



SEND Local Area Partnership Engagement Meeting

15 November 2023





Agenda

- Introductions
- Current Context of the Local Area Partnership.
- Recent changes to the local SEND system.
- Plans for the next 12 months.
- Planned Improvements and key activities.
- Any other outcomes / questions about leaders' self-evaluation.





Current Context of the Local Area Partnership

There is now established a refreshed **SEND Partnership Board** with an experienced independent chair.

The focus is on **strengthening partnership across the local area** . Key seniors are already engaged.

The purpose is

- to ensure SEND and Alternative provision arrangements are improved to achieve better outcomes for children and young people and that
- there is robust leadership and governance, scrutiny and accountability through the board.
- This will be the focus of all improvement work.

There has been a **diagnostic review** and some of the recommendations are already being taken forward and will be accountable to the Board.





Recent Changes in the SEND System

Housekeeping-statutory duties: EHC Plans

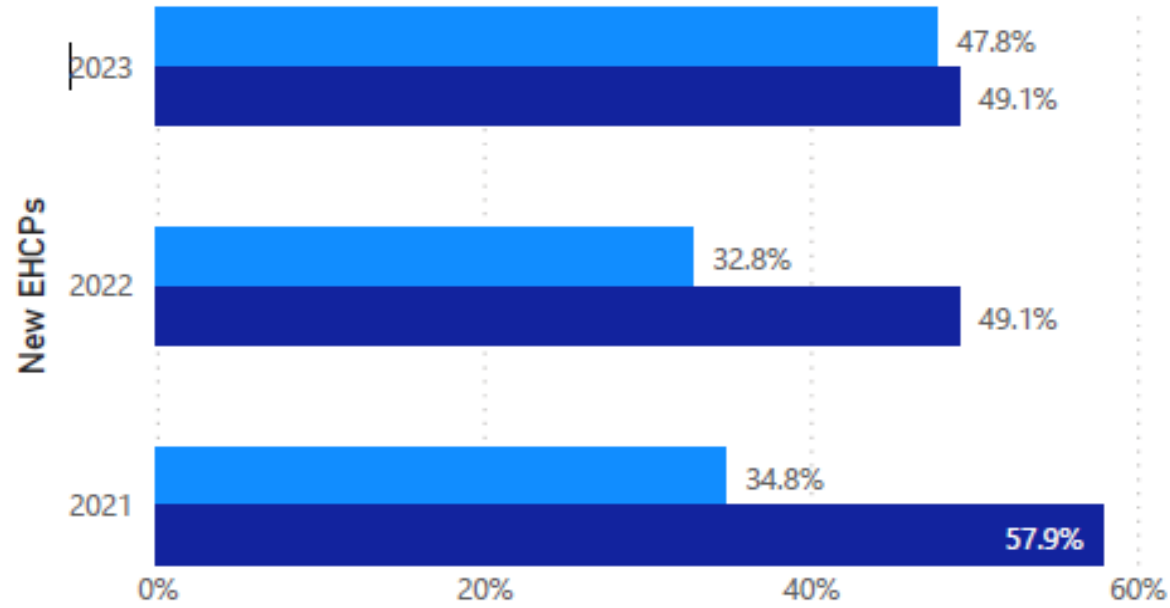
- **Quality assurance** protocol framework drafted-to be presented to the SEND partnership Board
 - Local Area QA group convened to QA plans-agreement on QA process
 - In-service QA implemented on regular basis(has already begun).
- **Timeliness** - System to establish timeliness of advices.
- Recruitment underway to have more leadership oversight within the team.





% EHCPs completed within 20 weeks

● % completed within 20 weeks ● National average (2022 used for 2023)





Recent Changes in the SEND System continued.

Housekeeping Statutory Duties: Annual Reviews

- Recovery Plan developed to address the backlog of Annual reviews.
- Work on data completed to ensure a robust account of the current situation – 70% of annual reviews are in the backlog.
- Backlog Team currently being recruited-experienced interims who have done this work before (Team of 6 plus lead-2 will oversee post-16 casework).





