

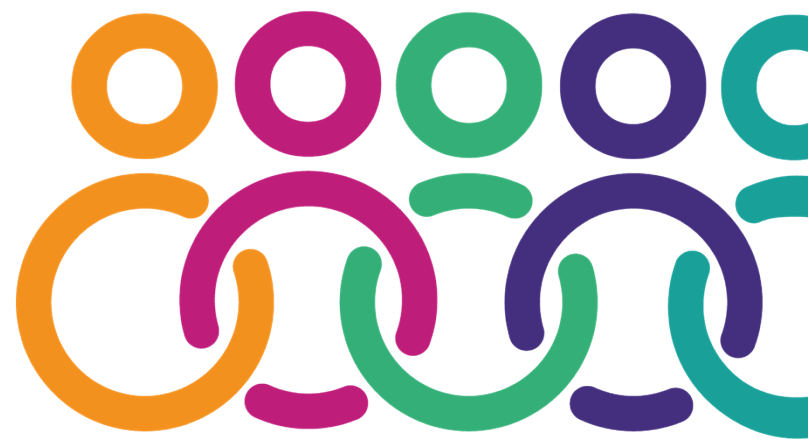
# Joint area SEND inspection in Bradford

## Written Statements of Action September 2022

Bradford District and Craven  
Health and Care Partnership



Proud to be part of the West Yorkshire Health and Care Partnership



## Foreword


Between 7 and 11 March 2022, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Bradford to judge the effectiveness of the district in implementing the disability and special education needs reforms as set out in the Children and Families Act 2014.

On 8 June 2022 the inspection report for Bradford district was published and because of the findings in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015; Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required because of five areas of significant weakness in the local area's practice. City of Bradford Metropolitan District Council (CBMDC), and the local NHS responsible commissioner, West Yorkshire Integrated Care Board (ICB), are jointly responsible for submitting the written statement to Ofsted.

The WSOA will explain how we plan to improve the following areas of significant weakness:

1. Poor communication between stakeholders across education, health and care.
2. The variable quality of EHC plans, including plans which do not fully describe the provision that children and young people with SEND need.
3. The inconsistent delivery of the 0 to 19 health visiting, school nursing and specialist nursing services.
4. Children and young people wait too long for assessments, treatment and diagnosis. There is insufficient support for children and young people with SEND who are waiting for provision, services, diagnosis or equipment.
5. Education, health and care services do not work together well. The arrangements for joint commissioning are underdeveloped.

Our Local Area Inspection identified several areas in which we must improve, and we have resolved to make these improvements and more. This action plan sets out how the Council and the ICB will work together with partners, including parents/carers, young people and school leaders, to improve outcomes for children and young people with special educational needs and/or disabilities (SEND).



This plan, working with partners across our District, will provide the drive and ownership to improve the areas Ofsted have identified as requiring a Written Statement of Action (WSOA) for driving forward the improvements we need to make.

The Local Area is committed to improving support, services and provision for children, young people, parents and carers in Bradford. We are committed to working in partnership, increasing co-production, and harnessing the expertise within the system; including parents/carers, children, young people and the staff who work to support them. We are committed to ensuring that the parents, carers and the children and young people with SEND themselves are directly and transparently involved in co-producing the services that support them; so that that they receive high quality education, care and health provision. We will work across our wider partnership to understand experiences, improve services, and to secure the trust of families.

Ofsted in their inspection felt we knew ourselves well. They felt we had identified the areas we needed to improve on to provide better outcomes for children, young people and their families in Bradford. We have been working with a wide range of partners following the inspection to help shape the activities contained within this Written Statement. We have met with educational leads and schools including the Bradford Schools Partnership (BSIP), Schools Forum, Local Area Partnership (LAP) and BD3 Heads Group, to help frame the infrastructure and approaches we need to move forward. We have also been working with Parent and Carer Groups including the Parent Carer Forum, Snoop and Aware to help co-produce new models of working that we are rolling out over the next 12 months. We have also engaged with key health partners, including operational service leads, senior health provider leads and Chief Nurses.

Senior leaders in Bradford will prioritise the delivery of the actions outlined within this statement of action and will ensure robust scrutiny of progress resulting in improved services and making the best use of the resources available for SEND.

*This Written Statement of Action has been approved and endorsed by: Bradford District Council Cabinet and Bradford District and Craven Health and Care Partnership Leadership Executive.*



## TABLE OF CONTENTS

INTRODUCTION .....	5
IMPROVEMENT AREA 1 .....	14
IMPROVEMENT AREA 3 .....	32
IMPROVEMENT AREA 4 .....	41
IMPROVEMENT AREA 5 .....	56



## Introduction

We have a shared commitment to making the district a great place to be a child and young person. We want to put the voice of the child and children's rights at the heart of the decision making and delivery of all that we do. We will support children to be as healthy and well as possible and we will reduce inequalities in educational attainment.


Our [SEND Strategy](#) ***SEND: no limits!*** sets out the vision and strategic priorities for the Bradford Local Area. As multi-agency partners we will make sure we improve the outcomes and reduce inequalities for all children and young people with SEND in Bradford District, so that they flourish and reach their potential.

Our [SEND Joint Commissioning Strategy](#) shares our approach to working together. At the heart of our approach is our ambition for effective co-production and engagement with parents, carers and professionals, having an equal and mutual respect for each other's views, with open and honest relationships. We will continue to be transparent and continually evolve to achieve meaningful and positive outcomes together.

We know that we need to improve the quality of our Education, Health and Care (EHC) plans. We have now achieved a position where we are in the top half of all local authorities nationally, in terms of timeliness of plans to families, which is a positive. We also know the contribution of all partners to plans and their timely review is a priority for us moving forward.

We have listened to feedback from the CQC on the school nursing, health visiting and specialist school nursing service and the delivery of the Healthy Child Programme. We are engaging in a period of review and redesign, to ensure these services meet the needs of children and families in the district.

We are also in the process of seeing how we can effectively jointly commission services for SEND as part of the new Integrated Care Partnership (ICP) arrangements. We are also determined to ensure that we co-design and shape all our services to meet the needs of children and families in the Bradford local area, who receive universal and specialist services, so we can best support them.



Our [Children and Young People's Plan](#) recognises we have challenges to overcome if we are to ensure our children can thrive physically, intellectually and emotionally. One of our key principles as a Partnership is to support children to maximise their learning, growth and development and to remain happy, healthy at home, and wherever possible to be brought up and cared for within their own families. This means working with, and supporting, the whole family as early as possible to address issues that can prevent children and young people from thriving, learning, growing and developing.

We want Bradford to be a great place to be a child – a place where all our children and young people are given the best start in life and can fully develop their talents and abilities. We will work tirelessly to reduce the educational attainment gap and ensure no child is left behind so that our most vulnerable children and young people are protected. Education and schooling should be an engine of opportunity that maximises our children and young people's life chances and prepares them for successful transitions into adult life, whatever their background.

We want all our children and young people to enjoy the prospect of safe, long, happy and fruitful lives by improving their health and socio-economic wellbeing. We will work to address the underlying causes of poor health, in particular the influence of poverty and inequality by adopting a whole population approach through our Better Health, Better Lives programme of work.

Our [Council Plan](#) sets out how we will build a better future, supporting children and young people to achieve their full potential, helping children and young people from all backgrounds to lead long, happy and productive lives.



## Governance

Core to our understanding and oversight of progress on the WSOA is a robust governance structure. Governance of the programme is the framework of authority and accountability that defines and controls the outputs, outcomes and benefits from SEND projects, programmes and portfolios. The **SEND Strategic Partnership Board** is accountable for the delivery of SEND services. The board is chaired by the Deputy Director of Inclusion and SEND Services and co-chaired by the Lead of the Parent Carer Forum, with representation from parents and carers, Headteachers (Special, Mainstream and Further Education) and partners with delegated authority from health, education, and adult and children's social care. The agenda is planned and agreed by Education Health, Care and parents. The board will continue to oversee progress and seek assurance across this period of SEND development and improvement.

The **Bradford Wellbeing Board** provide key oversight in the Bradford District Partnership working closely with the other Strategic Delivery groups. The Health and Wellbeing Board brings together leaders from across the district including the Council, the NHS, the Police, Fire and Rescue, social housing and the Voluntary and Community sector. The Board provides strategic direction to a wide range of organisations that organise health and wellbeing services. The Board has a statutory responsibility under the Health and Social Care Act 2012 and is set up as a formal committee of Bradford Council.

This Board includes Elected Members of the Council with Portfolio responsibilities for Children's and Adult's Social Care and Education and Skills and members of the West Yorkshire Integrated Care Board Place-based Health and Care Partnership Leadership Executive, as well as the Strategic Director of Children's Services and the Chief Executive of the Council. It meets quarterly and will be provided with a report that has been considered by the SEND Strategic Board.

The **Children's Board** and **Health and Care Partnership Leadership Executive** (PLE) will also consider progress reports with particular attention to areas of joint priority and responsibility. Both the Bradford Wellbeing Board and PLE can confirm policy priorities and direction and influence change in the services led by its members. The Chair of the PLE will provide, by exception, any issues relating to SEND to the West Yorkshire Integration and Care Board (ICB).

The **Lead Elected Member** for Education and Skills will meet at least monthly with the Deputy Director Education and Inclusion to interrogate progress in the Written Statement of Action and explore any specific issues of concern which will be addressed at the Bradford Wellbeing Board.

Update reports to the **Cabinet of the Council** will follow a quarterly cycle for the first 12 months, supported with 6-monthly issue specific reports.

The diagram below (Figure 1) sets out the structure for reporting and monitoring of the progress of the Written Statement of Action. The **Children’s Health and Care Partnership Board** (HCP) will assume responsibility for monitoring and tracking progress in relation to the health waiting times. The workstreams of the SEND Strategic Partnership Board is shown in Figure 2.

Figure 1: Children, Young People and Families Governance

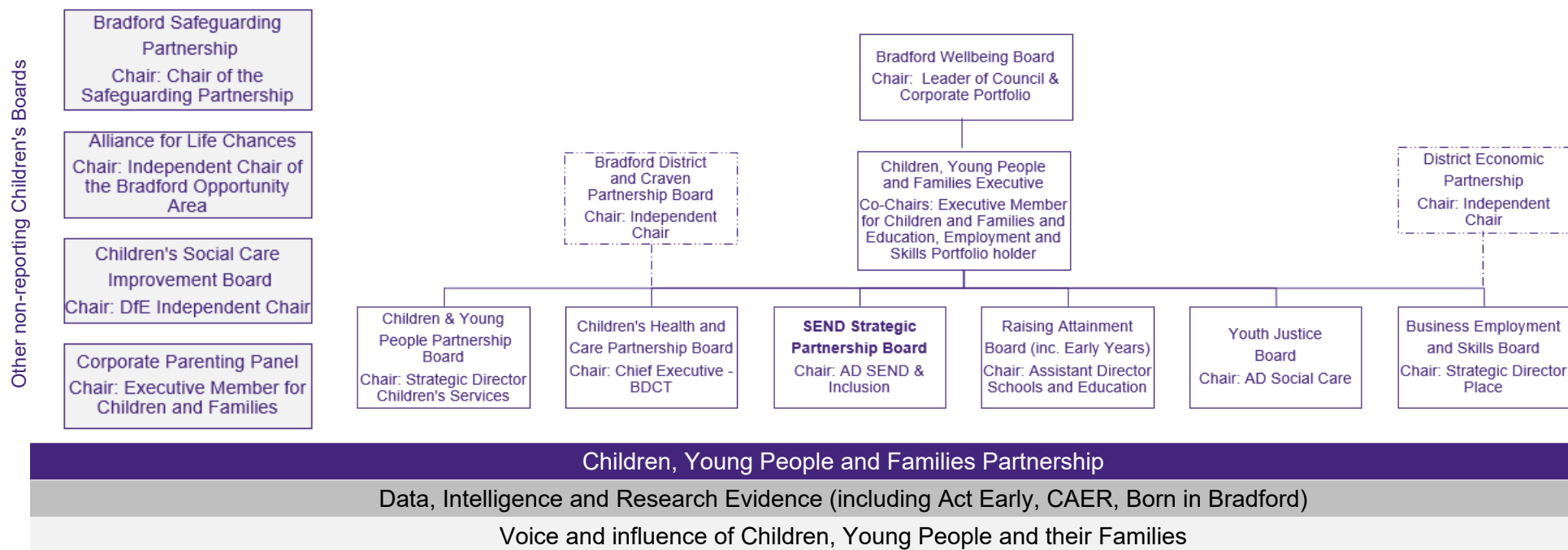
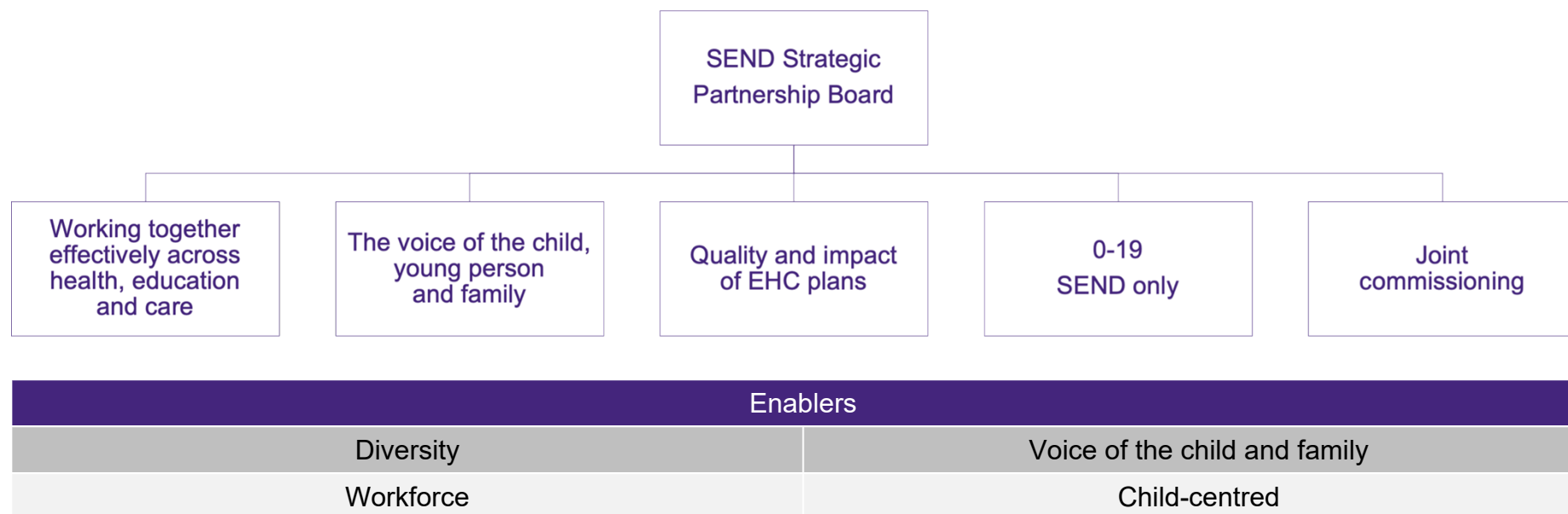




