

# Haringey Local Area Joint Written Statement of Action for Special Education Needs and Disabilities

11 Jan 2022



# Foreword

We would like to thank everyone for their valued feedback which has helped shape the development of this action plan.

Our ambition for children in Haringey is that every child has the best start in life, that they go on to have a happy childhood and that every young person has a pathway to success in order to reach their full potential. We want every child to receive the right support, at the right time, with choice and control so that they can lead fulfilling lives in their school or setting, home and community.

This plan sets out how we will address the significant weaknesses identified through the Ofsted/CQC SEND inspection.

We look forward to **working** closely and collaboratively in partnership with you all to improve the support and outcomes for our children and young people with SEND in the future.

*Signed on behalf of the partners of the* **Start Well Board and the Joint SEND Executive**

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Director of Children's Services  
Haringey Council

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Contents	Page
Introduction	4
How we developed this written statement	5
Our ambition for children, young people and families in Haringey	6
Our partnership governance arrangements	7
Key actions already taken	8
WSOA* 1: Improve the co-ordination, quality and timeliness of education, health and care plans and annual reviews	9
WSOA 2: Improve the autism assessment waiting times for children and young people	16
WSOA 3: There is good communication, co-production and partnership working with children and young people and their parents and carers	23
Appendix 1: Current membership of Haringey SEND Joint Executive and Terms of Reference	31
Appendix 2: How our plans fit together	34

\* *Written Statement of Action*

# Introduction

The Haringey local area joint Ofsted and Care Quality Commission (CQC) SEND inspection took place between Monday 5th and Friday 9th July 2021, to judge the effectiveness and implementation of the special educational needs and disability reforms as set out in the Children and Families Act 2014. The [findings were published on 8 October 2021](#).

The inspection was led by one of Her Majesty's Inspectors from Ofsted and the inspectors considered three key areas of focus:

- The effectiveness of the area in identifying children and young people's special educational needs and/or disabilities
- The effectiveness of the area in meeting the needs of children and young people with special educational needs and/or disabilities
- The effectiveness of the area in improving outcomes for children and young people with special educational needs and/or disabilities

Inspectors identified strengths and areas for development, concluding that there were significant areas of weakness in the local area's practice. Haringey Council and the North Central London Clinical Commissioning Group are therefore required to jointly prepare and submit a Written Statement of Action that addresses the following three areas of weakness:

- The poor quality of EHC plans and the annual review process especially as children and young people prepare for adulthood.
- Unacceptable waiting times for Autism Spectrum assessment.
- The lack of partnership working and poor communication and co-production with parents, children and young people. This includes communication through the local offer.

The Haringey Written Statement of Action sets out how local partners will address the areas of significant weakness identified and how we will measure our progress. This work will align to the additional focused work in the local SEND Strategy and delivery will be overseen by the SEND Executive Board with updates on progress provided to the Start Well Board, Health and Wellbeing Board.



# How we developed this written statement of action



The following Haringey strategies and plans outlined below have informed the development of our priorities in our SEND Strategy and our improvement plans:

- [The Borough Plan 2019-2023](#)
- [Alternative Provision in Haringey: A Model for Change 2020-2023](#)
- [Haringey's Early Help Strategy 2021-2023](#)
- [Haringey's DRAFT Health and Well Being Strategy 2020- 2024](#)
- [Preparation for Adulthood Pathway Guide](#)
- [Our Joint Strategic Needs Analysis](#)
- Haringey All Age Autism Strategy 2021-2031
- Early Years Review pending the development of Haringey Early Years Strategy

The local authority and the Clinical Commissioning Group have worked closely to develop the written statement of action with a range of partners, education providers, parents and carers. This has been done through:

- A series of six informal conversation events with parents and carers held between June and August 2021 which were running during the period of the inspection and has supported both the development of our SEND Strategy priorities and this plan
- Six WSOA stakeholder workshops in November 2021 looking at the areas of weakness identified by Ofsted and CQC
- Autism assessment pathway workshops
- Discussion at headteacher meetings – nursery, primary, secondary and special schools meetings throughout October and November
- Attendance at governor and chair of governor meetings in November
- A Haringey Healthwatch meeting in November to hear about parents and carers experiences and concerns
- Discussions at Start Well Board with partners and other strategic boards including the Borough Partnership, Haringey Safeguarding Children Partnership, Health and Wellbeing Board, SEND Executive, Children and Young People's Scrutiny throughout October and November
- The findings from the independent review: the [Amaze report](#) into improving parent carer participation and co-production
- Performance information and other feedback



We know we have more to do to ensure we hear the voice of young people, and this is part of our plans going forward.

# Our ambition for children, young people and families in Haringey

The inspectors noted our ambition for children and young people. This is underpinned by the **Borough Plan** which sets out our vision and ambition for everyone living and working in the borough as below :

## Borough plan vision and outcomes

A Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential

**Outcome 4: Best start in life: The first few years of every child's life will give them the long-term foundations to thrive**

**Outcome 5: Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family and in our community**

**Outcome 6: Every young person, whatever their background, has a pathway to success for the future**

With our partners we have completed a self assessment and have developed a draft SEND Strategy which sets out what we plan to do together to deliver on this vision and ambition. Through our conversations with children, young people and parents and carers we have identified the following 5 draft priorities for our SEND strategy (2022- 2025). The draft strategy will be approved through our governance arrangements with the final strategy published in March 2022.

## SEND Strategy Priorities

Priority 1: We will support children at the earliest opportunity to access the intervention they need to achieve and thrive

Priority 2: Wherever possible we will meet the needs of Haringey's children within Haringey

Priority 3: We will deliver a Local Offer to children and families that allows them choice and gives them access to services that meet their needs

Priority 4: We will actively seek opportunities to work with our children, young people and families in a model of co-production

Priority 5: We will prepare our children for their adult lives and support their transition

The priority actions set out in this written statement of action will be part of our detailed action plan to deliver our SEND strategy. This set of actions will be a focus for delivery in the initial phase of our strategy and the actions will be identified in that plan as WSOA\*1,2 and 3. See appendix 2 which shows how the plans fit together.

\* Written Statement of Action

# Our partnership governance arrangements

Accountability for the delivery of the Written Statement of Action will be held by the partners on the SEND Executive Board (see Appendix 1). The SEND Executive board is chaired by the Director of Children's Services (Haringey Council). The SEND Executive Board has senior leadership representation from a range of agencies which include Commissioning, Health and Social Care services, Education, Cabinet Member with responsibility for Early Years, Children and Families, SENDIASS and Haringey's Parent Carer Forum.

A quarterly highlight report demonstrating performance and progress towards delivery of the actions will be overseen by the SEND Executive Board with progress reported to the Start Well Board, An annual report will be provided to the Health and Wellbeing Board and Children and Young People's Scrutiny.