Recent changes to the Local SEND System

- Recent significant changes to staffing and leadership: **new leadership** in Children's and ICB changes. We expect these changes to deliver rapid change for children and their families and to bring further clarity to the strategy going forward.
- An **independent diagnostic review** has been commissioned and investment has been agreed to prioritise improvements in key areas. This will bring order and rigour to the work to be done, the priorities for implementation, and to area governance.
- **Leadership and accountability** for performance across SEND is being strengthened. Significant investment in SEND leadership and casework.
- To ensure there is a clear focus on the impact of local area arrangements on outcomes for children and young people, an **experienced independent Chair** has been appointed to oversee the refreshed SEND Local Area Partnership Board.





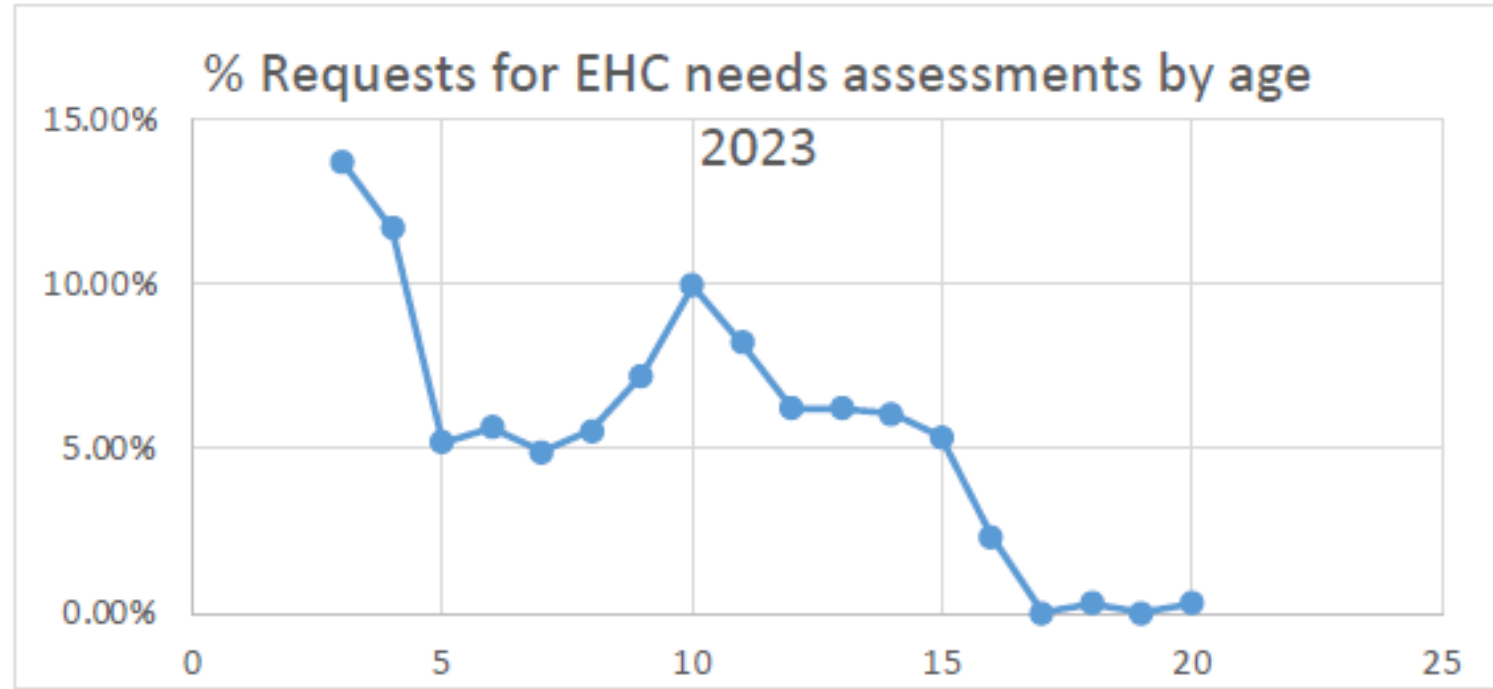
Current Context of the Local Area

- Significant **increase in plans** especially at age 4 and 11. DBV case studies show a number of children with plans could have achieved their outcomes without a plan or in a mainstream school if in special (*'non-ideal outcomes'*). The **lack of MDT and gap in service offering are the main reasons** for this. The graduated approach is not currently embedded across the Local Area. There is a **lack of confidence in SEN Support evidenced by the increase of EHC needs assessment referrals**. We are working with schools and partners to redefine and promote the graduated response: showcasing practice; outreach support.
- There is focus on **family hubs** to be part of a wider strategic approach to meet needs earlier, linking up with schools and education outreach services, as well as with social care.