Figure 2: SEND Strategic Partnership Board Workstreams





## Working Well together

Partners have been working closely since the Ofsted Inspection in March 2022. Following the Inspection, weekly and monthly meetings across Education, Health and Care have contributed towards the development of the activities, projects and programmes that are taking shape to form the next stage of our improvement journey.


Senior leads have actively worked across the Local Area to reshape and implement the required changes that are needed to deliver the Written Statement of Action (WSOA). This has been a collaborative approach building on the back of our Open Houses co-production events that were completed in the Winter of 2021 prior to our inspection.

Children and young people are a priority of the whole partnership. Our shared purpose is to support children and young people with additional and complex needs, by co-producing universal and specialist services to meet the needs within the district. We have been working with a wide range of partners following the inspection to help shape and co-produce the activities contained within this Written Statement.

In line with the improvement plan set out in this WSOA, the Health and Care Partnership will continue to prioritise investments into services for children and young people to ensure the trajectories can be achieved.

We have agreed several principles to keep us working effectively together to deliver better timely outcomes for children and families between Education, Health and Social Care:

- The child/young person is at the heart of everything we do;
- The Universal Offer and Prevention and Early Intervention is our first pillar, which means encouraging and supporting individuals and families to ask for help when they need it and not when it is too late, and then ensuring that help and support is accessible when needed;
- Co-producing as a system all that we deliver, evaluate and re-design with active participation from children, parents/carers;

- 
- Supporting children to maximise their learning, growth and development and remain happy, healthy at home, and wherever possible to be brought up and cared for within their own families;
  - Adhering to the principles and behaviours set out in the single partnering agreement; and
  - Sign up to a shared purpose and shared outcomes that support children and families with their physical, social, emotional mental health needs with a shared commitment to increase prevention and early intervention.

The Health and Care Partnership Leadership Executive proposed that Children and Young People will be one of our five priorities. This was endorsed by the Wellbeing Executive and SEND Strategic Partnership Board.

## Local Monitoring Arrangements

The baselines established upon implementation of WSOA and targets agreed by the Action Leads will be monitored as follows:

Figure 3: Local monitoring arrangements schedule

<b>Monthly</b>	
Key Performance Indicators	Progress and challenge held at SEND Strategic Partnership Board Health and Care senior leadership meeting
<b>Bi-monthly</b>	
WSOA interim reports on progress	Targeted WSOA updates to SEND Strategic Partnership Board (exception reporting)
<b>Quarterly</b>	
WSOA formal reports of on progress	Council Executive Partnership Leadership Executive (PLE) Children's Health and Care Partnership Board NHS England / Department for Education quarterly monitoring
<b>Six-monthly</b>	
Political oversight of WSOA	Children and Young People's Overview and Scrutiny Committee
<b>Annually</b>	
Statutory responsibility	Bradford Wellbeing Board

The SEND Transformation and Compliance Team will ensure the timely production of reports that will highlight the progress of each workstream, as well as any areas of risk.



## Monitoring of the WSOA

This Written Statement of Action (WSOA) will provide a framework for addressing the key issues and areas for development identified by Ofsted and the CQC in their inspection.

The WSOA is a dynamic document that will remain under constant review and therefore change over time as work is progressed. Progress against actions within each priority will be 'BRAGG' rated as follows:

Action completed and embedded: **BLUE**

Action significantly delayed: **RED**

Action in progress: **AMBER**

Action on track: **GREEN**

Action not yet started as dependent on  
or waiting other actions to be completed: **GREY**

The 'BRAGG' rating above will be used as part of the monitoring process going forward which will be undertaken by the Bradford SEND Strategic Partnership Board. Milestone completion dates will be included in the WSOA as the plan is monitored, which will act as a critical measure over the next two years.

Wherever quantifiable, percentages of improvement will be recorded within the progress columns along with milestone measures and a narrative to explain the journey towards completing the actions.

Impact measures will also be quantified where appropriate, for example, percentage of parental satisfaction as the actions are delivered and become embedded.



## IMPROVEMENT AREA 1

Poor communication between stakeholders across education, health and care


SRO: Niall Devlin, Assistant Director SEND and Inclusion

All stakeholders in Bradford agree that more can be done to implement stronger positive models of engagement and communication between partners in the Local Area. We are committed as partners to work as one system with a shared purpose to enhance communication between stakeholders across education, health and care. We will also co-design improvement plans in partnership with children and families to ensure measurable improvements to service outcomes and experience.

We have made substantial strides in the last 18 months, supporting the development of our SEND workstreams and co-producing our Improvement Programme for the next two years. These actions have resulted in significant positive change within services. We accept however, that further work needs to be done and we are ready to face that challenge as a system. We need to network, communicate and plan better across the local area and demonstrate greater empathy, compassion and care for all our service users. We know, as well, that we need to be clearer about how long some tasks should take before we contact our partners and families on the next steps of the pathway.

We are co-producing a new stakeholder plan that sets the metrics for how we will work together. This will agree standard timeframes to hold each other to account on and to be held to account for. These standards will be published in service level agreements. We are also committing to holding each other to a high standard of supporting families right in the first instance. We have set ourselves a target through our annual survey, where we want 65% of our parents to be happy with the service, they get from us in relation to the timeliness of our responses and the quality of our services.

The Local Area is committed to working more collaboratively with our schools. We will work to improve our involvement, to ensure that the knowledge and first-hand experience of those working closest with our children and young people with SEND is used to shape the Annual Strategic Plan – Sufficiency of Specialist places.



This will assist in ensuring that we meet the needs of all our children and young people across the district, by having the required provisions in the most needed areas of the district where possible. We will conduct an annual survey of our schools to ensure that this is the case.

We will also be refreshing our governance processes and workstreams to ensure that we get a wider level of both parental and school involvement in our workstreams to help deliver the next stage of our SEND improvement journey.

We have identified within our SEND Improvement Programme that we need to make ourselves more democratically accountable to all children and young people with SEND. We are creating a new model of participation and involvement for children across Bradford which will go live this academic year. We want to make sure their voices are heard more collectively in shaping strategic decisions, as well as committing to hearing their voices more clearly in their Education, Health and Care (EHC) plans.

The Local Area is currently in the process of refreshing the Local Offer. A project is underway to take the next step in updating this key resource. We will be working with partners to remove out of date content so that the Local Offer can be navigated more easily, monitored by quarterly auditing and published reporting. This will offer greater personalisation of content based on if you are a child or young person, parent, or professional to help you find the information you need more easily.

**Table 1: Improvement Area 1 – Poor communication between stakeholders across education, health and care**

Activity	Lead	Partners	Timeframe	Success/Measure	Progress	RAG
Objective 1.1	To develop an engagement and communication plan to improve communication to all stakeholders and families to ensure timely feedback and support from SEND services is provided.					
Objective 1.2	To hold engagement events with schools in relation to the sufficiency of specialist places to ensure greater awareness and input into school place planning processes.					
Objective 1.3	To deliver a new model of engagement and involvement for children and young people for SEND to increase child and young person engagement and accountability in the design and running of SEND Services.					
Objective 1.4	To widen the involvement of partners in the SEND workstreams to improve change overall to reflect new priorities in SEND services.					
Objective 1.5	To support the improvements to the Local Offer refresh to support families to find the right information at the right time.					
Objective 1.1	To develop an engagement plan for communication improvement to all stakeholders and families to ensure timely feedback and support from SEND services is provided.					
1.1.1	Strategic Manager SEND CBMDC	<ul style="list-style-type: none"> <li>• SSPB</li> <li>• Parents and Families Groups</li> <li>• All Schools across Bradford</li> <li>• CYP's Engagement Groups</li> <li>• Health Partners</li> <li>• Social Care</li> <li>• VCSE Groups</li> </ul>	November 2022	Group formed Terms of Reference approved		
1.1.2	Strategic Manager SEND CBMDC	<ul style="list-style-type: none"> <li>• SSPB</li> <li>• Parents and Families Groups</li> </ul>	December 2022	Stakeholder Plan published		



demonstrate a commitment to wider improvement for stakeholder communication with partners, families and Children.		<ul style="list-style-type: none"> <li>All Schools across Bradford</li> <li>CYP's Engagement Groups.</li> </ul>		SLA Charter approved		
1.1.3 To publish the Annual Report of parental and partner satisfaction scores of SEND Services relating to timeliness and quality of SEND services. To increase the scores from 25% in 2022 of families and partners feel they are kept informed of progress to 65% by December 2025.	Strategic Manager SEND CBMDC	<ul style="list-style-type: none"> <li>Parents and Families Groups</li> <li>All Schools across Bradford</li> <li>CYP's Engagement Groups</li> </ul>	December 2023  December 2024 December 2025	35% of families / partners will feel they are kept informed by December 2023  50% by December 2024 65% by December 2025		
Objective 1.2 To hold engagement events with schools in relation to the sufficiency of specialist places to ensure greater awareness and input into school place planning processes.						
1.2.1 To hold engagement events with schools prior to the publication of the Annual Strategic Plan – Sufficiency of Specialist Places. This will ensure that schools knowledge and first-hand experience is captured and considered against our data sets / forecasts when shaping and reviewing the Strategic Plan.	Strategic Manager Sufficiency CBMDC	<ul style="list-style-type: none"> <li>School/Academies</li> <li>School Representative Bodies</li> <li>School Forum and sub groups</li> </ul>	December 2022  April 2023  December 2023  April 2024	Biannual events with Schools complete		
1.2.2 To enhance awareness of the publication of the Annual	Strategic Manager Sufficiency	<ul style="list-style-type: none"> <li>Schools/Academies</li> </ul>	September 2022 & further	70% of schools report they are		

