

Shropshire Area SEND Accelerated Progress Plan (Post SEND Revisit Nov 22)

Name of the Local Area	Shropshire
Date of Inspection	21-23rd November 2022
Date of Publication of the Revisit report	6th February 2023 https://files.ofsted.gov.uk/v1/file/50207192
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RAG: R: Delayed or Low confidence of completion;
A: Completion delayed or at risk but being managed;
G: Completion on track and will be met;
C: Completed;

Priority Area 3: ND Pathways and Waiting Times

Outcome 1	The needs of CYP related to ASD & ADHD are effectively identified at early stages and there is high quality support both pre, during and post diagnosis									
Actions	Reference	Actions Designed to Lead to Improvement	Strategic Lead	Responsible Officer	By When	Desired Impact	Progress Update	Evidence	RAG	
1. Actions to ensure clarity about the support available	3.1.1	Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 0 - 5		ND Workstream to confirm	Apr-23					
	3.1.2	Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 5 - 18		ND Workstream to confirm	Jul-23					
	3.1.3	Collate details of all support currently available for those with (or possibly with) ASD & ADHD age 18+		ND Workstream to confirm	Sep-23					
	3.1.4	Publish all of the support available on the local offer website								
	3.1.5	Have a specific ASD area on local offer website (as requested through the Local Offer working group)		ND Workstream to confirm	Sep-23					
	3.1.6	Roll out the Self-Help Passport for those 18 - 25 who are pre-diagnosis		A4U (The Autism Hub)	TBC					
	3.1.7	Place holder for Social Prescribing Initiative		TBC	TBC					
2. Actions to ensure good quality support for Early Years and Educational Settings	3.2.1	Gather & analyse feedback from early years & educational settings regarding neurodiversity and how to support identified needs		Kathryn Morgan to confirm	Apr-23					
	3.2.2	ND Training Steering Group will develop a plan to meet the identified needs of schools and settings including training and coaching		Kathryn Morgan to confirm	?July 2023					
	3.2.3	Planned Inclusion sessions for early years and educational settings including a focus on Neurodiversity including ADHD and ASD		Kathryn Morgan to confirm	In place					
	3.2.4	Review and develop the outreach support available to early years & education settings		Kathryn Morgan to confirm	? August 2023					
	3.2.5	Place holder for self-evaluation work in early years settings, and admittance approach from early years settings								
	3.2.6	Place holder for Autism in Schools initiative								
3. Actions to ensure good quality support for parents and carers	3.3.1	Increase the availability for formal support offered to parents and carers following a diagnosis		Commissioners	? December 2023					
	3.3.2	Enhance the peer support offer for families during or after a diagnosis of ASD or ADHD		ND workstream to confirm	? September 2023					
	3.3.3	Continue the Autism West Midlands offer of support which does not require a diagnosis to access		Commissioners	In place					
	3.3.4	Develop and launch the CDC advice line which will be accessible to children for whom there are concern, or help in navigating the system and what's available		Alison Parkinson	TBC					
	3.3.5	Coproduced redesign of CDC website		Alison Parkinson	TBC					
	3.3.6	Roll out of the Healthier together website with advice and guidance for the ND population		Millar Bowmass	?April 2023					
	3.3.7	Psychoeducation courses on managing sleep issues delivered by PODS		LDA Program Lead	?April 2023					
	3.3.8	Place holder for Autism in Schools initiative								
4. Actions to enable trial of enhanced support	3.4.1	Develop and recruit to the roles of ND Practitioners to supported a targeted cohort		Kathryn Morgan						
	3.4.2	Review the impact of the ND Practitioners to inform the requirements for support in the 2 nd year		Kathryn Morgan						
	3.4.3	Develop the Dimensions Tool and Clarity regarding how the tool will be utilised initially, and then rolled out further								
5. Actions to avoid Mental	3.5.1	Complete the Mental Health Transformation Plan to set the strategic direction of how all CYP with Mental Health Needs will have their needs met		Millar Bowmass	?April 2023					
	3.5.2	Pilot an app for CYP to use if they are experiencing a MH crisis targeting those on the Dynamic Support Register		TBC						

Health Crisis for those with ASD or ADHD	3.5.3	Implement new guidance related to the Dynamic Support Register		Dale Coleman					
	3.5.4	Implement the Digital DSR		Dale Coleman					
	3.5.5	Deliver high-quality Care and Treatment Reviews with the individual at the heart		Dale Coleman					