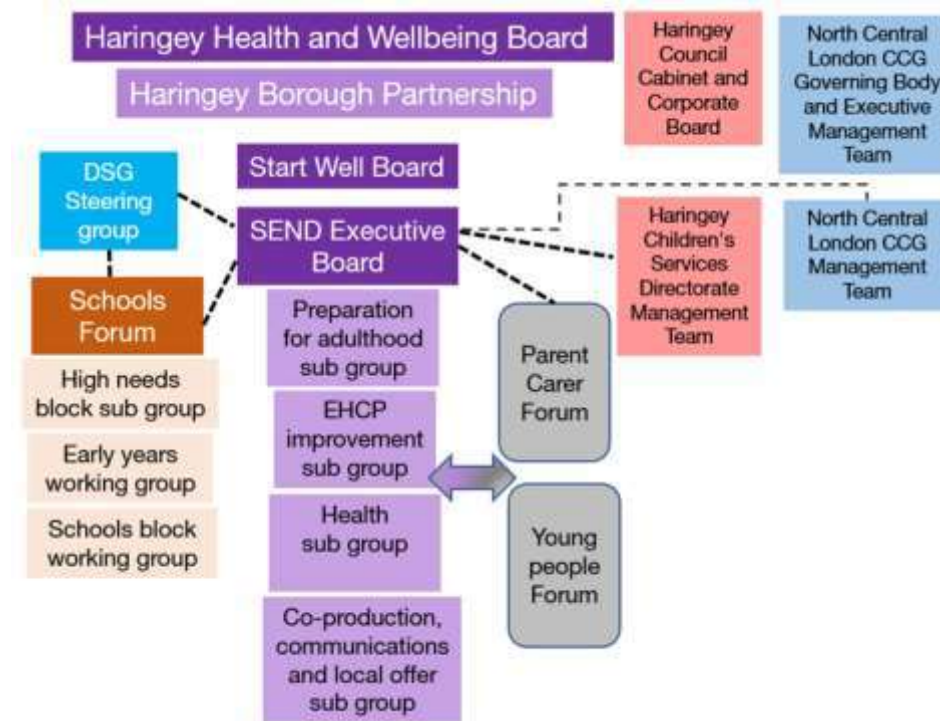
The following sub groups will meet regularly and drive forward the actions in the plan, reporting on the actions they are responsible for to the SEND Executive Board on a quarterly basis:

- 1. Preparation for adulthood sub group:** improve the quality of annual reviews as children and young people prepare for adulthood – led by the SEND Service Manager and the Head of Adult Social Care and Learning Disability
- 2. EHC improvement plan group:** improve the co-ordination, quality and timeliness of EHC plans and the annual review process - led by the Head of SEND
- 3. Health sub group:** unacceptable waiting times for Autism Spectrum assessment – led by the CCG Head of Children's Commissioning
- 4. Co-production, communications and local offer sub group:** ensuring there is good communication, co-production and partnerships working with children and young people and their parents and carers. This includes communication through the local offer - led initially by the Head of SEND with an offer extended to the Chair of the Parent Care Forum Chair to co-chair once they are ready to.

**A children and young people forum** – we will establish a forum for young people with SEND to ensure children and young people's voices influence what we do.

**Our Parent Carer Forum** – will support and challenge us in improving our partnership working and communications and co-production with children and young people and parents and carers. This includes communication through the local offer. The Parent Carer Forum is identifying two representatives from the Parent Carer Forum for each of the sub groups.

## How we organise our joint working to deliver the plan



\* From July 22 the CCG responsibilities will be transferred to the NCL Integrated Care Board.

# Key actions already taken



In the months prior to the inspection, partners across Haringey had identified key areas for significant improvement through our self-evaluation and were already making changes.

Through our conversations with parents, carers and partners we identified **these five priorities for our SEND Strategy** are part of our improvement work.

Key actions already taken, linked to these priorities, show our commitment to delivering better experiences for our children and young people with SEND and their families.

**This Written Statement of Action will be a key part of the plan to deliver our SEND Strategy.**

## Priority 1: We will support children at the earliest opportunity to access the intervention they need to achieve and thrive.

- Implemented a restructure of the Statutory Assessment Service into specialist Teams focusing on early years, compulsory school age and post 18.
- Developed a Quality Assurance Framework for Education, Health and Care Plans.
- Reviewing Speech, language and Communication to ensure we focus on early intervention
- Agreed medium term funding to reduce waiting times for autism assessments
- Commissioned co-production training for the new statutory assessment teams.

## Priority 2: Wherever possible we will meet the needs of Haringey's children within Haringey

- Worked with Heartlands Community Trust to develop the Grove School for children and young people with ASC
- Initiated an Early Years review to plan for long term sufficiency for Early Years provision in Haringey.