Strategic Plan – Sufficiency of Specialist places.	CBMDC	<ul style="list-style-type: none"> <li>• School Representative Bodies</li> <li>• School Forum and sub groups</li> </ul>	in September 2023	satisfied they are aware of the plan of sufficiency		
Objective 1.3 To deliver a new model of engagement and participation for children and young people for SEND to increase child and young person engagement and accountability in the design and running of SEND Services.						
1.3.1 To finalise the model of student and pupil engagement, and to approve the model of democracy for participation for children with SEND in Bradford.	SEND Transformation Manager CBMDC	<ul style="list-style-type: none"> <li>• Coproduction and Engagement Workstream Members</li> <li>• School representative Bodies</li> <li>• SEND Young Ambassadors</li> </ul>	December 2022	Model agreed and approved by SEND Partnership Board		
1.3.2 To commence the Children & Young People’s democratic and participation function across Bradford schools	SEND Transformation Manager CBMDC	<ul style="list-style-type: none"> <li>• Coproduction and Engagement Workstream Members</li> <li>• School representative Bodies</li> <li>• SEND Young Ambassadors</li> </ul>	March 2023	New model launched in 2022/23 Academic Year		
Objective 1.4 To widen the involvement of partners in the SEND workstreams to improve change overall to reflect new priorities in SEND services.						
1.4 .1 To revise SEND governance arrangements increasing parental and school participation reflecting the new work areas identified within the SEND Improvement Programmes 2022- 2024	SEND Transformation Manager CBMDC	<ul style="list-style-type: none"> <li>• SSPB Members</li> <li>• Previous Workstream Members</li> <li>• SEND Ambassadors</li> <li>• School Forum Reps</li> </ul>	October 2022	New Governance Approved		

Objective 1.5 To support the improvements to the Local Offer refresh to support families to find the right information at the right time						
1.5.1 To review and amend or remove out of date content within the Local Offer.	Local Offer Lead CBMDC	<ul style="list-style-type: none"> <li>All SEND Workstreams</li> <li>PFBA / Aware</li> <li>School Forum Members</li> </ul>	<p>October 2022</p> <p>December 2022</p> <p>April 2023 (Ongoing biannually)</p> <p>December 2023 (ongoing quarterly)</p>	<p>Complete Data quality audit</p> <p>All Local Offer pages to have named owner by Dec22</p> <p>Bi-annual review of dip-sample of Local Offer pages to be complete</p> <p>95% of Local Offer pages which are audited are up to date</p>		
1.5.2 To launch the new Local Offer website, to support families to find the right information at the right time	Local Offer Lead CBMDC	<ul style="list-style-type: none"> <li>All SEND Workstreams</li> <li>PFBA / Aware</li> </ul>	November 2023	New Local Offer Launched		



## How will we know that what we are doing is making a difference?

Outcome Indicators	1.1	Within our EHC Annual Survey, by 2025 65% of our families & Partners are happy with the timeliness and quality of services that they receive
	1.1	That quarterly dip sampling of cases meets our revised SLAs with children and families about timeliness of response from the SEND Integrated Assessment Teams
	1.2	That 70% of Schools in the Review Survey report on improved levels of engagement with the Local Authority on School Place Planning by 2024
	1.3	That the new model of democracy and engagement is launched in 2022/2023 Academic Year
	1.4	Revised Governance Arrangements agreed by October 2022
	1.5	That 95% of Services reported within the Local Offer audit have up to date service information
	1.5	That the Updated Local Offer goes live by September 2023

## Improvement Area 1 Impact Statement

The table below sets out what children, families and partners can expect, as a result of the actions set out in this WSOA.

WSOA 1 Objectives	How will this make a difference to children and families?	An example in practice
<p>1.1 To develop a stakeholder and engagement plan for communication improvement to all stakeholders and families to ensure timelier feedback and support from SEND services is provided.</p>	<p>Families and professionals will have a published group of service level agreements so they know what and when they can expect updates on their case. This will clarify the timeframes for families and professionals about queries, applications and updates on matters relating to next steps which are clear.</p> <p>Professional letters are reviewed and made more personal in providing core updates. Greater preferencing of parental wishes is considered and then acted upon in a published timeframe.</p>	<p>A family have emailed the Integrated Assessment inbox for an update on their child’s draft EHC Plan. They receive an email saying that all queries relating to draft plans will be responded to within 5 days either by phone or email. They ask if they can be called back on an update as opposed to receiving an email.</p> <p>They receive a phone call from their EHC Officer 4 days later to talk through Section A of the child’s plan as there are some areas that need further information to be placed in there.</p>
<p>1.2 To hold engagement events with schools prior to the publication of the Annual Strategic Plan – Sufficiency of Specialist Places. This will ensure that schools knowledge and first-hand experience is captured and considered against our data sets/forecasts when shaping and reviewing the Strategic Plan.</p>	<p>Schools will be sighted on sufficiency plans so they understand what places are being built and when and to test through a survey to see if they are happy with the engagement and with the forward plan for places.</p>	<p>The Strategic Plan is shared with Schools Forum showing detailed place allocations for the next two years showing the type of places and locations we are expanding and why. Schools are supported to share their thoughts on the style and concepts being presented to help shape future strategies, plans and consultations for new school places.</p>

<p>1.3 To deliver a new model of engagement and participation for children and young people for SEND to increase child and young person engagement and accountability in the design and running of SEND Services.</p>	<p>Children are given an opportunity to co-produce the services of the future and to be given more opportunities to be involved in the democratic and co-productive elements more widely of services that support them.</p>	<p>A new SEND Youth Council meets termly to help design, challenge and scrutinise new services for short breaks that will take place in their schools. Children design and vote on their favourite proposals and decide to include more active sport and play, and new reading based support to help them.</p>
<p>1.4 To widen the involvement of partners in the SEND workstreams to improve change overall to reflect new priorities in SEND services.</p>	<p>More parental engagement is put into the workstreams to support, coproduce and challenge the workstream progress to support further benefits to children and families.</p>	<p>20% of the workstream core members are made up of parents to reflect greater parental involvement in the progress and decision making. More parental views are captured organically as part of our improvement works so that greater input is shared more regularly and provides greater balance to proposals and work being done.</p>
<p>1.5 To support the improvements to the Local Offer refresh to support families to find the right information at the right time.</p>	<p>The new Local Offer will not contain out of date information and acts as personalised resource to help parents, carers, professionals and young people find what they need easily about services.</p>	<p>The Local Offer contains three front doors that provider greater personalisation, to children and young people, parent's professionals. This allows them to move towards pages and services that provide greater resonance to them and give them what they need quicker and with greater personalisation to their needs.</p>



## IMPROVEMENT AREA 2

The variable quality of EHC plans, including plans which do not fully describe the provision that children and young people with SEND need.

SRO: Niall Devlin, Assistant Director SEND and Inclusion

Within our SEND improvement journey, we plan to further improve the timeliness of reissuing Education, Health and Care (EHC) plans following annual reviews. We are proud of our efforts to support the improvements we have made over the last two years, where seven families out of ten now get their EHC plan within twenty weeks.

We are now embarking on the next phase to ensure that Annual Reviews of our EHC plans are done within compliant time limits. We will be prioritising our efforts to ensure updated EHC plans are reissued to families within agreed statutory required time limits of an annual review taking place. This will ensure we are in line with the findings of the recent judicial review and within the proposals outlined within the [SEND Review: Right Support, Right Place, Right Time](#) Government consultation on the SEND and alternative provision system in England. We are recruiting a new Annual Review Team to help us with these tasks to support families that will be in place by early 2023.

A thematic review of our EHC Plans has found further work is required to strengthen the quality of contributions from statutory partners and to ensure that these are accurately reflected in the final EHCP. Our priority is to ensure plans reflect the identified needs of children in our District. We know that accurate and meaningful contributions to specify health and social care needs is not always reflected in our plans, particularly where a child is supported with a child protection plan or where they have been brought into care.

The Local Area agree with Ofsted that more needs to be done to strengthen the inclusion of meaningful Preparation for Adulthood outcomes in our EHC Plans on a more consistent basis. We also know that out-of-date Key Stage of Education outcomes are too often found in our plans for children. This means in practice that we cannot always fully understand if children are making the expected progress we want for them.



Working with our Improvement Partner Warrington Council, we know that we need to measure our improvement in these areas through a new Quality Assurance Framework that will become integral to how we monitor quality and will replace existing quality monitoring arrangements.

The Quality Assurance Framework aims to provide a range of mechanisms to help set direction, support delivery, manage risk, monitor and review practice and outcomes for children and young people.

Bradford is also currently on an improvement journey to embed its new SEND performance framework (Vital Signs). This will help us provide further clarity and understanding on the quality and timeliness of activities relating to our EHC Processes. We are committed as a partnership to share accurate and timely progress with others, to ensure greater confidence that our overall improvement work is delivering the outcomes we want for children and families.



**Table 2: Improvement Area 2 – The variable quality of EHC plans, including plans which do not fully describe the provision that children and young people with SEND need.**

Activity	Lead	Partners	Timeframe	Success/Measure	Progress	RAG
Objective 2.1	All Annual Reviews are consistently re-issued within the required time limits to ensure all children receive appropriate support in line with their needs.					
Objective 2.2	To improve the meaningful and accurate contribution of health and social care to EHC Plans to ensure the correct contributions from professionals allowing children and families to access the right services to support their child.					
Objective 2.3	To ensure PFA Outcomes are stated in all EHC Plans from Year 9 in all annual reviews, so that a clear pathway is identified to support a young person prepare for adulthood.					
Objective 2.4	To ensure that EHC plans have meaningful outcomes that are relevant to a child’s journey and relate to their current Key Stage of Education so that provisions meet a child’s needs.					
Objective 2.5	To improve the number of plans that are audited that meet the needs of children as set out in the Quality Assurance Framework.					
Objective 2.1	All Annual Reviews are consistently re-issued within the required time limits to ensure all children receive appropriate support in line with their needs.					
2.1.1	To recruit the new Annual Review Team within Education and Learning to improve the timeliness of amended EHC plans being issued to families and schools.	Strategic Manager SEND CBMDC	<ul style="list-style-type: none"> <li>Children and Young People’s Engagement Groups.</li> <li>Health and Social Care Partners</li> </ul>	February 2023	8 FTE Annual Review Officers recruited	
2.1.2	To improve the current timeliness of EHC plans being reissued following an Annual Review.	Strategic Manager SEND CBDMC	<ul style="list-style-type: none"> <li>All Schools across Bradford</li> <li>Children and Young People’s Engagement Groups.</li> <li>Statutory Health Partners</li> <li>Social Care Leaders</li> </ul>	December 2022 January 2024 (70%)	Launch of Annual Review Portal By January 2024, 70% of all EHC Plans will be re-issued in line with statutory required	

			January 2025 (80%)	time limits following an Annual Review. By January 2025, 80% of all EHC Plans will be re-issued in line with statutory required time limits following an Annual Review.		
Objective 2.2 To improve the meaningful and accurate contribution of health and social care to EHC Plans to ensure the correct contributions from professionals allowing children and families to access the right services to support their child.						
2.2.1 To improve the contribution of Social Care to EHC Plans to ensure social care advice and support is identified and recorded accurately within plans.	DSCO Social Care Bradford Children's Trust	SEND Services Social Care Leaders	January 2024 (65%)  January 2025 (80%)	By January 2024, 65% of all EHC Plans will have up to date Social Care Advice. By January 2025, 80% of Plans will have up to date Social Care advice.		
2.2.2 To improve the contribution of Health to EHC Plans to ensure health advice and support is identified and recorded accurately within plans.	Designated Clinical Officer Health Professionals*	SEND Services NHS Trust Leadership Statutory Health Partners / DCO	January 2024 (65%)  January 2025 (80%)	By January 2024, 65% of Plans will have up to date Health Advice. By January 2025, 80% Plans will have up to date Health advice.		

Objective 2.3 To ensure PFA Outcomes are stated in all EHC Plans from Year 9 in all annual reviews, so that a clear pathway is identified to support a young person prepare for adulthood.						
2.3.1 To ensure PFA outcomes are correctly recorded in EHC Plans from Year 9 to ensure greater consistency to support PFA planning in EHC plans in the Local Area. (Baseline currently 30%)	Strategic Manager SEND CBMDC	<ul style="list-style-type: none"> <li>• PFA Workstream Members</li> <li>• School representative Bodies</li> <li>• SEND Young Ambassadors</li> </ul>	January 2024 (75%)	By January 2024, 75% of all EHC plans with have up to date PFA Outcomes recorded.		
			January 2025 (80%)	By January 2025, 80% of all EHC plans with have up to date PFA Outcomes recorded.		
Objective 2.4 To ensure that EHC plans have meaningful outcomes that are relevant to a child's journey and relate to their current Key Stage of Education so that provisions meet a child's needs.						
2.4 To ensure EHC plans have appropriate educational Key Stage outcomes recorded to ensure provisions meet the needs of children.	SEND Team Manager CBMDC	<ul style="list-style-type: none"> <li>• Coproduction and Engagement Workstream Members</li> <li>• School representative Bodies</li> <li>• SEND Young Ambassadors</li> </ul>	January 2024 (75%)	By January 2024, 75% of all EHC plans with have up to date appropriate Key Stage outcomes recorded.		
			January 2025 (80%)	By January 2025, 80% of all EHC plans with have up to date appropriate Key Stage outcomes recorded.		