Outcome 2 CYP who require a diagnostic assessment, easily access a high quality diagnostic assessment in a timely way

Actions	Reference	Actions Designed to Lead to Improvement	Strategic Lead	Responsible Officer	By When	Desired Impact	Progress Update	Evidence	RAG
6. Actions to ensure referrers know how to make good referrals which are accepted	3.6.1	Clear criteria and referral route for current ASD diagnostic pathway in place - 0-5		ShropComm	In place				
	3.6.2	Clear criteria and referral route for current ASD & ADHD diagnostic pathway in place - School age		MPFT					
	3.6.3	Clear criteria and referral route for current ASD & ADHD diagnostic pathway in place - 18+		Commissioner to confirm					
	3.6.4	Clear criteria and referral route for current ASD & ADHD pathway published on the local offer		ND Workstream to confirm					
	3.6.5	Redesign of referral form for 5 – 18 cohort		MPFT	Apr-24				
	3.6.6	System wide engagement to promote new referral forms and process for 5 – 18 cohort		MPFT					
7. Actions to ensure communication from 5 – 18 diagnostic service is clear	3.7.1	Review communications which are sent out		MPFT (Jessica Roose)	Beginning in March				
	3.7.2	Implement changes to improve communications		MPFT					
	3.7.3	Inform the community of changes resulting from the new BeeU Operational Framework		MPFT	Apr-23				
8. Actions to avoid CYP going into crisis whilst waiting for diagnosis by implementing risk stratification	3.8.1	All referrals considered at MDT discussion (including ASD practitioners, OT, nurses, social workers, psychiatry, ADHD specialists, psychology, CBT)		MPFT	In place				
	3.8.2	Upon acceptance of referral CYP to be offered an initial holistic assessment which enables access to range of support available within BeeU		MPFT	In place				
	3.8.3	Protocol in place for prioritising CYP for ASD assessment based on factors such as whether their placement is at risk of breaking down		MPFT	In place				
	3.8.4	Further promotion of how families and CYP can contact the service if their situation changes so their prioritisation can be reconsidered (currently stated in letter)		MPFT					
	3.8.5	Enhance the risk stratification approach through additional funding from the LDA program		Hilary McGlynn / MPFT					
9. Actions to ensure capacity of the diagnostic service meets the demands of the population	3.9.1	Commissioner understanding of current waiting times from referral treatment for ASD 0 - 5		Millar Bowmass					
	3.9.2	Commissioner understanding of current waiting times from referral treatment for ASD & ADHD 5 - 18		Millar Bowmass					
	3.9.3	Commissioner understanding of current waiting times from referral treatment for ASD & ADHD 18+							
	3.9.4	Develop, fund and recruit to short term recovery plans							
	3.9.5	Understand the capacity of the services currently							
	3.9.6	Develop a trajectory of future growth and capacity required to meet the needs							
	3.9.7	Develop a business case to fund the increased demands across the age range							
	3.9.8	Services are reviewing their skill mix to mitigate the impact of challenges with recruitment and retention, in the context of increased demand.							
	3.9.9	MPFT reviewing internal processes, progressing recruitment into 1 vacancy.							
10. Actions to ensure escalation of long waits to ICS	3.10.1	Review ICS governance		Claire Parker / Tracey Jones					
	3.10.2	Develop links to LDA board for oversight		Helen Southwell					
	3.10.3	CYP risk register held by the CYP System Board		Claire Parker / Tracey Jones					
	3.10.4	Recruit to an enhanced LDA team structure		Helen Southwell					

Priority Area 3 Impacts	Reference	Impact Measure and Milestones to be Achieved	Strategic Lead	Responsible Officer	By When	Progress Update	RAG
Relevant Theme of Actions		Expected Impact				How are we measuring the impact	Baseline
1.	3.1.1 to 3.1.7	CYP report that they received support when they needed it				Survey - to be developed and baseline to be sought	To be sought
		Facilities report that they know and use access the full range of support available				Survey - to be developed	