## Priority 3: We will deliver a Local Offer to children and families that allows them choice and gives them access to services that meet their needs

- Opened accessible play spaces in Finsbury Park
- Employed a SEND Communications Officer to ensure we have an effective communications strategy and new and regular SEND newsletters
- Established a task and finish group in place reviewing and redesigning our local offer website
- Reviewed and increased our communication on health services on the SEND offer

## Priority 4: We will actively seek opportunities to work with our children, young people and families in a model of co-production

- Commissioned an independent report which outlined clear priorities and recommendations for implementation which are underway (Amaze Report July 2020)
- Commissioned The Bridge Renewal Trust to set up and provide support to Haringey Parent Carers' Forum.

## Priority 5: We will prepare our children for their adult lives and support their transition

- In-sourced the Travel Buddies to ensure that children and young people receive consistent, high quality travel training to support them to travel independently to their place of learning.
- Developed a [Preparation for Adulthood Guide to support decision-making](#)
- Employed a supported internship co-ordinator to develop a good quality apprenticeship offer
- Launched an Autism Strategy which outlines how autistic children and young people will have an effective transition to adulthood



# WSOA 1. Improve the co-ordination, quality and timeliness of education, health and care plans and annual reviews

Lead: Head of SEND, Haringey Council

## What Ofsted and CQC told us: Poor quality of EHC plans and the annual review process, especially as children and young people prepare for adulthood

- ❖ The quality of Education Health and Care (EHC) plans is weak. Plans do not tell the story of the whole child. Routinely information about health and social care needs is not included. Quality and timeliness is variable. Amendments made to EHC plans after annual reviews are often inaccurate. Too many errors and shortfalls in EHC plans.
- ❖ Education, health, and care professionals do not work together well enough to draw up these plans – weaknesses in assessment and planning processes and co-ordination is inconsistent.
- ❖ **Annual reviews are not undertaken proficiently and EHC plans are not amended even when the young persons' needs have changed** significantly. There is too much variation particularly regarding health and care outcomes. This is impacting on transition for young people leaving college because their needs are not accurately described.
- ❖ Leaders have not ensured EHC plans are checked thoroughly. They have not checked progress towards the outcomes identified in the EHC plans well enough.
- ❖ **Some outcomes are not specific to the child or young person's needs. Too often health and care outcomes are missing from plans.**
- ❖ Young people, including those with complex needs, are not supported well in making successful transitions into adult life.
- ❖ Health practitioners do not always measure the impact of their work. This includes for example, amended plans not being routinely contained within health records. This not only means that those records remain incomplete, but also that health practitioners are not aware of key information that might be useful in their interactions with those children and young people.

## What children and parents told us and how it relates to our self assessment

- ❖ Some parents and carers are telling us that their children and young people are not always supported in a timely way.
- ❖ Some parents want schools to help them more in identifying issues early and provide support
- ❖ Some parents want SENCOs to work more closely with them to inform the assessment, with clear guidance on what is needed before applying for an EHCP
- ❖ Education Health and Care Plans have not always been timely or of good quality and annual reviews are often out of date and plans consequently do not reflect the current needs of the child or young person.
- ❖ Transitions to adulthood are not always smooth, pathways are not always clear and children, young people and their families do not always get the support they need to understand their choices.

## What impact this plan will have over the next two years

- ❖ The percentage of assessments for EHC plans completed in 20 weeks will show continuous improvement and be in line with comparator authorities or better
- ❖ Our audits will tell us that increasing numbers of EHC plans are of a consistently high quality, are co-produced and tell the story of the child with a clear focus on outcomes
- ❖ **Annual reviews are completed on time and will accurately reflect children's changing needs, particularly as they move into adulthood**
- ❖ Children, young people and their parents and carers tell us that they were involved in co-producing their plans and their plans are providing them with the right help at the right time so that they can make progress towards identified outcomes
- ❖ Young people and their parents and carers tell us they are receiving timely advice and guidance as they move into adulthood