Objective 2.5 To improve the number of plans that are audited meet the needs of children as set out in the Quality Assurance Framework.						
2.5.1 To introduce the new Quality Assurance Framework working with our DFE Improvement Partner.	Strategic Manager SEND CBMDC	<ul style="list-style-type: none"> <li>• SSPB Board Members</li> <li>• Integrated Assessment Board Members</li> <li>• SLI Partner Warrington Council</li> <li>• SENDCO Network</li> </ul>	November 2022	New QA Framework Launched		
2.5.2 To launch updated performance framework to support oversight of EHC Plan improvements.	Strategic Manager SEND CBDMC	<ul style="list-style-type: none"> <li>• SSPB Board Members</li> <li>• Integrated Assessment Board Members</li> <li>• SLI Partner Warrington BC</li> <li>• SENDCO Network</li> </ul>	November 2022	New Performance Framework Launched		
2.5.3 To improve the overall percentage of EHC plans being independently assessed under the QA framework as meeting the needs of children.	Strategic Manager SEND CBDMC	<ul style="list-style-type: none"> <li>• SSPB Board Members</li> <li>• Integrated Assessment Board Members</li> <li>• SLI Partner Warrington BC</li> <li>• SENDCO Network</li> </ul>	January 2024 (70%)  January 2025 (80%)	By January 2024, 70% of all EHC plans will be independently considered to be deemed, to be sufficient to meet needs.  By January 2025, 80% of all EHC plans will be independently considered to be deemed, to be sufficient to meet needs.		



## How will we know that what we are doing is making a difference?

Outcome Indicators	2.1	Improve the timeliness of the re-issuing of EHC Plans following an Annual Review within agreed statutory time limits to 70% in 2024 and 80% in 2025
	2.2	To improve the contribution of Social Care to EHC plans to 65% in 2024 and to 80% in 2025
	2.2	To improve the contribution of health advice to EHC Plans to 65% in 2024 and 80% by 2025
	2.3	To improve the numbers of Year 9 pupils with PFA Outcomes recorded in their EHC Plans to 75% in 2024 and to 80% by 2025
	2.4	To improve the numbers of pupils with appropriate Key Stage outcomes recorded in their EHC Plans to 75% in 2024 and to 80% by 2025
2.5	To increase the numbers of EHC plans found to be sufficient, to meet needs through independent audit to 70% in 2024 and 80%% in 2025	

## Improvement Area 2 Impact Statement

The table below sets out what children, families and partners can expect, as a result of the actions set out in this WSOA.

WSOA 2 Objectives	How will this make a difference to children and families?	An example in practice
<p>2.1 All Annual Reviews are consistently re-issued within the required time limits to ensure all children receive appropriate support in line with their needs.</p>	<p>Families and schools receive up to date plans that clearly articulate any material changes to an EHC plan that set out the support and provisions that are reflective of a child's needs and demonstrate their lived experiences.</p>	<p>Schools receive their updated paperwork back in a timely manner setting out what change in support will now be provided to a child / young person to meet their outcomes. This can include a change of resource allocation in terms of 1:2:1 support that is needed now that further needs have been identified in the annual review.</p> <p>A change of circumstances to access health services has also been found that opens access to health provisions that without their input into the EHC Plan would not be accessed by a family or child.</p>
<p>2.2 To improve the meaningful and accurate contribution of health and social care to EHC Plans to ensure the correct contributions from professionals allowing children and families to access the right services to support their child.</p>	<p>Families receive plain English descriptions of the support they are going to receive from social care and health that is practical in nature and focuses on supporting any health conditions and social care needs a child may have. This helps to support families to understand how and where they can access services that support their child's health and social care needs.</p>	<p>Health example in a plan: Elena (9 years old) will have a physiotherapy programme developed by her therapist for use in school in advance of the start of Year 5. Within the first week of Elena starting Year 5, school staff will be trained in the programme by a member of the therapy team. The programme will subsequently be reviewed at the beginning of every half term.</p> <p>Social Work example in a plan- James (10 years old) will have a place reserved at the local specialist holiday scheme for young children with autistic spectrum disorder. He will be able to attend for six half day sessions of his parents choosing during each school holiday period. This is funded by the Children with Disabilities team.</p>
<p>2.3 To ensure PFA Outcomes are stated in all EHC Plans from Year 9 in all annual reviews, so that a clear pathway is identified to support</p>	<p>Preparation for Adulthood outcomes are included as early as possible to support a child and young person meet their potential. That support and services are wrapped around these</p>	<p>At the Annual Review for Hassan in Year 8, early dialogue is formed at the review meeting setting out personalised inputs into his plan that consider his cognition and learning, communication &amp; interaction, SEMH and his sensory, medical and physical needs.</p>

<p>a young person prepare for adulthood.</p>	<p>objectives in the plan to help a young person transition into the most suitable education, employment or training opportunities.</p>	<p>These are included in his new plan and form the basis of his PFA journey into Year 9 and above. They form key drivers in terms of his future schooling arrangements, his curricula and his work experience opportunities though Year 9 and beyond.</p>
<p>2.4 To ensure that EHC plans have meaningful outcomes that are relevant to a child's journey and relate to their current Key Stage of Education so that provisions meet a child's needs.</p>	<p>Families have the most appropriate Key Stage outcomes recorded in the child's plan so that progress can be tracked to see where a child is meeting their stated objectives that is reflective of a young person's journey through education. This will support families to better understand progress and to support and challenge the quality of services that a family is receiving where appropriate.</p>	<p>As part of the Annual Review for Hannah who is in Year 3, a review of her KS1 outcomes considered the progress she has made in Years 1 and 2 in her school since she received her EHC Plan in Reception.</p> <p>Professionals who know Hannah, consider her aspirations in Section A of her EHC plan and provide new outcomes that are smart and relevant to her lived experience. These form her updated plan that is then reviewed annually to review the progress against her new outcome measures.</p>
<p>2.5 To improve the number of plans that are audited that meet the needs of children as set out in the Quality Assurance Framework.</p>	<p>Plans will have greater value and meaning to both parents and professionals due to a child's plan accurately reflecting their journey and what support they need moving forward. This will help inform the size and shape of services that are needed to meet sufficiency needs of children individually and as a whole.</p>	<p>A thematic review of all children on the Edge of Care in 2023 found that 75% of all plans accurately reflect the child's journey and their needs had been identified. There were however some areas of wider thematic growth that is required about setting out PFA outcomes in children in Year 9 and above.</p> <p>A new Project is approved and commissioned to ensure all plans in this cohort reflect this requirement and the SEND Strategic Partnership Board request an update 6 months later on progress to address this training and operational matter.</p> <p>This is completed and on re-review 90% of plans for children on the edge of care have meaningful PFA outcomes embedded in them.</p>



## IMPROVEMENT AREA 3

The inconsistent delivery of the 0 to 19 health visiting, school nursing and specialist nursing services.

SRO: Sarah Muckle, Director of Public Health

Our 0-19 Services are the foundations upon which all child health services are built, to support the early identification of children who have SEND and additional needs.


The Local Area is committed to having the right foundations in place, to ensure we can support the wider health and care system to identify our children's needs earlier and in a more consistent manner. This will help us to improve outcomes for children and their families, to provide them with the right support, in the right place, at the right time.

The Council has identified over £1m of additional in-year investment for the 0-19 service. This will become recurrent from April 2023. The Council and Bradford District Care Foundation Trust (BDCFT) are working together to use the additional funds to improve the Health Visiting and School Nursing Service, focusing on the experience of babies, children, young people and families. We are committed to ensuring that we improve face-to-face antenatal contacts with prospective parents. This will help identify needs early, including before birth where appropriate so that babies and children who are vulnerable or who have complex needs are identified and supported early.

The service offer will also ensure that developmental reviews for children aged between two and two and a half years are completed consistently, allowing for the greater early identification of additional needs for the child population of our District. Work to increase the numbers of professionals in the School Nursing Service is also taking place.

Council and health colleagues will work together to ensure that training offered by specialist services is available for professionals and parent / carers to ensure that children and young people and their families have consistent support within the setting they are attending.





We are committing to creating new screening pathways, to ensure that all children across the District are screened for hearing and visual impairments so that the 0-19 service and wider system can recognise and provide support to children with emerging sensory impairments.

Engagement and consultation on children's 0-19 services has taken place with families, schools, Voluntary Community Social Enterprise (VCSE) organisations, and partners, to inform development and innovation within the 0-19 contract to improve the experience of babies, children, young people and families.

Partners will work together to review 0-19 and specialist nursing services to ensure that specialist provision dovetails seamlessly with the 0-19 service offer. This will include a review of: the 0-19 service offer; School Nursing Special Needs; mainstream specialist school nursing; community children's nursing; continuing care and children looked after services. This will ensure that the identification of additional needs for vulnerable and complex children takes place as early as possible and that, once identified, needs are supported seamlessly by all relevant agencies.

Bradford is one of 75 areas in the country which has received Start for Life funding. The Council's Early Help teams are working closely with a range of partners to use this funding to ensure that babies, children and families have access to trained professionals from a wide range of services in family hubs. This will improve early identification and addressing of additional needs across Bradford in community settings, and improve the experience for families, especially for children and young people with SEND.

**Table 3: Improvement Area 3 – The inconsistent delivery of the 0-19 Health Visiting, School Nursing and Specialist Nursing Service**

Activity	Lead	Partners	Timeframe	Success/Measure	Progress	RAG
Objective 3.1	To improve the consistency of the Health Visiting, School Nursing and Specialist School Nursing services so that families, babies and children have additional needs identified and addressed early.					
Objective 3.2	To improve delivery of Vision and Audiology screening, so that reception-aged children have hearing and visual impairment identified and addressed early.					
Objective 3.3	To make sure that training by the specialist nursing teams is delivered consistently to partners, so that children have their needs understood and met by people within the settings they are attending.					
Objective 3.4	To ensure that children and young people's additional needs are identified effectively by Early Help practitioners and in family hubs so that babies, children and families receive the help they need more consistently.					
Objective 3.1	To improve the consistency of the Health Visiting, School Nursing and Specialist School Nursing services so that families, babies and children have additional needs identified and addressed early					
3.1.1 BDCFT to implement plans to establish new teams and ways of working within the Health Visiting service which streamline services and improve the proportion of women receiving routine antenatal contacts (baseline 2021/22 = 34.3%)	General Manager Community Services BDCFT	Senior Public Health specialist CBMDC  Babies, children and families	September 2022  December 2022  September 2023	35% of parents receive an antenatal visit  40% of parents receive an antenatal visit  55% of parents receive an antenatal visit	KPI target 55%	
3.1.2 BDCFT to implement their plan to establish new teams and ways of working within the Health Visiting service which streamline services and	General Manager Community Services BDCFT	Senior Public Health specialist CBMDC  Babies, children and families	September 2022	90% of children receive a 2-year check with ASQ3 assessment by age 30 months	KPI target is 90%	

<p>improve the proportion of children receiving the routine 2-2.5-year check/ ASQ (baseline 2021/22 = 54.7%).</p>			<p>December 2022</p> <p>March 2023</p> <p>December 2023</p>	<p>92% of children receive a 2-year check with ASQ3 assessment by age 30 months</p> <p>92% of children receive a 2-year check with ASQ3 assessment by age 30 months</p> <p>95% of children receive a 2-year check with ASQ3 assessment by age 30 months</p>	<p>KPI target is 95%</p>	
<p>3.1.3 Key stakeholders review and develop core and specialist pathways between 0-19 and Specialist services to ensure seamless and consistent processes for CYP and families</p>	<p>General Manager Community Services BDCFT</p>	<p>Consultant in Public Health CBMDC BDC HCP Families and children</p>	<p>January 2023</p> <p>November 2023</p> <p>March 2024</p>	<p>Pathways identified for development</p> <p>Pathways developed</p> <p>Pathways active</p>		
<p>Objective 3.2 To improve delivery of Vision and Audiology screening, so that reception-aged children have hearing and visual impairment identified and addressed early</p>						
<p>3.2.1 BDCFT to deliver audiology screening at school entry so that hearing impairment is identified and addressed early.</p>	<p>General Manager Community Services BDCFT</p>	<p>Senior Public Health specialist CBMDC Babies, children and families</p>	<p>December 2022</p>	<p>40% of reception children screened for AI</p>	<p>Schools run on an academic year so performance is cumulative September – July</p>	