1, 3, 4	3.1.1 to 3.1.7 3.3.1 to 3.3.8 3.4.1 to 3.4.3	Families report that they know and can access the full range of support available & this support met the needs of the CYP and have the experience of waiting well if applicable							Inspection report indicated a 'lack of clarity'		
1.	3.1.1 to 3.1.7	Professionals report that they know and sign post to the range of support available							Reporting through the local offer website regarding how useful information was - to be developed		
2	3.2.1 to 3.2.6	Lower rates of suspensions and permanent exclusion where Neurodiversity is identified in primary/secondary need							Survey - to be developed, baseline sample from ND workstream	To be sought	
2	3.2.1 to 3.2.6	Lower rates of Emotionally Based School Avoidance with needs related to ASD & ADHD							Baseline to be identified with separate impact measures for primary and secondary schools	To be confirmed using Autumn 2022 and Spring 2023 data	
2, 4	3.2.1 to 3.2.6 3.4.1 to 3.4.3	Setting staff report a greater understanding of needs related to ND (ASD & ADHD) and how to meet those needs							Ed Psych to confirm reporting metrics		
2	3.2.1 to 3.2.6	Setting staff can demonstrate how they ensure good inclusive practice for CYP with needs related to ND (ASD & ADHD)							Survey - repeat recent survey from inclusion day	To be analysed	
2	3.2.1 to 3.2.6	Fewer reports of families struggling to get a place in nurseries due to their children's needs							Survey - repeat recent survey from inclusion day	To be analysed	
2	3.2.1 to 3.2.6	CYP make progress towards their EHCP outcomes							Self and peer evaluation against the inclusion framework universal and SEND Support offer.	Available from Sept 23 onwards.	
3	3.3.1 to 3.3.8	Families accessed support which enabled them to understand their CYP's needs and how to support them							TBC - Neville Ward and Alison Rae to confirm.		
3	3.3.1 to 3.3.8	Families are aware of peer support available to them							TBC		
3	3.3.1 to 3.3.8	Families don't have to wait for a diagnosis to get support							Record of course attendance and course outcomes	Roughly 40 - 5 families access formal support each year	
4	3.4.1 to 3.4.3	For those CYP who have a 'dimensions tool plan' created those who support them will have a better understanding their needs and how to support them							Survey - to be developed		
5		TBC - Dale and Millar to advise							Survey - to be developed		
6									Outcome of intervention summary		
7											
8											
9											
10	3.10.1 to 3.10.4	Timely access to ASD & ADHD diagnostic services					TBC				

Priority Area 3 Score Card KPI	Reference	Baseline	3 Month	6 Month	12 Month	18 Month	Progress Update	RAG

Priority Area 4: SLCN Pathways and Waiting Times										
Outcome 1	Speech language and communication needs of children are effectively identified at early stages and there is high quality support at universal and targeted levels to reduce the number of children who require more specialist support									
Actions	Reference	Actions Designed to Lead to Improvement	Strategic Lead	Responsible Officer	By When	Desired Impact	Progress Update	Evidence	RAG	
	4.11.1	Collate details of all support currently available from Public Health for those with SLCN		Steph Jones						