Tameside data on EHC needs assessment shows:



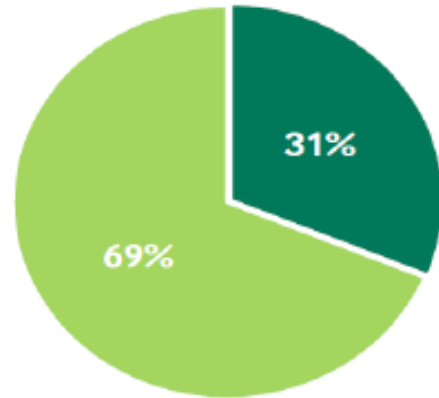


Lack of MDT response and gap in service offering were the biggest barriers to achieving ideal outcomes

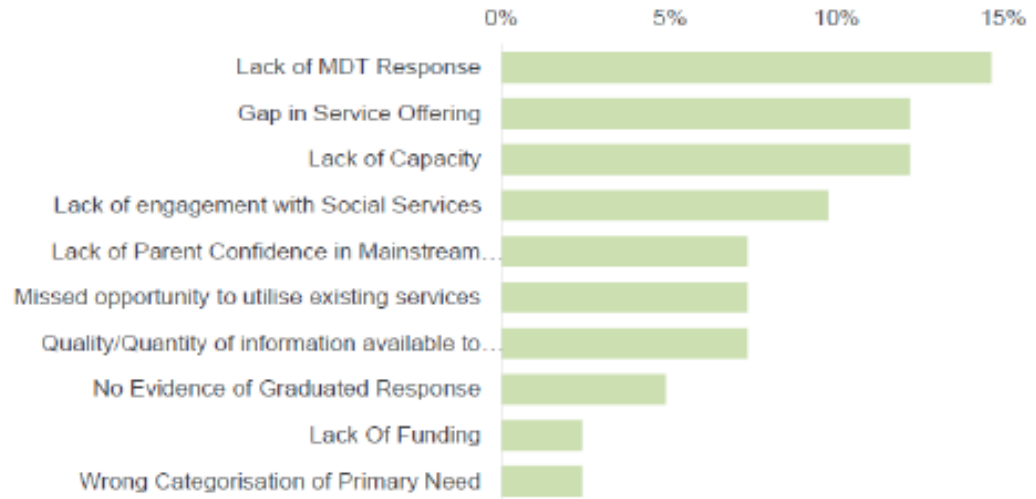


We completed 6 case review workshops in April 2023 with participants from across a range of disciplines, reviewing 32 unique cases to understand whether we delivered an ideal outcome to a CYP with SEND. We reviewed cases of CYP with a range of primary support needs across mainstream, maintained special schools and INMSS.

Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?



What themes contributed to achieving a non-ideal outcome?





Current Context of the Local Area continued.

- **Parental participation and satisfaction is improved**, as reported by the Parent/Carer Forum, but there is still some way to go. We are working on reviewing **joint commissioning** arrangements underpinned by a shared approach to outcomes for children and young people. We are also establishing a **more holistic approach to meeting needs**, linking with Family Hubs, early years, schools and education settings.
- The refreshed Local Offer website has been co-produced and is overseen by a multi-agency operational group but not yet live. **Meet the Local Offers days** have been very successful and well attended.

For young people post-16 with an EHC Plan, the increase in SEMH has continued with 37.0% now having this as their primary need. This is up from 33.8% in 2022 and 20.6% in 2021. MLD is the second largest primary need at 25.2% having been 26.3% in 2022, 26.8% in 2021 and 33% in 2019. ASD has remained at a similar level to 2022 at 19.5% (19.9% in 2022).





Current Context continued.

- Children's and Adult Social Care have a clear commitment to work in **partnership**. The quality of young people's transitions into adulthood has improved due to the **joint funded Transitions Social Worker** role.
- The appointment to the **DSCO** role has **strengthened the relationships** between Education and Social Care by further developing social care input into EHC plans and promoting better communication and joined up working between SEND, Virtual School and Social Care Teams.
- Strengthening AP strategy and QA are key next steps. **Robust Headteacher Advice** is widely shared and understood; the same approach is implemented for directly commissioned AP but needs to be more secure. The **NW Framework** has been adopted.