(Baseline 2019/20 = 66.4%)			March 2023  July 2023	70% of reception children screened for AI  100% of eligible reception children offered VI screening, with 90% of reception children screened for AI		
3.2.2 Develop and implement a consistent, effective vision screening pathway for children on school entry	Senior Public Health specialist CBMDC	Consultant in Public Health, CBMDC BDCFT BTHFT Children and families	January 2023  July 2023	Plans in place  100% of eligible reception children offered VI screening, with 93% taking this up	Schools run on an academic year so performance is cumulative September – July.	
Objective 3.3 To make sure that training by the specialist nursing teams is delivered consistently to partners, so that children have their needs understood and met by people within the settings they are attending.						
3.3.1 Key stakeholders review and enhance the current training offer to schools, parents and carers, and other professionals/ services to ensure that health needs of CYP are met consistently and that access to training doesn't delay access to care and/or support	Senior Head of Integration and Change, (Women and Children) BDC HCP	BDCFT, BTHFT Integration & change team Personalised commissioning team CBMDC (social care)	December 2022  September 2023  December 2023	Training audit to identify priority areas  Published training offer  75% of those that take the training offer up report a positive impact		

Objective 3.4 To ensure that children and young people's additional needs are identified effectively by Early Help practitioners and in family hubs so that babies, children and families receive the help they need more consistently

<p>3.4.1 Ensure that practitioners within family hubs and the in-development Start for Life model have training to ensure that children's SEND needs are consistently identified and responded to early in these settings.</p>	<p>Prevention and Early Help service manager CBMDC</p>	<p>Public health, CBMDC Children and families Health partners VCS agencies as appropriate for local communities</p>	<p>December 2022  July 2023</p>	<p>SEND training offer for family hub staff developed  75% of Prevention and Early Help staff in family hubs are trained to the appropriate level</p>		
<p>3.4.2 Develop and implement plans for family hubs and the Start for Life programme which co-locate a wide range of services, so that babies, children, young people and families have access to practitioners through family hubs who can identify and respond to additional needs.</p>	<p>Prevention and Early Help service manager CBMDC</p>	<p>Public Health, CBMDC Children and families Health partners VCS agencies as appropriate for local communities</p>	<p>December 2022  December 2023</p>	<p>Start for life plan includes colocation of a wide range of partners and services including 0-19 service  60% of people are happy with the range and quality of the services provided within family hubs</p>		



## How will we know that what we are doing is making a difference?

- |                    |       |   |
|--------------------|-------|---|
| Outcome Indicators | 3.1.1 | That 55% of parents receive an antenatal visit by September 2023  |
|                    | 3.1.2 | That 95% of children receive a 2 year check using ASQ3 by age 30 months, by December 2023                       |
|                    | 3.1.3 | Pathways move from developed to active by March 2024  |
|                    | 3.2.1 | That 90% of children are screened for AI in their first year of school by July 2023                             |
|                    | 3.2.2 | That 93% of children are screened for VI in their first year of school by July 2023                             |
|                    | 3.3.1 | 75% of partners/parent carers who take the training offer up report a positive impact by December 2023          |
|                    | 3.4.1 | 75% of staff in family hubs are trained to the appropriate level by July 2023                                   |
|                    | 3.4.2 | 60% of people are happy with the range and quality of the services provided within family hubs by December 2023 |

## Improvement Area 3 Impact Statement

The table below sets out what children, families and partners can expect, as a result of the actions set out in this WSOA.

WSOA 3 Objectives	How will this make a difference to children and families?	An example in practice
<p>3.1 To improve the consistency of the Health Visiting, School Nursing and Specialist School Nursing services so that families, babies and children have additional needs identified and addressed early.</p>	<p>More families will consistently get an antenatal visit pre-birth to provide information, advice and guidance to prospective parents. Families with additional needs will also be identified early and supported and/ or referred to other appropriate services.</p> <p>Health visitors post-birth will continue to support parents and more 2 and half year-old checks will be completed on time, providing improved opportunities for the early identification of needs so that parents are supported sooner where needed.</p> <p>Families will have a better experience (feeling involved and cared for) when liaising with school nursing, specialist school nursing and other specialist services as consistent pathways will enable smooth transitions and closer working between different services.</p>	<p>Josh attending a local nursery has been identified by the EYFS co-ordinator to potentially have a language delay.</p> <p>The 0-19 service assess Josh at 29 months and agrees with the findings of the EYFS setting.</p> <p>The Health Visiting team refers Josh for additional support to help develop his speech and language and a bespoke package of support is agreed for him following the 2 and half year old check.</p>
<p>3.2 To improve delivery of Vision and Audiology screening, so that reception-aged children have hearing and visual impairment identified and addressed early</p>	<p>Children across the Bradford district will receive the hearing and vision screening checks when they are in the reception class.</p> <p>This will help to identify children who may have a hearing or visual impairment earlier in their childhood, providing greater opportunity to support these groups of children meet their potential.</p>	<p>Alissa is a young girl in reception has hearing loss that is moderate in both ears. She is screened in her school as part of the Healthy Child Programme and is referred to Audiology for further support following the hearing tests.</p> <p>She is seen by an audiologist and provided with hearing aids that support her in class. Alissa is also provided with further support in her mainstream school so she doesn't miss important information that impacts on her interactions with her peers in school.</p>

		This helps her substantially and allows her to take part in her school activities. Advice provided to her parents also allows her to interact with her family better allowing her to fully partake in family plans and activities.
3.3 To make sure that training by the specialist nursing teams is delivered consistently to partners, so that children have their needs understood and met by people within the settings they are attending	The specialist nursing services provide training to a wide range of schools, services and parent / carers. Trainers provide evidence based information and guidance that help schools and other partner agencies support the child/young person's needs.	The Children's Community Nursing team provides training to schools and staff in short breaks settings in the management and care of enteral feeding. Schools and staff working in short breaks feel confident in supporting children who are enterally fed, meaning that children can attend school and short break settings.
3.4 To ensure that children and young people's additional needs are identified effectively by early help practitioners so that babies, children and families receive the help they need more consistently	<p>Families who go to the newly re-launched family hubs are supported by a range of professionals and early help staff.</p> <p>All practitioners will have the skills to assess and support families appropriately and sign post where appropriate.</p> <p>They identify a range of potential additional needs in children and refer these to the most appropriate pathways in the Early Years stage before the children are of school age.</p> <p>Families' needs are identified early and appropriate support will be offered.</p> <p>Family will report they have good support.</p>	<p>A family of two siblings who go to the hub are having difficulty with sleep feeding and toileting. The children are new to the country and English is not a first language for the parents.</p> <p>The Hub reviews the presenting factors make referrals with the parents' consent to a range of services to support the children.</p> <p>This proves important as because of this intervention the children are found to require support through the dietetics and paediatrics service and have undiagnosed autoimmune diseases.</p>





## IMPROVEMENT AREA 4


Children and young people wait too long for assessments, treatment and diagnosis. There is insufficient support for children and young people with SEND who are waiting for provision, services, diagnosis or equipment.

SRO: Ali Jan Haider, Director of Integration and Change

We recognise that children and young people wait too long for assessments, treatment and diagnosis across key health services and that there is a lack of effective, timely support offered while children and young people are waiting for services. This is leading to some families struggling to cope, which can negatively impact on their health and wellbeing. These services include the child and adolescent mental health service (CAMHS), speech and language therapy (SaLT), diagnostic pathways for ASD (autism spectrum disorders) and ADHD (attention deficit hyperactivity disorder), annual health checks for children and young people with a Learning Disability and initial and review health assessments for children and young people in care. Waiting too long for assessments limits the opportunity to provide services for those children and young people who require more specialist support; this can then have an adverse effect on their educational and life outcomes.

Significant work has already been undertaken to improve assessment pathways; this includes developing a new GP led model for initial health assessments and additional investment in review health assessments. £1.7m non-recurrent funding and £700,000 recurrent funding has been invested to reduce waits for ASD and ADHD assessments. This reduced the average waiting times for children's autism assessments from 50 weeks in March 2021 to 27 weeks in March 2022.

Work has commenced to review the service pathway and model for Speech and Language Therapy services, with the aim of embedding early identification and intervention at the heart of the model and ensuring specialist services are targeted at those children and young people with the most complex needs. The Centre for Mental Health reviewed local Emotional Health and Wellbeing services for children and young people in 2020 and an ambitious programme of improvement was developed in response to this under our Act as One Programme approach. We recognise that more needs to be done to further reduce waiting times for assessments and treatment and we are committed to making this happen.



We recognise that as a local area we have been slow to identify and support children and young people with SEND who have intensive and/or complex needs. This includes the implementation of a dynamic support register. Action has been taken to address this and health partners have worked with key stakeholders to develop a dynamic support co-ordination approach. This identifies and supports children and young people with a Learning Disability and/or Autism and/or a Mental Health condition or a Social Emotional Mental Health (SEMH) need who are at risk of admission to Specialist In-Patient Units or irretrievable and multiple Placement Breakdown.

The inclusion of children and young people with mental health support and SEMH needs in the dynamic support approach is being recognised as trail blazing. The approach is to launch in Autumn 2022 and aims to reduce in-patient admission to specialist hospitals and to ensure effective support is available in communities; enabling children and young people with the most complex needs to remain supported at, or near to, home.

The provision and co-ordination of children's specialist equipment, such as wheelchairs is poor and children with SEND do not receive specialist equipment in a timely manner. A senior commissioning manager has commenced a review of the current pathways and is working with services and equipment providers to improve the timeliness of equipment provision to children and young people with SEND.

We know we must do more to provide support for children and young people while they are waiting for assessment. We have developed innovative approaches such as funding the Voluntary Community Social Enterprise "BEAT" service to support children and young people and their families whilst they are waiting for Autism or ADHD assessment. However, support whilst waiting for assessment is currently limited. Of particular focus is developing early intervention services and support services for children who may have Speech Communication or Language difficulties, Autism or a Learning Disability.

**Table 4: Improvement Area 4 – Children and young people wait too long for assessments, treatment and diagnosis. There is insufficient support for children and young people with SEND who are waiting for provision, services, diagnosis or equipment.**

Activity	Lead	Partners	Timeframe	Success/Measure	Progress	RAG
Objective 4.1	To reduce waiting times for autism/ADHD assessment and strengthen the support offer whilst waiting for assessment					
Objective 4.2	To reduce waiting times for CAMHS services and strengthen the support offer whilst waiting for assessment and treatment					
Objective 4.3	To reduce waiting times for SaLT assessment and strengthen the support offer whilst waiting for assessment and treatment					
Objective 4.4	To improve timeliness of provision of specialist equipment and wheelchairs for CYP with SEND					
Objective 4.5	To ensure dynamic support co-ordination approach is embedded for CYP with LD/ND/MH and or SEMH					
Objective 4.6	To increase the uptake of Annual Health Reviews for CYP aged 14-25					
Objective 4.7	To improve the timeliness of Initial Health Assessments and Review Health Assessments for children in care					
4.1 Reduce waiting times for autism/ADHD assessment and strengthen the support offer whilst waiting for assessment.						
4.1.1 Review the service offer across all key stakeholders to understand the current service pathway and provision for Autism and ADHD.	Senior Head of Integration & Change CYP LD/ND BDC HCP	<ul style="list-style-type: none"> <li>• CYP/Parents/Carers</li> <li>• Education/Ed Psych</li> <li>• Communities</li> <li>• 0-19 services</li> <li>• Prevention/Early Help services</li> <li>• Social Care</li> <li>• Specialist Nursing</li> <li>• Primary Care</li> <li>• Early Years</li> <li>• VCSE</li> <li>• Public Health</li> </ul>	March 2023	Current service pathway is mapped and all key stakeholders are aware of current service offer		