11. Actions to ensure clarity about the support available	4.11.2	Collate details of all support currently available from Early Years Settings for those with SLCN		Sue Carrol / Alison Rae						
	4.11.3									
	4.11.4	Collate details of all support currently available from Early Help for those with SLCN		Jo Cox						
	4.11.5									
	4.11.6	Map the full offer of current SLT support		ShropComm	Completed					
	4.11.7	Collate details of all other support currently available for SLCN (excluding SLT)		SLCN Workstream						
	4.11.8	Publish all of the support available on the local offer website		SLCN Workstream						
	4.11.9	Have a specific SLCN area on local offer website (as requested through the Local Offer working group)		SLCN Workstream						
	4.11.10	Continue the SLCN workstream to enable the continuation of support for SLCN being delivered by all								
	12. Actions to ensure good quality support for Early Years and Educational Settings	4.12.1	Education to promote the use of SLC UK data tracking to support the implementation of Talkboost		Karen who should lead this - Sue Carroll?					
4.12.2		All settings to utilise the SLC UK data reporting on Talkboost		Karen who should lead this - Sue Carroll?						
4.12.3		Evaluation of impact of Talkboost to be reported to SLCN workstream		Karen who should lead this - Sue Carroll?						
4.12.4		Planned Inclusion sessions for early years and educational settings including SLCN		Kat to confirm						
4.12.5		Review and develop the outreach support available to early years & education settings		Karen who should lead this - Sue Carroll?						
4.12.6		Pilot the roll out of Talkboost Yr7		Karen who should lead this - Sue Carroll?						
4.12.7		Continue to deliver Early Years, KS1 and KS2 of talkboost training to ensure sustainability		Karen who should lead this - Sue Carroll?						
4.12.8		Place holder for Best Practice SLCN Teaching (SLCN Primary Talk and Early Talk (CAN))		Sue Carroll / Alison Rae						
4.12.9		Videeing SLT training offer to make it more accessible		Alison Parkinson						
4.12.10		SLT relaunching traded services offer for ELKLAN		Alison Parkinson						
13. Actions to ensure good quality support for parents and carers	4.13.1	Enhance the peer support offer for families regarding SLCN, adopting a SLCN champions model		SLCN Workstream to confirm						
	4.13.2	Videeing SLT training offer to make it more accessible		Alison Parkinson						
	4.13.3	Place holder for supporting families who are harder to reach		Alison Parkinson						
	4.13.4	(i.e. Reviewing referral form to capture relevant information, clarifying communication preference etc)								
	4.13.5	Publicise the commitment to SLCN being everyone's responsibility and that everyone has a role to play in supporting SLCN		SLCN Workstream to confirm						
	4.13.6	Maintain the SLT service advice line		Commissioner / ShropComm						
Outcome 2 CYP who require specialist SLT support can access this in a timely way										
Actions	Reference	Actions Designed to Lead to Improvement	Strategic Lead	Responsible Officer	By When		Desired Impact	Progress Update	Evidence	RAG
14. Actions to ensure the capacity of the diagnostic service meets the demands of the population	4.14.1	Confirm which Local Authority and Integrated Care Board commissioners have responsibility for SLT		Commissioning Leads						
	4.14.2	Commissioners to understand current spend, both block contract and individual commissioning to enable benchmarking		Commissioner						
	4.14.3	Commissioner to understand current waiting times from referral treatment		Commissioner						
	4.14.4	Develop, fund and recruit to short term recovery plans		Commissioner						
	4.14.5	Understand the capacity of the services currently		Commissioner						
	4.14.6	Develop a trajectory of future growth and capacity required to meet the needs including early indicators of the impact of Talkboost on referral rates		Commissioner						
	4.14.7	Develop a business case to fund the increased demands across the age range		Commissioner						
	4.14.8	Review the SLT service specification and ensure that it meets the needs of the population whilst being supported by a context of SLCN being supported by all		Commissioner						
Priority Area 4 Impacts	Reference	Impact Measure and Milestones to be Achieved	Strategic Lead	Responsible Officer	By When		Progress Update			RAG
Relevant Theme of Actions		Expected Impact					How are we measuring the impact	Baseline		
11, 12	4.11.1 to 4.11.10 4.12.1 to 4.12.10	CYP report that they received support when they needed it					Survey - to be developed and baseline to be sought			
11, 13	4.11.1 to 4.11.10 4.13.1 to 4.13.6	Families report that they know and can access the full range of support available & this support met the needs of the CYP and have the experience of waiting well if applicable					Survey - to be developed			

								Reporting through the local offer website regarding how useful information was - to be developed		
12	4.12.1 to 4.12.10	Professionals report that they know and sign post to the range of support available						Survey - to be developed,		
12	4.12.1 to 4.12.10	Setting staff report a greater understanding of needs related to SLCN and how to meet those needs						Survey - to be developed,		
12	4.12.1 to 4.12.10	Setting staff can demonstrate how they ensure good inclusive practice for CYP with needs related to SLCN						Survey - to be developed,		
12	4.12.1 to 4.12.10	Children progress well with their speech, language and communication skills						Early Years Foundation Stage Framework – communication, literacy and language		
								Progress with ECHP outcomes related to SLCN		
13	4.13.1 to 4.13.6	Families are aware of peer support available to them						Survey - to be developed		
14	4.14.1 to 4.14.8	Timely access to SLT service								
14	4.14.1 to 4.14.8	Reduction in requirement for individually commissioned / spot purchased packages of SLT								
14	4.14.1 to 4.14.8	Strong joint commissioning arrangements								

Priority Area 4 Score Card KPI	Reference	Baseline	3 Month	6 Month	12 Month	18 Month	Progress Update			RAG