Priority Actions

- Housekeeping
- Turning off the tap
- Closer working across the partnership





Plans for the next 12 months

Area of Weakness 1

- The implementation of a robust graduated offer and specialist service realignment.
- Realigning the statutory service.
- Ensuring there is local area governance and leadership over statutory decision-making.
- Establishing a backlog team.
- Setting up a placement panel.

Area of Weakness 2

- Improve the graduated approach.
- Review joint commissioning arrangements underpinned by a shared approach to outcomes for children and young people.
- Embed voices of children and families in our Local Area Quality Assurance Framework and Performance Management Cycle.
- Young people, families / carers and professionals will have access to clear and accessible information including the Transition Pathway and Protocol that accurately reflects the transition journey.





Plans for the next 12 months

Area of Weakness 3

- We have established a multi-agency, co-production ownership board for the Local Offer, which will support in the development of an implementation plan.

Area of Weakness 4

- We will establish rigor and accountability/transparency and moderation of decision-making in-house (including a more consistent approach to casework which underpins current realignment of the team).

Area of Weakness 5

- An annual review backlog team is being recruited - one lead and six additional experienced case officers to oversee annual reviews. This would relieve workload pressure on the permanent team who will be able to focus on business as usual.





Plans for the next 12 months

Area of Weakness 6

- We are developing a quality assurance framework to sit under governance of the SEND partnership Board which will include review of quality of advice from social care professionals.
- There will be a simple process based on a set script to make informal contact with families and assess level of care needs who have been referred for EHC needs assessment.
- There is training planned for all social care teams.

Area of Weakness 7

- The refreshed SEND Partnership Board will take forward strategic oversight of across the Local Area, not just for the areas of improvement required since the local area inspection, but across universal, targeted and specialist services.





Plans for the next 12 months

Area of Weakness 8

- The implementation of a robust graduated response will be a good opportunity to include more children/young people in mainstream schools as well as a robust approach to placement.
- We will map education, health, and care provision across the Local Area, identifying and addressing gaps in relation to meeting needs of children and young people with SEND, through an improved graduated approach, and clearly communicate this.

Area of Weakness 9

- Leaders will be focusing on improving school readiness of children, so that there is prompt support to meet needs, the impact of which would be that they have better opportunities to achieve positive outcomes.
- There is current work focusing on family hubs and linking services to these to provide a more holistic offer for early support and ensure improvement in school readiness.





Plans for the next 12 months

Area of Weakness 10

- The draft Transitions Protocol to be taken forward under Local Area Governance, reviewed as appropriate and implemented. The vision is 'of a SEND and alternative provision system which supports children and young people to successfully move through education and into adulthood, regardless of whether they have an EHCP, through the wide variety of routes available'.
- Establish a bespoke post 16 of SEN caseworkers and leader.
- Establish clear strategic leadership across education, health, and care.
- Post-16 pathways to be part of the graduated approach.
- Post-16 placements to be accountable to a bespoke multiagency post-16 moderating placement panel.