<p>4.1.2 Review, define and communicate the referral criteria for Autism and ADHD assessment to all key stakeholders to ensure that only CYP who need assessment are referred.</p>	<p>Service Manager for Autism/ADHD waiting lists</p>	<ul style="list-style-type: none"> <li>• CYP/Parents/Carers</li> <li>• Education/Ed Psych</li> <li>• Communities</li> <li>• 0-19 services</li> <li>• Prevention/Early Help services</li> <li>• Social Care</li> <li>• Specialist Nursing</li> <li>• Primary Care</li> <li>• Early Years</li> <li>• VCSE</li> <li>• Public Health</li> </ul>	<p>March 2023</p>	<p>Referral criteria is reviewed and signed off and is shared with key stakeholders including children, young people and families</p>		
<p>4.1.3 Using a co-production approach improve service provision, including review of offer across the self-help, universal and early intervention offer for Autism and ADHD to ensure support is available whilst CYP wait for assessment and to ensure that CYP and families receive advice and support as early as possible to reduce the need referral to specialist services.</p>	<p>Senior Head of Integration &amp; Change CYP LD/ND BDC HCP</p>	<ul style="list-style-type: none"> <li>• CYP/Parents/Carers</li> <li>• Education/Ed Psych</li> <li>• Communities</li> <li>• Provider services</li> <li>• 0-19 services</li> <li>• Prevention/Early Help</li> <li>• Social Care</li> <li>• Specialist Nursing</li> <li>• Primary Care</li> <li>• Public Health</li> </ul>	<p>March 2023  September 2023  March 2023</p>	<p>Self-help, Universal and Early Help pathway is agreed  Evidence of the delivery of the support pathway for Autism/ADHD from self-help, universal offer and early help services  Evidence of signposting to support whilst waiting for Autism/ADHD assessment</p>		

4.2 Reduce waiting times for CAMHS services and strengthen support offer whilst waiting for assessment and treatment.						
4.2.1 Review the service offer across all key stakeholders to understand the current service pathway and provision for CYP who require support with their Mental Health.	Senior Head of Integration & Change Mental Health services BDC HCP	<ul style="list-style-type: none"> <li>• 0-19/Mental Health Support Team (MHST)/CAMHS</li> <li>• Social Care</li> <li>• Provider services</li> <li>• Prevention/Early Help</li> <li>• Education/ Ed Psych</li> <li>• CYP/Families</li> <li>• Primary Care/VCSE</li> <li>• Communities</li> </ul>	March 2023	Current service pathway is mapped and all key stakeholders are aware of current service offer		
4.2.2 Review, define and communicate the referral criteria for CAMHS services to all key stakeholders to ensure that only CYP who need specialist CAMHS services are referred for assessment and treatment.	Service Manager CAMHS BDCFT	<ul style="list-style-type: none"> <li>• 0-19/MHST/CAMHS</li> <li>• Social Care</li> <li>• Provider services</li> <li>• Prevention/Early Help</li> <li>• Education/ Ed Psych</li> <li>• CYP/Families</li> <li>• Primary Care/VCSE</li> <li>• Communities</li> </ul>	March 2023	Referral criteria is reviewed and signed off and is shared with key stakeholders including children, young people and families		
4.2.3 Using a co-production approach improve service provision across the self-help, universal and early intervention offer for CYP mental health services to ensure support is available whilst CYP wait for	Senior Head of Integration & Change Mental Health services BDC HCP	<ul style="list-style-type: none"> <li>• 0-19/MHST/CAMHS</li> <li>• Social Care</li> <li>• Provider services</li> <li>• Prevention/Early Help</li> <li>• Education/ Ed Psych</li> <li>• CYP/Families</li> </ul>	March 2023  September 2023	Self-help, Universal and Early Help pathway is agreed.  Evidence of delivery of support for CYP with SEMH needs from Self-		

<p>CAMHS assessment and to ensure that CYP and families receive advice and support as early as possible to reduce the need for referral to specialist CAMHS services.</p>		<ul style="list-style-type: none"> <li>• Primary Care/VCSE</li> <li>• Communities</li> </ul>	<p>March 2023</p>	<p>help, Universal and Early Help services Evidence of signposting to support whilst waiting for CYP SEMH needs assessment and treatment</p>		
<p>4.3 Reduce waiting times for Speech Language Therapy assessment and treatment and strengthen support offer whilst waiting.</p>						
<p>4.3.1 Review the service offer across all key stakeholders to increase the understanding of current service pathways for CYP who require support with their Speech Language and Communication needs.</p>	<p>Service Manager Speech Communication &amp; Language services BDCFT</p>	<ul style="list-style-type: none"> <li>• CYP/Parents/Carers</li> <li>• Education</li> <li>• Communities</li> <li>• Provider services</li> <li>• 0-19 services</li> <li>• Prevention/Early Help</li> <li>• Primary Care</li> <li>• Public Health</li> </ul>	<p>March 2023</p>	<p>Current service pathway is mapped and all key stakeholders are aware of current service offer</p>		
<p>4.3.2 Review, define and communicate the referral criteria for Specialist Speech and Language Therapy to all key stakeholders to ensure that only CYP who need specialist Speech and Language Therapy are referred for assessment and treatment.</p>	<p>Service Manager Speech Communication &amp; Language services BDCFT</p>	<ul style="list-style-type: none"> <li>• CYP/Parents/Carers</li> <li>• Education/Ed Psych</li> <li>• Communities</li> <li>• Provider services</li> <li>• 0-19 services</li> <li>• Prevention/Early Help</li> <li>• Primary Care</li> <li>• Public Health</li> <li>Prevention/Early Help</li> </ul>	<p>March 2023</p>	<p>Referral criteria is reviewed and signed off and is shared with key stakeholders including children, young people and families</p>		

<p>4.3.3 Using a co-production approach improve service provision across the self-help, universal and early intervention offer for Speech Language and Communication needs to ensure support is available whilst CYP wait for assessment and to ensure that children/young people and families receive advice and support as early as possible to reduce the need for referral to specialist Speech and Language services.</p>	<p>Service Manager Speech Communication &amp; Language services</p>	<ul style="list-style-type: none"> <li>• CYP/Parents/Carers</li> <li>• Education</li> <li>• Communities</li> <li>• Provider services</li> <li>• 0-19 services</li> <li>• Prevention/Early Help</li> <li>• Specialist Nursing</li> <li>• Primary Care</li> <li>• Public Health</li> </ul>	<p>March 2023</p> <p>September 2023</p> <p>March 2023</p>	<p>Self-help, Universal and Early Help pathway is agreed</p> <p>Evidence of the delivery of support for CYP with speech communication and language needs from self-help, universal offer and early help and services</p> <p>Evidence of signposting to support whilst waiting for Speech Communication and Language needs assessment</p>		
<p>4.4 Improve timeliness of provision of specialist equipment and wheelchairs for CYP with SEND.</p>						
<p>4.4.1 Review pathways, including commissioning and funding arrangements, across all key stakeholders to increase understanding of current service pathways in relation to the provision of wheelchairs and specialist equipment.</p>	<p>Senior Manager Integration and Change BDC HCP</p>	<ul style="list-style-type: none"> <li>• CYP/Parent Carers</li> <li>• BACES</li> <li>• NHSE</li> <li>• Provider Services</li> <li>• Local Authority</li> <li>• Education</li> <li>• SEN Team</li> </ul>	<p>December 2022</p>	<p>Current service pathway is mapped and all key stakeholders are aware of current service offer</p>		
<p>4.4.2 Using co-production develop improved pathways to</p>	<p>Senior Manager</p>	<ul style="list-style-type: none"> <li>• BACES</li> <li>• NHSE</li> </ul>	<p>June 2023</p>	<p>Evidence of the commissioning,</p>		

increase efficiency and ensure timely provision of specialist equipment and wheelchairs.	BDC HCP	<ul style="list-style-type: none"> <li>• Provider Services</li> <li>• Local Authority</li> <li>• Education</li> </ul>	March 2023	<p>funding, delivery and clinical support pathway for CYP aged 0-25 who require a wheelchair or specialist equipment</p> <p>Evidence of information guide re how to access support whilst waiting for a wheelchair or specialist equipment</p>		
4.4.3 Review capacity of OT and Physiotherapy services to ensure timely assessment and review of CYP who require specialist equipment and wheelchairs.	Service Manager OT and Physiotherapy BTHFT	<ul style="list-style-type: none"> <li>• Provider Services</li> <li>• Council</li> </ul>	March 2023	Analysis of OT and Physio workforce across all key stakeholders who deliver assessments for wheelchairs and Specialist Equipment for CYP aged 0-25 who have SEND		
4.5 Ensure dynamic support co-ordination approach is embedded for CYP with a Learning Disability (LD), Autism, Mental Health (MH) and/or SEMH need.						
4.5.1 Work with key stakeholders to launch and embed the dynamic support co-ordination approach to ensure that the HCP effectively support children and young people who have LD, Autism, MH or SEMH who are at risk of admission to specialist hospital or who are at	Senior Head of Integration & Care CYP LD/ND BDC HCP	<ul style="list-style-type: none"> <li>• Provider services</li> <li>• Education</li> <li>• Local Authority</li> <li>• VCSE</li> <li>• Communities, CYP, Families</li> <li>• Social Care</li> </ul>	March 2023	Evidence that Dynamic support co-ordination approach is launched and meets statutory functions		



risk of multiple and irretrievable breakdown of their care/placement.		<ul style="list-style-type: none"> <li>• NHSE</li> <li>• Primary Care</li> <li>• NHSE</li> </ul>				
4.5.2 Ensure effective reporting and governance is in place across the HCP to influence strategic planning, commissioning and partnership working to support effective service provision for CYP with Autism, LD, MH, SEMH who have the most complex and intensive support needs.	Senior Head of Integration & Care CYP LD/ND BDC HCP	<ul style="list-style-type: none"> <li>• Provider services</li> <li>• Education</li> <li>• Local Authority</li> <li>• VCSE</li> <li>• Communities, CYP, Families</li> <li>• Social Care</li> <li>• NHSE</li> </ul>	September 2023	Evidence of effective reporting and governance re CYP DSC (number of referrals and discharges per month, reason for inclusion on CYP DSC, meetings where reported etc)		
4.6 Increase the uptake of Annual Health Reviews for CYP aged 14-25 who have a Learning Disability.						
4.6.1 Review the Annual Health Review pathway across all key stakeholders to understand the current process and pathway for CYP who are eligible for an Annual Review.	Senior Head of Integration & Care CYP LD/ND BDC HCP	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Education</li> <li>• Social Care</li> <li>• Provider services</li> <li>• Specialist School Nursing</li> </ul>	March 2023	Current service pathway is mapped and all key stakeholders are aware of current service pathway		
4.6.2 Using co-production develop improved pathways across all key stakeholders to increase efficiency, raise awareness and increase uptake of Annual Health Reviews for CYP aged 14-25 who are eligible for an Annual Review.	Senior Head of Integration & Care CYP LD/ND BDC HCP	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Education</li> <li>• Social Care</li> <li>• Provider services</li> <li>• VCSE</li> <li>• CYP/Families</li> </ul>	March 2023  January 2023	Evidence of pathway re how CYP aged 14-25 who are on the GP LD register access the Annual Health Check Pathway communicated to all key stakeholders		

4.7 Improve the timeliness of Initial Health Assessments (IHA) and Review Health Assessments (RHA) for children in care.						
4.7.1 Review the IHA & RHA pathway across all key stakeholders to understand the current process and pathway for CYP who are eligible for review.	Senior Head of Integration & Care – women’s, children’s & maternity BDC HCP	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Education</li> <li>• Social Care</li> <li>• Provider services</li> <li>• Specialist School Nursing services</li> </ul>	March 2023	Current service pathway is mapped and all key stakeholders are aware of current service pathway		
4.7.2 Work with social care to ensure consent is provided for CYP who require an Initial Health Assessment.	Assistant General Manager 0-19 & Specialist Services	<ul style="list-style-type: none"> <li>• Provider services</li> <li>• Local Authority</li> <li>• Health &amp; Care Partnership</li> <li>• Designated Doctor</li> </ul>	April 2023	Consent is provided for 100% of CYP who require a Health Assessment		
4.7.3 Using co-production develop improved pathways to increase efficiency and improve partnership working to ensure IHAs and RHAs are completed within recommended timescales.	Senior Head of Integration & Care – women’s, children’s & maternity BDC HCP	<ul style="list-style-type: none"> <li>• Provider Services</li> <li>• BD&amp;C HCP</li> <li>• CYP, families</li> <li>• Primary Care</li> <li>• Social Care</li> <li>• Specialist School Nursing services</li> </ul>	March 2023	Evidence of pathway re delivery of Initial and Review Health Assessments within statutory timescales for children and young people who are in care		