Priority Area 5: Quality of EHC plans and Annual Reviews

Outcome 1	Quality of EHC Plans									
Relevant Theme of Actions	Reference	Actions Designed to Lead to Improvement	Strategic Lead	Responsible Officer	By When	Desired Impact	Progress Update	Evidence	RAG	
1. Actions to ensure improved quality of EHC plans	5.1.1	Develop an inclusion framework which sets out expectations of the support that should be ordinarily available for CYP with SEND within mainstream settings		Steve Laycock - PEP	Sep-23	a) Families and CYP tell us they have their special educational needs met in an appropriate and timely manner b) EHC thresholds are agreed and understood by parents/carers and practitioners				
	5.1.2	Update EHCP quality standards and agree what a good quality plan looks like and devise/deliver a plan writing training programme for SEND Case Officers		Fran Davis - SEND Team Manager	Sep-23	a) Families and CYP tell us they have a good quality EHC Plans that are co-produced and contain aspirational, holistic outcomes b) All EHCPs are judged good or outstanding when measured against agreed QA framework using the multi-agency audit tool.				
	5.1.3	Develop and implement quality standards for statutory advice, including education, education psychology, health and social care and roll out a workforce training programme for practitioners		Steve Laycock - PEP Sharon Graham - DSCO Jen Griffin - DCO	Sep-23	a) Professional advice is judged good or outstanding when measured through multi-agency audit process using agreed QA framework b) Families and CYP tell us that the advice accurately reflects the CYP's special educational needs and that they feel listened to.				
	5.1.4	Review arrangements to ensure an assessment of social care need is completed and the early help offer is embedded as part of the EHC process		Sharon Graham - DCO	Sep-23	a) Parents/Carers and CYP will have their social care needs and provision accurately identified within the EHCP b) All families are offered an Early Help Assessment to identify any social care needs and provision				
	5.1.5	Implement performance monitoring to ensure that EHCPs are finalised within 20 weeks		Samantha Bradley - Performance and Integration Manager	Jul-23	a) Families and CYP receive a timely service b) CYP with SEN receive access to the correct and provision based on their needs				
	5.1.6	Explore and procure an on-line digital EHC system.		Karen Levell - Service Manager SEND & Inclusion	Apr-24	a) Improved CYP and parent/carer experience of the EHCP assessment and annual review statutory systems b) Increased collaboration and engagement of families, CYP and professionals in EHC assessment and annual review process				
	5.1.7	Establish and embed a multi-disciplinary quality assurance process to monitor and improve the quality of new and amended EHC Plans		Karen Levell - Service Manager SEND & Inclusion	Apr-23	a) Families and CYP tell us that they receive the right support to meet their identified needs in a timely manner b) Audit outcomes are routinely used to inform workforce training and development to continually improve the quality of EHCPs				
	5.1.8	Undertake monthly multi-disciplinary audits to ensure improved consistency of EHCPs		Fran Davis - SEND Team Manager Sharon Graham						
	5.1.9	Review the SEND Team structure and develop a recruitment / retention strategy to ensure sufficient capacity to complete all statutory tasks.		Karen Levell - Service Manager SEND & Inclusion	Sep-23	a) Families, CYP and professionals tell us that communication with the SEND Team is effective b) Monthly data reporting shows full compliance with statutory tasks				
	5.1.10	Review Staff recruitment and retention in EP Service.		Steve Laycock - PEP	Sep-23	a) Audit activity demonstrates all EP advice is completed within 6 weeks of request.				
Outcome 2	Timeliness and quality of annual reviews									
Relevant Theme of Actions	Reference	Actions Designed to Lead to Improvement	Strategic Lead	Responsible Officer	By When	Desired Impact	Progress Update	Evidence	RAG	
	5.2.1	Develop and implement an annual review recovery plan to ensure all EHCPs		Fran Davis - SEND	Apr-24	a) Families and CYP tell us they have an up-to-date EHCP with access to timely access to all relevant professional advice.				

1	5.1.4	Reviewed and amended the pathway for statutory advice requests for social care	We will have introduced and embedded the social care screening tool at the point of making a request for an EHCP. Develop a pathway for social care involvement through Early help at EHCNA	We will have received 75% of social care advice within 6 weeks of the request being made (unless exceptions apply)	We will have received 100% of social care advice within 6 weeks of the request being made (unless exceptions apply)				
1	5.1.5	Review workflow process and performance reporting	On-going monthly reporting will show EHCP timeliness at 60%	On-going monthly reporting will show EHCP timeliness at 75%	On-going monthly reporting will show EHCP timeliness at 100%				
1	5.1.6								
1	5.1.7								
1	5.1.8								
1	5.1.9	Establish caseloads and review against best practice	Complete proposed Team situ	Conduct recruitment					
1	5.1.10								
2	5.2.1								
2	5.2.2								
2	5.2.3								
2	5.2.4								
2	5.2.5	Identify workforce training needs with a clear plan in place for priority groups	Delivered training to SENCO's and other priority groups	Roll out training to remaining staff groups	Implement sustainable model to ensure on-going CPD				