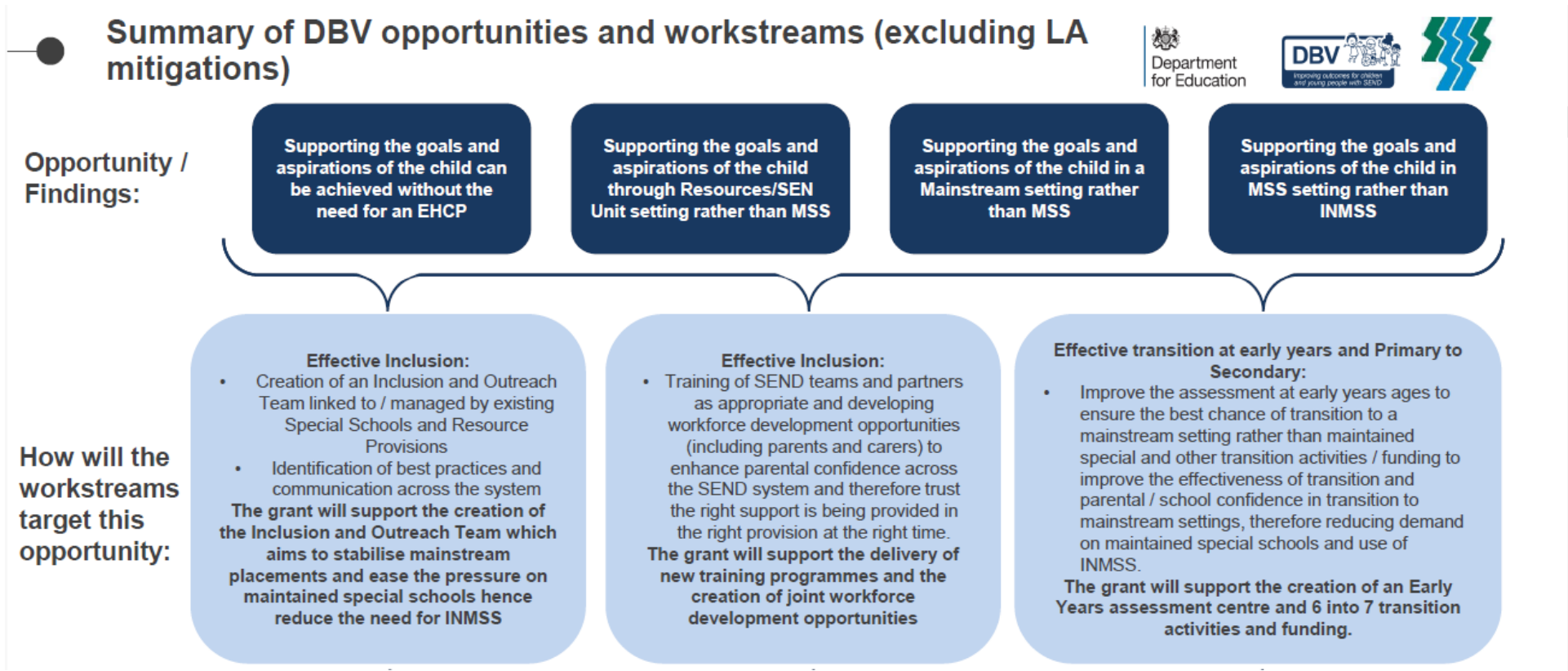
Other actions:

Develop AP strategy and oversight; finalise the SEND Sufficiency Strategy.





DBV Planned Improvements and Key Activities



Tameside & Glossop Integrated Care Foundation Trust



- £1.2m investment for therapies.
- SALT, OT and Physio – are all seen within 18 weeks for initial assessment (2yrs plus at time of inspection)
- Clinical pathways have been reviewed and aligned to the graduated response.
- SALT have been involved with the ‘Balance approach’ which is a GM initiative.
- SALT are working closely with the LA Early Years Quality Team and have developed a set of SLC standards which are being implemented in the Early Years settings.
- New Children’s communication standard launched in Tameside – aimed at improving communications skills in young people <https://www.tamesideandglossopicft.nhs.uk/news-and-events/latest-news/new-childrens-communication-standard-launches-tameside>
- OT are currently working to develop a similar set of sensory standards.
- EHCP tracking team has been implemented which has forged close links with the SEN Team and has improved the EHCP process and timeliness of advice responses. (Paed advice response at inspection 17% within 6 weeks, Sept 23 92% returned within 6 weeks).
- ISCAN Microsite sharing information about the service: [Home :: Tameside Children and Young People](#)
- CYP Voice Project – mapping out the current offer in place, focusing on bringing all of the co-production work together across Tameside.



CAMHS



- An additional investment of £1.5m for CAMHS which includes a comprehensive CAMHS service up to age 18.
- Two new leads in post May 2023 - RMH autism lead nurse pathway lead and Clinical psychologist and Psychology lead.
- Several new posts recruited to ADHD leads, LD nurse with PBS training.
- Undertaking thorough review of processes to improve quality and efficiency. Revamping paperwork to ensure neuro-diversity affirmative language is routinely used. This is in response from parental feedback
- Full pathway reviews due in December 2023 to re-launch in Jan 2024 with new and more efficient processes implemented
- Training of 9 CAMHS staff in ADOS since July 2023 plan to increase
- Reviewing staff with SLT to ensure appropriate MDT and staffing within MAAT
- Joined up working with ISCAN and better communication between services - inclusion of OT and SALT in ND formulation panels.
- Parent/Care Drop-In Sessions with CAMHS – for families to gain advice, support and ask questions relating to the CAMHS pathways for autism and ADHD.
- Community CAMHS: Capacity, Demand and Waiting List Analysis (Q1, Evidence 10 SEF).