## How will we know that what we are doing is making a Difference?

Outcome Indicators WSOA 4		Current baseline	Mar 23	Sept 23	Mar 24	Sept 24
1. Autism/ADHD	Average length of wait in weeks between referral and first appointment at the end of the reporting month (total)	31 weeks (June 2022)	31 weeks	29 weeks	27 weeks	26 weeks
	Longest wait in weeks between referral and first appointment at the end of the reporting month (total)	101 weeks (June 2022)	90 weeks	60 weeks	52 weeks	45 weeks
	% of referrals for diagnostic assessment started within 13 weeks of referral	0%	0.5%	3%	6%	12%
	Caveat: To deliver the above a modelling of the additional resource needed to achieve NICE guidance will be undertaken and the required resource identified.					
	By March 2023 Signposting Information will be available for CYP/Parent Carers about the support that is available while CYP are waiting for ADHD/Autism assessment		Signposting Information available			
2. CAMHS	By September 2023 90% of CYP will wait no longer than 18 weeks between referral and commencement of treatment in CAMHS *Excludes Eating Disorders and Neurodiversity referrals	85%	85%	90%	90%	90%
	By March 2023 Signposting Information will be available for CYP/Parent Carers about the support that is available while CYP are waiting for commencement of CAMHS assessment and treatment		Signposting Information Available			
3. Speech Language Therapy	By June 2024 90% of CYP will begin assessment by Speech Language Therapy services 18/52 following referral for assessment	54%	65%	75%	85%	90%

	By March 2023 Signposting Information will be available for CYP/Parent Carers about the support that is available while CYP are waiting for Speech Language Therapy assessment and treatment		Signposting Information Available			
4. Specialist Equipment	By September 2024 80% of CYP receive specialist equipment within 18/52 following referral for assessment		50%	65%	75%	80%
	By March 2023 Information and guidance will be available for CYP/Parent Carers about the support that is available while CYP are waiting for Specialist Equipment		Guidance Available			
5. Wheelchairs	By June 2023 80% of CYP receive a wheel chair within 18/52 following referral for assessment	75%	80%	80%	80%	80%
	By March 2023 Information and guidance will be available for CYP/Parent Carers about the support that is available while CYP are waiting for a Wheel Chair		Guidance Available			
6. Dynamic Support	Evidence of functioning CYPDSC (number of referrals and discharges per month, number of CYP on DSC, minutes of Panel)		Evidence Available			
7. Annual Health Checks for CYP (14-25) with LD	For the Year 2022/23 70% of CYP aged 14-18 who are on the GP LD Register will receive an Annual Health Check For the Year 2023/24 80% of CYP aged 14-18 who are on the GP LD Register will receive an Annual Health Check	2021/22 66%	70.0%	YTD 20.0%	YTD 80.0%	YTD 20.0%
	For the Year 2022/23 70% of CYP aged 19-25 who are on the GP LD Register will receive an Annual Health Check For the Year 2023/24 80% of CYP aged 19-25 who are on the GP LD Register will receive an Annual Health Check	2021/22 67%	70.0%	20.0%	80.0%	20.0%
8. IHA/RHA for CLA	By Sept 24 90% of CYP will receive an Initial Health Assessment within 20 working days after coming into care	4%	40%	60%	80%	90%
	By Sept 24 90% of CYP will receive a Review Health Assessment within statutory timescales (6/12 for 0-5 and 1 year for CYP 5-18)	37%	55%	75%	85%	90%

## Improvement Area 4 Impact Statement

The table below sets out what children, families and partners can expect, as a result of the actions set out in this WSOA.

Objective	How will this make a difference to children and families?	An example in practice
<p>4.1 To reduce waiting times for autism/ADHD assessment and strengthen the support offer whilst waiting for assessment,</p>	<p>Ensuring timely assessment for suspected autism/ADHD will help children and young people understand themselves better and will also help their parent carers, families and other key people such as school and health care staff understand them better too. Improved understanding means that if additional support is needed this can be provided in the right way to help the child/young person achieve the best outcomes they can in education and in life.</p> <p>Making sure support and information is available whilst waiting for assessment also helps children and young people, their parent carers and families access the best support they can as soon as they can. This helps prevent any challenges or difficulties increasing and becoming worse.</p>	<p>Alice was referred for assessment for ASD/ADHD. Alice her Mum and Dad were provided with information and guidance about support that is available whilst Alice was waiting for assessment.</p> <p>Using the information provided Alice's Mum and Dad accessed an understanding Autism workshop provided by BEAT and are receiving peer support and attending social events with Alice via AWARE membership.</p> <p>They now have a much better understanding of Alice's needs and feel more confident in anticipating and managing Alice's social interactions and behaviour. This had led to them now spending more quality time as a family.</p>
<p>4.2 To reduce waiting times for CAMHS services and strengthen support offer whilst waiting for assessment and treatment</p>	<p>Ensuring timely assessment for children and young people's mental health needs is important so that children and young people, their parent carers, families and other key people are aware of the emotional and mental health needs and difficulties that a child and young person may be experiencing</p> <p>This improved understanding means that if additional specialist mental health support is needed this can be provided to help the child/young person overcome, or better manage, their mental health difficulties and help</p>	<p>Jigna is referred to CAMHS by her GP as she has been experiencing long-standing mental health challenges, including high levels of anxiety and escalating self-harming behaviours.</p> <p>When CAMHS receive the referral, the Duty Team contact Jigna and her family to talk about how things are and what things they can support her with. Following this initial assessment, Jigna is sent a welcome booklet, which has been designed by a young person who has previously received support from CAMHS services. The welcome</p>



	<p>them achieve the best outcomes they can in education and in life.</p> <p>Making sure support and information is available whilst waiting for assessment and treatment helps children and young people, their parent carers and families know about the support that is available while they wait; this enables them to access support and advice as soon as they can. This helps prevent any challenges or difficulties increasing and becoming worse.</p>	<p>booklet provides details about CAMHS; what to expect and the different services and types of support that CAMHS offers. This helps Jigna feel less anxious about seeing her CAMHS worker.</p> <p>Initially Jigna is worried about working with CAMHS, however over time Jigna begins to learn strategies to better manage her feelings and her anxiety and self-harming improves.</p>
<p>4.3 To reduce waiting times for SaLT assessment and strengthen support offer whilst waiting for assessment and treatment</p>	<p>Ensuring timely assessment for children and young people's speech and language therapy is important so that children and young people, their parent carers, families and other key people such as schools are aware of the speech language and communication needs and difficulties that a child and young person may be experiencing</p> <p>This improved understanding means that if additional specialist speech and language therapy is needed this can be provided to help the child/young person improve their speech, language and communication and help them achieve the best outcomes they can in education and in life.</p> <p>Making sure support and information is available whilst waiting for assessment and treatment helps children and young people, their parent carers and families know about the support that is available while they wait; this enables them to access support and advice as soon as they can. This helps prevent any challenges or difficulties increasing and becoming worse.</p>	<p>Zayn is 4 years old and has significant delay in his speech and language. He was referred to Speech and Language Therapy following his 2-year review by his Health Visiting team</p> <p>Speech Therapists have been working with Zayn, his family and his nursery setting; providing advice and guidance to help him develop his speech and supporting him use Makaton and picture cards so he can express himself and make his needs known. He is making good progress and is more settled and engaged in nursery.</p> <p>The Speech Therapist has been working with Zayn's new school ahead of him starting in September so that school are aware of Zayn's needs and so they know how best to support this speech, language and communication needs.</p> <p>This will help Zayn settle into his new school and support his learning and social interactions with his friends and teachers.</p>

<p>4.4 To improve timeliness of provision of specialist equipment and wheelchairs for CYP with SEND</p>	<p>Children and Young People will receive the postural and mobility equipment that is needed in a timely way to maintain or optimise their physical functioning and enable participation in age-appropriate activities including family life, social events and education.</p> <p>Parent carers will have improved quality of life as appropriate supportive equipment in place.</p> <p>An efficient pathway for equipment provision releases therapist time to support families in use of equipment and the associated health and well-being gains.</p>	<p>Darryl's walking ability has declined and he is referred to wheelchair services for assessment. Darryl and his family receive a welcome pack explaining the wheelchair service, the care pathways and processes and the expected time to assessment and delivery of a wheelchair.</p> <p>After Darryl receives his wheelchair he can move about school more easily and get to his classes on time; he can also go outdoors at break time with his classmates. His family are able to join in more social activities and doing daily activities such as going to the shop for groceries is much easier. This impacts positively on Darryl and his families, mental and physical health and well-being.</p>
<p>4.5 To ensure a dynamic support co-ordination (register) approach is embedded for Children Young People with Autism, a Learning Disability, Mental Health or Social Emotional Mental Health need</p>	<p>Dynamic Support Coordination (DSC) aims to ensure that children and young people with Autism, a Learning Disability, Mental Health or Social Emotional Mental Health need receive the right care, education, and treatment in their local community whenever possible, by working with the child/young person, their parent carers and the agencies who are involved in their care.</p> <p>Dynamic Support Coordination is about supporting services to come together to discuss whether changes can be made to care, education and/or treatment in a pro-active and timely manner, to prevent escalation to a crisis situation. The ambition is to prevent admission to a specialist in-patient hospital, breakdown of care or contact with the criminal justice service, ensuring children/young people remain at home, or as close to home as possible, wherever possible</p>	<p>Frank is 16 and lives at home with his Dad and 2 brothers; he has a Learning Disability. Dad is very experienced in supporting Frank and understands his needs. He is well supported by extended family and friends.</p> <p>Recently Frank's behaviour has become increasingly erratic and agitated and he has started becoming aggressive towards Dad and his brothers. Dad is struggling to understand the reasons for the change in Frank's behaviour and is concerned Frank may hurt him or his brothers; he is worried that Frank may not be able to remain at home.</p> <p>Dad gives consent for Frank to join the Dynamic Support Co-Ordination. Services from across Specialist services discuss the best way to support Frank and his family; Learning Disability Trauma Informed Care (LDTIC) services offer to work with Dad and Frank to try and understand the changes in Frank's behaviour. The LDTIC team identify that changes at Frank's school have led to</p>



	<p>Dynamic Support Coordination is about ensuring local services know the people who are likely to need additional support and aims to enable services to deliver the right support at the right time.</p>	<p>the change in Frank's behaviour. Strategies are put in place with both school and home and Frank's behaviour settles and becomes less agitated. Frank is able to remain at home with his family</p>
<p>4.6 To increase the uptake of Annual Health Reviews for CYP aged 14-25</p>	<p>Annual Health Checks for Children and Young People aged 14-25 years who had a Learning Disability are important to help the young person to stay well.</p> <p>Having an Annual Health Check with the GP practice also helps the young person build relationships with staff at the practice and ensures that they start to know the people and the environment. If they are then unwell &amp; need to visit the GP, the experience is less traumatic. It also helps people get the medications they need. Annual visits, also helps the GP practice identify family carers and ensure they are offered health checks and relevant vaccinations so that they themselves remain well and healthy</p>	<p>Magda is 20 years old has a learning disability; she becomes scared and upset when she must visit places that she is unfamiliar with. She has been visiting her GP practice for the past 5 years and is now familiar with the staff and the practice environment.</p> <p>At her Annual Health Check, the practice nurse finds that Magda has an infection in her urine. Magda is prescribed some liquid antibiotics as the practice nurse knows this is easier for Magda to manage. The urine infection clears up and Magda has less pain and discomfort when she goes to the toilet; she is happier and her well-being improves.</p>
<p>4.7 To improve the timeliness of Initial Health Assessments and Review Health Assessments for children in care</p>	<p>Often Children in Care have experienced significant adverse childhood trauma; evidence indicates that children experiencing adverse trauma have increased health and well-being needs and poorer health outcomes.</p> <p>Ensuring timely Initial and Review Health Assessments is therefore important to ensure that the health needs of children/young people in care are identified as soon as possible; this is so services can be offered to meet needs and enable children in care to achieve the best health and life outcomes.</p>	<p>Lyla was placed in care when she was 13 years old. She had previously lived with her mum and stepdad who both regularly drank alcohol excessively and used drugs.</p> <p>Lyla's initial health assessment identified that she was extremely underweight, and she had low iron levels. This left her feeling exhausted and unable to concentrate in class. She was referred to a dietician and placed on iron replacement supplements. She has since increased her weight to a healthy BMI and her iron levels have improved. She is now able to concentrate in class and she has more energy. Teachers report that she is progressing well academically and she is enjoying playing games and sports with her friends.</p>





## IMPROVEMENT AREA 5

Education, health and care services do not work together well. The arrangements for joint commissioning are underdeveloped.

**SRO: Jane Wood, Assistant Director, Commissioning and Integration**


We recognise that our joint commissioning for children and young people with SEND has been under-developed and there is a need to increase the pace of change, alongside stronger collaboration across education, health and care, and children and families. We are committed to collectively reform our partnerships and governance across the key partners to co-produce our joint commissioning plans.

We will use the principles for working together outlined in the Bradford District and Craven Health and Care Partnership Strategic Partnering Agreement (SPA) to build relationships with a collective focus to support clearer working arrangements. The development of joint commissioning for SEND is a recognised priority area of development. We will optimise the use of all our shared resources to support our children and young people with SEND to achieve their maximum potential.

