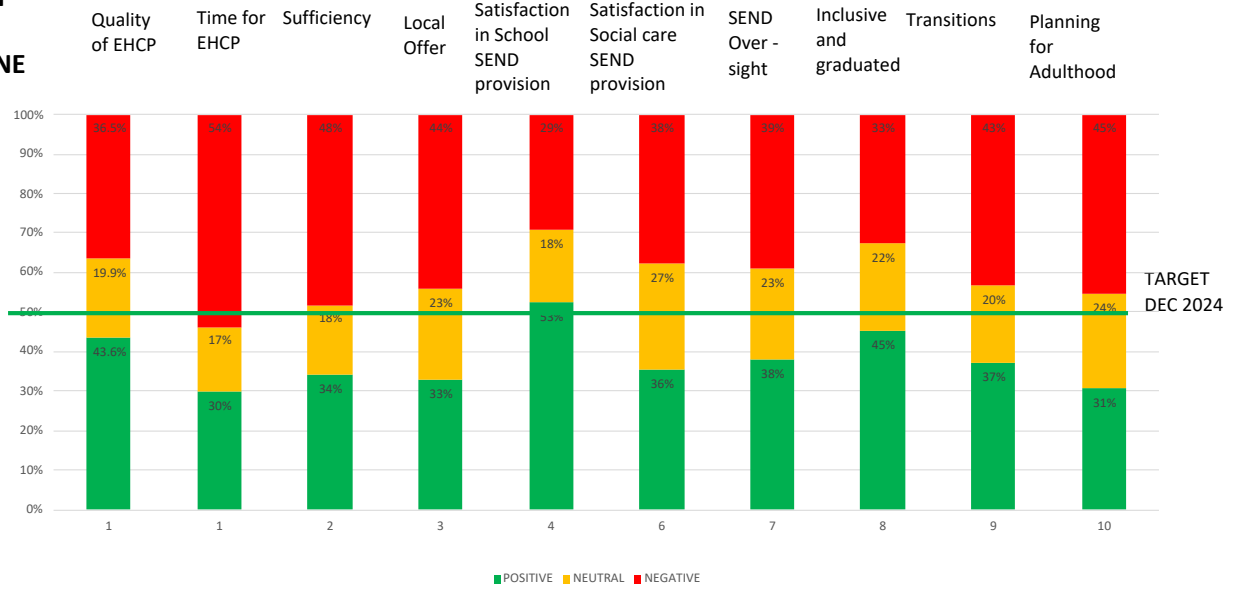
Impact	Evidence
<p>1. NEET</p> <ul style="list-style-type: none"> <li>• An increase in % of KS4 cohort with SEND who are in Education &amp; Employment or Training to at least be in line with national average of 89% for 2021 (Tameside at 88% in 2020).</li> <li>• SEND Destinations – School Leavers Moving On Report 2021: 84.9% EET, 14.1% NEET</li> </ul>	<ul style="list-style-type: none"> <li>• Remained 88% in 2021 (DfE LAIT)</li> </ul> <p>However, the most recent local data shows an improvement on the same measure and a positive direction of travel:</p> <ul style="list-style-type: none"> <li>• The percentage of KS4 cohort with SEN in an EET destination currently stands at 90.4%, an improved position from 84.9% in the 2021 Moving On report.</li> </ul>
<p>2. An increase in annual health checks for 14-25 year olds with a Learning Disability to be at least in line with the National Target of a minimum of 75% in 2022/23. Currently 63% 2021/22.</p>	<p>Q2 figures for uptake of annual health checks for 14-15 year olds is 17% - compared to less than 10% in 21/22.</p> <p>Whilst the % looks low against a target of 75% ( by March 2023) this is very usual for this time of year and not a cause for concern- as it is an annual health check some individuals are not due them until Q3 &amp; Q4. We always see a significant rise in the final two quarters as this is how many practices</p>

	<p>plan their clinics- they also combine the check with flu vaccinations &amp; covid vaccinations for eligible patients. The comparison between 21/22 to this year shows a promising trajectory.</p> <p>An additional focus is being given to 14-18 year olds following some feedback to date suggesting this age group are less likely to go to their GP for an annual health check when they are more involved in health services e.g. under consultant led care plan. More feedback required to understand this which will be picked up in the below action however discussions in hand with ISCAN and the Paediatric consultant to raise more awareness of GP AHC with them and discuss collaborative approached to connecting the families and young people to their GP to help them transition away from C&amp;YP services and into adulthood.</p>
<p>3. Maintain the proportion of people (aged 18+) with LD living in own homes (ASCOF 1G) in Tameside. Ensuring we remain above NW average which was 87% in 2021.</p>	<p>NWADASS Q2 2022/23 94.34% (unpublished data)</p>
<p>4. Area parent / carer satisfaction survey demonstrates an increase in the proportion of the SEND community who feel included in decisions regarding preparation for adulthood. Following the completion of the survey to acquire an initial baseline by July 2022. Comparing to baseline results, 10% improvement by July 2023, 25% by July 2024, and working towards at least 51%+ of parents reporting a positive experience by December 2024.</p>	<p>Baseline survey results are currently being analysed. Overall metric available PFA Significant work to be done to achieve the target baseline metric by DECEMBER 2024. See appendix 1 image</p>
<p>5. Young people feel they have greater insight into the opportunities afforded by the PfA process, including supported internships, and complete an annual SEND survey which show improved satisfaction among learners. Following a baseline survey in October 2022, with particular reference to PfA, improvement of 25% from the baseline by October 2023 with at least 51% of young people reporting a positive experience by October 2024.</p>	<p>There is a pupil survey currently live and open until 16 December 2022.</p> <p>Initially, this baseline survey was expansive and long. There were some concerns about this and it was felt there would be better ways to engage with children and YP around key topics.</p> <p>Therefore, for the initial survey it was agreed to go with a short survey and PFA/Transitions questions were omitted.</p> <p>There would be more meaningful ways to engage with the cohort most affected and in need for PFA (Year 9 above) directly. The mechanism and timeline for this is to be established.</p>



## APPENDIX 1 – BASELINE MEASURES

### PARENT CARER BASELINE Update



	Quality of EHCP	Time for EHCP	Sufficiency	Local Offer	Satisfaction in School SEND provision	Satisfaction in Social care SEND provision	SEND Over-sight	Inclusive and graduated	Transitions	Planning for Adulthood	Delta to 51% target
<b>Jul-23 – plus 10%</b>	48%	33%	37%	36%	58%	39%	42%	50%	41%	34%	+10%
<b>Jul-24 – Plus 25%</b>	55%	37%	43%	41%	66%	44%	48%	56%	47%	39%	+25%
<b>Delta to 51% target</b>	On track	14%	8%	10%	On track	7%	3%	On track	4%	12%	Shortfall