- Active Tameside – Voice of the Young People, support offered to 499 young people, and 221 families (September 22 – September 23). The development of services across Tameside have allowed a wider range of activities and sessions to be developed for young people with SEND to access. (Refer to Q1, Evidence 2 in SEF for Storyboard).
- Active Tameside have developed a new directory of services to share the support they offer. The SEND Participation Officer has also partnered with CAMHS to ensure parents and children are aware of the local offer and the activities and engagement opportunities within Tameside.
- Active Tameside – Delivered a ten-pin bowling festival to share the Tameside’s Everybody Can service and raise awareness of what children and families with SEND can access in their local community. (Refer to Q1, Evidence 7 in SEF).
- MECAP Family Engagement Project – Parents/carers with children ages 0-5, offering peer support groups and information sessions on EHCPs and DLA Awareness sessions. 45 parents and caregivers registered with the project. Engaged with 300 parents and caregivers through local events, outreach into the community and at peer support groups/information sessions. (Refer to Q1, Evidence 4 and 5 in SEF).
- OKE – Family activity events and workshops, families aware of other support available whilst on long waiting lists, 7 days a week contact. Currently 2000 families registered. Increase in parents confidence, self esteem, awareness, understanding and knowledge. Peer support and friendships form between parents and siblings. Massive reduction in duty calls to CAMHS once OKE started up. (Refer to Q2, evidence 6 in SEF).
- Bella’s Journey – Case Study, a young person in Tameside being supported by the Family Nurse Partnership supported by Starling Training. Starling introduction to Neurodiversity Training. (Refer to Q2, Evidence 7 and 8 in SEF).



Challenges and Solutions

- **Recruitment and retention of staff remains an on-going challenge –providers have been imaginative & proactive in recruitment campaigns but this remains a national issue.**
 - Teams are in a healthier position as far as recruitment is concerned with a number of pivotal posts recruited to.
- **Long waits for ND appointments/diagnoses. This is a GM wide issue – demand far exceeds capacity. This has been escalated to GM.**
 - Services are committed to a ‘Supported while waiting model’ using the graduated response to ensure CYP’s needs are met whilst waiting for a diagnosis. There are no services in Tameside that a CYP cannot access without a diagnosis (apart from Riding the Rapids)
- **Data collection has been inconsistent and unreliable.**
 - Health SEND data dashboard has been developed and is monitored monthly at the Health SEND WSOA and Health Strategic meeting.
- **Parental Dissatisfaction with long waits for services**
 - Parent/carer survey completed. Due to be redone March 2024
 - Oke – health navigator service implemented - Since July 2022 when the Health Navigator Service began to August 23: 664 New families are now receiving support. 10,399 contacts have been made to the Health Navigator Service.
 - MHST – 30% schools access this now, intention to extend across the borough
 - There is a range of VCSE support for families waiting for diagnoses
 - Barnardos, Kooth, Mencap 0-5, OKE 0-18, TOG MIND, 8+, Anthony Seddon 7+, Active 5+, TASCA 3+, FACT 3+, T21 0+, HOPE 0+



Feedback (A snapshot)

Overview
Kooth and Qwell are digital mental health platforms that focus on improving mental health outcomes through a multitude of therapeutic pathways. Kooth and Qwell are free, safe and anonymous for the user. These services have already been commissioned by the Greater Manchester Health & Social Care Partnership, so there is no fee to pay, or referral needed to signpost students or your workforce to our platforms.

Support
Kooth.com is for 10-25s. The content of this site is specifically aimed at children, young people, students and young adults. Qwell is for ages 18 and over. The content of this site is specifically aimed at the adult population. Both of our colleagues, family or members of the greater Manchester community. Our platforms are suitable for people who require early intervention to acute care. We are not a crisis service, but we have a robust clinical and safeguarding system that can refer on should a user be deemed as 'not safe'.

Giving a choice of support
Our user feedback Our team of customer care are based on private, safe and effective telephone support. Our user care team are available on a 24/7 basis or via our website. Our user care team are available on a 24/7 basis or via our website. Our user care team are available on a 24/7 basis or via our website.

SEND Provision
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ISCAN Therapies Overcoming Challenges

ISCAN Therapy challenges and how we plan to overcome these.....