We will ensure that our commissioning strategy and intentions are informed by clear assessment of need, and we will use a range of intelligence, from JSNA to EHCPs. We will work with partners, to develop a strong and shared understanding of our population need to ensure that our services can meet the needs of children and young people with special education needs and disabilities.

We will respond to the need for education, health and care services to demonstrate that we can work together. We will develop our arrangements in line with the requirement of the SEND Code of Practice. We are fully committed to the principles of co-production in designing our new services. This will allow us to integrate the voices and aspirations of children, young people and their families into the design, delivery and evaluation of our joint commissioning model and services.

The SEND inspection has refreshed our commitment to creative partnership working with our communities to reduce inequalities and to jointly plan, deliver and evaluate our services that are collaboratively commissioned.



We will align our approach to joint commissioning for SEND with the emerging joint commissioning and decommissioning arrangements for the Bradford District and Craven Health and Care Partnership; to ensure consistency of approach in terms of shared priorities, alignment of systems and process for decision making and dispute resolution. This approach will also allow us to ensure that any calls on the Partnership's resources are managed in a co-ordinated manner and consider the wider impact on stakeholders and partners.

We will improve relationships across health and care by recognising and owning the challenge. Recent changes in leadership and staffing are already beginning to cement effective and productive discussions. We are holding partner 'checkpoint meetings' and 'listening events' to ensure our joint commissioning brings together education, health, social care and parent/carers along with the 'lived experience' of children and young people with SEND.

We are committed to developing commissioning strategies and plans to increase the availability of services identified in the inspection. This will incorporate new plans to reduce waits and increase capacity in services including, but not exclusively related to: CAMHS, ADHD/ASD Services, Speech and Language Therapy, Deaf Signing clubs, Wheelchair Services, Specialist Equipment and Short Breaks provisions.

We will ensure that the supporting legal and longer-term financial infrastructure is robust to support our ambitions. We will do this by contributing to the refresh of our Section 75 (S75) Agreement which is being managed by the Health and Care Partnership's Planning and Commissioning Forum.

As a matter of priority, we are working on commissioning plans to address the specific gaps and area of weakness raised by the inspection. Our joint commissioning strategy responds to all levels of provision to meet need from information and advice to specialist placement sufficiency.

**Table 5: Improvement Area 5 – Education, health and care services do not work together well. The arrangements for joint commissioning are underdeveloped.**

Activity	Lead	Partners	Timeframe	Success/Measure	Progress	RAG
Objective 5.1	To work together in-line with Bradford District and Craven’s Strategic Partnership Agreement to deliver arrangements for agreeing the education, health and social care provision required by local children and young people with SEN or disabilities.					
Objective 5.2	To effectively work as a partnership, to co-produce and jointly commission services and provision which meet the needs of children and young people (0-25).					
Objective 5.3	To expand our use of joint commissioning infrastructure to improve provision and outcomes for children and young people (0-25).					
Objective 5.1	Work together in-line with Bradford District and Craven’s Strategic Partnership Agreement to deliver arrangements for agreeing the education, health and social care provision required by local children and young people with SEN or disabilities.					
5.1.1 To use the principles for working together outlined in the Bradford District and Craven Health and Care Partnership Strategic Partnering Agreement to build relationships with a collective focus and to support clearer working arrangements.	Assistant Director CBMDC Associate Director BDC HCP	<ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Parents/carers</li> <li>• BDC HCP</li> <li>• Public Health</li> <li>• Social Care</li> <li>• Education</li> <li>• Health providers who hold resources within the HCP</li> </ul>	December 2022	SPA Principles for working together shared widely		
5.1.2 To strengthen SEND joint commissioning governance structures to ensure strong accountability, effective	Assistant Director CBMDC	<ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Parents/carers</li> <li>• BDC HCP</li> </ul>	March 2023	Terms of Reference, including governance structure, reviewed, updated.		

progress tracking and timely problem solving.	Associate Director BDC HCP	<ul style="list-style-type: none"> <li>• Public Health</li> <li>• Social Care</li> <li>• Education</li> <li>• NHS Providers</li> </ul>		Revised arrangements agreed by SSPB and System Planning and Commissioning Forum		
Objective 5.2 To effectively work as a partnership, to co-produce & jointly commission services and provision which meet the needs of children and young people (0-25).						
5.2.1 To support the development of a System Joint Commissioning Strategy which will align with the SEND specific Joint Commissioning Strategy 2020/23.  The System Joint Commissioning Strategy will outline our principles for joint commissioning and our approach to decommissioning.	Assistant Director CBMDC Associate Director BDC HCP	<ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Parents/carers</li> <li>• BDC HCP</li> <li>• Public Health</li> <li>• Social Care</li> <li>• Education</li> <li>• NHS Providers</li> </ul>	June 2023	Partnership Commissioning Strategy Published on Local Offer and Local Partnership Websites		
5.2.2 To publish an updated JSNA for SEND Services to show the current needs for CYP with SEND across the Bradford District.	Director of Public Health CBMDC	<ul style="list-style-type: none"> <li>• Parents and Families Groups</li> <li>• Peoples Commissioning</li> <li>• Education and Learning Directorate</li> <li>• Public Health</li> <li>• NHS Foundation Trusts</li> </ul>	April 2023	JSNA Published on Local Offer and Local Partnership Websites		

<p>5.2.3 To develop mechanisms to ensure that our commissioning strategy and intentions are informed by clear assessment of need. This will include:</p> <ul style="list-style-type: none"> <li>• The voice of CYP</li> <li>• The voice of parents/carers</li> <li>• Service gaps identified through the EHCP process</li> </ul>	<p>Assistant Director CBMDC Associate Director BDC HCP</p>	<ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Parents/carers</li> <li>• BDC HCP</li> <li>• Public Health</li> <li>• Social Care</li> <li>• Education</li> <li>• NHS Providers</li> </ul>	<p>March 2023</p>	<p>Partnership Commissioning Strategy and Commissioning Intentions published on Local Offer and Local Partnership Websites</p>		
<p>5.2.4 To identify budgets aligned to SEND service provision to develop transparency and assurance in terms of spend across all areas.</p>	<p>Assistant Director CBMDC Associate Director BDC HCP</p>	<ul style="list-style-type: none"> <li>• BDC HCP</li> <li>• Public Health</li> <li>• Social Care</li> <li>• Education</li> <li>• NHS Providers</li> </ul>	<p>December 2023</p>	<p>Baseline understanding of SEND investment across BDC HCP</p>		
<p>5.2.5 To contribute to the refresh of the system S75 Agreement.</p>	<p>Assistant Director CBMDC Associate Director BDC HCP</p>	<ul style="list-style-type: none"> <li>• BDC HCP</li> <li>• Public Health</li> <li>• Social Care</li> <li>• Education</li> <li>• NHS Providers</li> </ul>	<p>April 2023</p>	<p>Relevant SEND commissioning arrangements reflected in the S75 agreement</p>		
<p>5.2.6 To have oversight of all SEND specific jointly commissioned service provision and aligned services to inform future commissioning decisions.</p>	<p>Assistant Director CBMDC Associate Director BDC HCP</p>	<ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Parents/carers</li> <li>• BDC HCP</li> <li>• Public Health</li> <li>• Social Care</li> </ul>	<p>December 2023</p>	<p>To have sight of all relevant data and annual reports</p>		



		<ul style="list-style-type: none"> <li>• Education</li> <li>• NHS Providers</li> </ul>				
Objective 5.3 To expand our use of joint commissioning infrastructure to improve provision and outcomes for children and young people (0-25)						
<p>5.3.1 New Service Commission Plans for areas highlighted in the SEND Inspection.</p> <p>Ensure alignment with proposed overarching joint commissioning strategy to ensure we identify and address any gaps in service delivery.</p>	Assistant Director People's Commissioning	<ul style="list-style-type: none"> <li>• BDC HCP</li> <li>• Public Health</li> <li>• Social Care</li> <li>• Education</li> <li>• NHS Health Providers</li> </ul>	March 2023	Joint commissioning plan to reduce waiting times for CAMHS services and strengthen support offer whilst waiting for assessment		
				Joint commissioning plan to reduce waiting times for autism/ADHD assessment and strengthen the support offer whilst waiting for assessment.		
				Joint commissioning plan to reduce waiting times for SaLT assessment and strengthen support offer whilst waiting for assessment.		
				Joint commissioning plan to improve timeliness of provision of specialist equipment and wheelchairs for CYP with SEND.		



				Joint commissioning plan to support delivery of dynamic support co-ordination approach		
				Joint Commissioning Plan to increase availability of Short Breaks for children with Disabilities.		
				Joint Commissioning Plan to review children in residential and out of district placements.		
				Joint Commissioning Plan to develop clubs for signing activities		



## How will we know that what we are doing is making a difference?

### Outcome Indicators

- Demonstrate the principles of the Bradford District and Craven Health and Care Partnership Strategic Partnering Agreement (SPA)
- Revised Terms of Reference and Governance in place
- Contributed to the development of the Partnership Commissioning Strategy which will reflect an understanding of the needs of children and young people with SEND and aligns with the system vision of 'supporting children to maximise their learning, growth and development and remain happy, healthy at home wherever possible'
- An established process for ensuring our commissioning strategy is informed by clear needs assessment including, but not exclusively, the voice of the children and young people, parents and carers and the JSNA
- An understanding of the budgets aligned to SEND service provision
- Contributed to the refresh of the System Section 75 agreement
- Access to all relevant data and annual reports to inform our commissioning decisions
- A process in place to ensure the full spectrum of joint commissioning approaches are considered for all SEND transformation areas

### Impact Measures

All relevant colleagues aware of the Bradford systems commitment to joint commissioning and their individual responsibilities towards the development and delivery of the strategy;

Partners across the local system hold each other to account for delivery of outcomes, with regular monitoring and constructive challenge processes in place; and


Services and provision match need in local area according to local intelligence including the JSNA and are published on the Local Offer.



## Improvement Area 5 Impact Statement

The table below sets out what children, families and partners can expect, as a result of the actions set out in this WSOA.

WSOA 5 Objectives	How will this make a difference to children and families?	An example in practice
<p>5.1 To work together in-line with Bradford District and Craven’s Strategic Partnership Agreement to deliver arrangements for agreeing the education, health and social care provision required by local children and young people with SEN or disabilities.</p>	<p>New arrangements consider the whole need of children and families, putting children’s commissions at the centre of our approaches to understand the needs of the population.</p> <p>Senior leaders can consider wholly the types of arrangements and services are needed for the future in line with the new SEND &amp; Inclusion Strategy.</p>	<p>The Children’s Health and Care Partnership Board consider a range of emerging trends relating to service commissions for children. Using the SPA Agreement and Commissioning Strategy they endorse medium term business cases to ensure that the needs of children are met.</p> <p>This provides commissioners with first stage approval to go to the internal and external markets to provide services which are then enabled over an 18 month period forecasting the changing trends of need amongst the SEND population of children.</p>
<p>5.2 To effectively work as a partnership, to co-produce and jointly commission services and provision which meet the needs of children and young people (0-25).</p>	<p>Families who have specific needs have those met ahead of them realising that these services are needed. Health, Education and Care intelligence accurately predicts that greater support is needed in differing parts of the system and longitudinal planning is put in place providing the right support at the right time.</p>	<p>Service needs are articulated within the JSNA show a rising trend in the numbers of children who require further support and enrichment within schools for signing.</p> <p>A business case is brought to the Health and Care Partnership Board showing that greater support is required in 5 specific schools in the District. A new alliance partnership commission is put in place where one school will act as lead provider to other schools to support signing in schools across Bradford.</p> <p>This commission has KPI’s that are SMART built in and progress is tracked for improving outcomes alongside other core values such as rising and decreasing needs / usage of services.</p>



5.3 To expand our use of joint commissioning infrastructure to improve provision and outcomes for children and young people (0-25).

Greater availability of services with reduced waiting times is provided in Bradford due to a mixture of aligned budgets, pooled budgets and agreements on commissioning and decommissioning needs for the District.

These are clearly stated and signposting for services is shown on the Local Offer alongside the pathways to access these services.

A review of Speech and Language Therapy is completed and an opportunity to align initially and pool the budgets the following year is agreed. Health agrees to be the lead commissioner to the Districts NHS Foundation Trusts, with Local Authority guidance on requirements to go into a revised contractual arrangement.

A suite of indicators is agreed and regular reporting is provided via Providers to show the usage and needs of the service to inform contract monitoring and future commissioning activities.