- Demand/Outstrip Capacity:**
 - In the short term:** Each therapy team is adapting and looking at universal and targeted offer we are looking what we can do at a lower level, for example online training as opposed to face to face. Redesigning of the SALT Team.
 - In the long term:** Business case submitted. Local offer website more useful.
- Retention:**
 - In the short term:** Trust wellbeing initiatives. HR to deliver health and wellbeing sessions at Rowan House - spoke to GM resilience Hub.
 - In the long term:** Introducing 'episodes of care' in the Child SALT Team. (and continue to encourage in other teams). This will allow staff to have smaller caseloads which will reduce the pressure in the teams. The staff should then be able to focus more time with the children open to them providing a more quality level of care. This in turn should improve staff morale and retention. If the response to the capacity/demand work leads to a larger workforce, this will also reduce the pressures on staff. It will also allow for more specialist therapists within the team focusing on a specific clinical area, improving quality care for the patients and providing more specialist supervision for staff.
- Parent expectation/dissatisfaction:**
 - In the short term:** Local offer - setting expectations - who agents will be with - therapist or assistant - putting info of local offer site - leaflet - managing expectations.
 - In the long term:** Including service users and their families/carers in service developments. More focus on the 'Voice of the Child' - Pathway in place to ensure health staff receive information from education, such as the 'All about me document' and details of the child and families aspirations and priorities. Setting functional outcomes that link with the aspirations. More focus on co-production, so plans are developed with everyone involved (health, education, social care), together with the child and family at the centre. Ensure that parent/carer expectation is clear.
- Available capacity is focused on statutory obligations responding to SEND:**
 - In the short term:** Challenge is the quality - reports provided don't have the quality that they should have. Team leaders overseeing every plan that is being written. Meeting in place to look at the templates.
 - In the long term:** In line with increased capacity - quality to improve. Improved links with the SEN team - new process to request aspirations - pathway to be reviewed. Establishment of DCC role in discussion with CCG.

Had a lovely visit to see AS and his parents this morning. His parents were very appreciative of all the work from our service who are helping with A. His parents said they have previously had bad experiences, and they can see all the hard work and support A is getting with us. They were really lovely and were really happy to hear about the progress he has made. – **ISCAN Compliment**

93.55% said that the OKE Health Navigator service is helpful – October Health Navigator Survey

SEND OKE STORYBOARD

MAIN OBJECTIVES

- LISTEN
- SUPPORT
- PROVIDE ADVICE & INFORMATION
- HELP PARENTS NAVIGATE SYSTEMS & SERVICES

SUPPORT OFFERED

- Family activity events
- Families now know where to go whilst on long wait lists
- 7 days a week via phone, text, email and facebook
- Some activities are specifically for undiagnosed children, on waiting lists - waiting well
- Currently 2000 families registered

REFERRALS - DUE TO HEALTH FUNDING

PARENT WORKSHOPS
Held in the daytime & evenings for working parents. Face to face & virtually.

Starling

NEURODIVERSITY TRAINING STATISTICS 2022-23

- 754 Professionals trained across Tameside
- 35 Training sessions delivered
- TRAINING SATISFACTION: 86% Of professionals rated training 5/5 for satisfaction
- KNOWLEDGE: 95% Of professionals improved neurodiversity knowledge
- 9 OUT OF 10 Of professionals feel more able to support neurodivergent individuals
- WHAT DO PEOPLE SAY? "I've had fantastic feedback from the team about what they've learnt. It gave us some real tangible actions to carry out"

OKE have been amazing with helping me move forward with my daughters pathways and giving me useful information they have supported me throughout this tough time –
October Health Navigator Survey

MENCAP
Family Engagement Project Tameside

OVERVIEW

- The Family Engagement Project provides peer support and signposting to parents and caregivers of children with SEND or emerging needs aged 0-5 in Tameside.
- The Project work to create spaces to bring people together who have shared or similar experiences.
- The project also holds information sessions on a rota basis around Disability Living Allowance, and are currently co-producing Education Health Care Plans (EHCP's) sessions.
- The project has lived experience Family Connectors who are key to this project.

PURPOSE

- To work with families to build a community where they and their children can thrive.
- Provide opportunities to meet other parents and caregivers
- Help you find useful services and support within your community
- Give you time and space to share your experiences
- Empower you to navigate around services

Meet some of the team: Laura, Hannah & Sabial

"Thank you so much for the chat, and making me feel so welcome. I'm so very glad that I went today, and I will not miss the next one. I found it very helpful." - **Mencap**