# Improve the co-ordination, quality and timeliness of education, health and care plans and annual reviews

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
1.1	Restructure statutory assessment team and develop increasing capacity (including health services) to support the statutory assessment and annual review process.	Head of SEND Head of CYP Commissioning CCG	<ul style="list-style-type: none"> <li>a. New team in place (Oct 2021)</li> <li>b. Appointment of new Service Manager for Statutory Assessment (Dec 21)</li> <li>c. Provide a named caseworker for the statutory assessment process as a single point of contact for parents from the beginning of the statutory assessment process to when the final plan is issued (Dec 21)</li> <li>d. Increase short term capacity by creating a Dispute Resolution Officer for 12 months to support the team with resolving disagreements, improving the way we work with families and develop a sustainable approach within EHC teams (Jan 22)</li> <li>e. Increased capacity (3 full time equivalent roles) to <b>meet statutory deadlines for EHCP's and Annual Review Officers</b> (Apr22)</li> <li>f. Increase in capacity in the Education Psychology Team (Apr 2022)</li> <li>g. Co-production meetings for every new EHC assessment and annual review set up and commencing (Apr 2022) (see 3.1 on page 24 for the detail)</li> <li>h. The CCG and health providers to review and improve current capacity and resources to support health <b>contributions to EHCP's (Sep 2022)</b></li> </ul>	<p>Percentage EHC plans finalised in 20 weeks</p> <p>Percentage of annual reviews are completed on time</p> <p>Percentage of plans and annual reviews audited rated as compliant</p> <p>Children, young people and their parents and carers tell us that they were involved in co-producing their EHC plans and the plans will provide them with the right help at the right time so that they can make progress towards identified outcomes</p>					

Improve the co-ordination, quality and timeliness of education, health and care plans and annual reviews									
Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
1.2	Implement the new case management system to ensure consistent co-ordination of the statutory assessment and annual review process.	Head of SEND	<ul style="list-style-type: none"> <li>a. Options paper reviewed and agreed (Nov 2021)</li> <li>b. Award of contract to provider (Nov 2021)</li> <li>c. Performance information from the shared system is reviewed regularly by the DCO and the DSCO and action is taken by Managers in health and care services to improve timely contributions from care and health as needed (Dec 2021)</li> <li>d. Implementation of system and internal Go live (Apr 2022)</li> <li>e. Data cleansed and migrated into new system (Mar 2022)</li> <li>f. Ensure effective contribution from health, education and care partners by providing training on new system, ensuring all partners are involved in the implementation of the programme (Dec to Apr 2022)</li> <li>g. Training and pilot with partners and parents/carers (Apr to Jul 2022)</li> <li>h. Go live of system and portals (Sep 2022)</li> <li>i. Launch CACI Impulse system supported by improved practice (Sep 2022)</li> <li>j. <b>Develop a ‘What to Expect’ guide for parents and carers on EHCP’s Annual Reviews (Sep 2022)</b></li> </ul>	<p>Percentage EHC plans finalised in 20 weeks</p> <p>Percentage of annual reviews completed on time</p> <p>Percentage of plans and annual reviews audited rated as compliant</p>					
1.3	Develop a Quality Assurance Framework for all Education, Health and Care Plans and Annual Reviews	Head of SEND	<ul style="list-style-type: none"> <li>a. New quality assurance framework signed off by SEND Executive (Jul 2021)</li> <li>b. <b>All EHCP’s and Annual Reviews are countersigned and approved by management (Mar 22)</b></li> <li>c. Sample of 6 audits completed each month (start Oct 2021)</li> <li>d. Recommendations and implications from the audits will be shared by the DCO to the Health Sub Group with CCG Whittington and Barnet, Enfield and Haringey Mental Health Trust (BEH) to ensure actions agreed and with the DSCO to improve social care inputs into plans (start Nov 2021)</li> <li>e. Quarterly report to SEND Executive (Jan 2022)</li> <li>f. Review framework when new CQC/Ofsted guidance published (when guidance published)</li> </ul>	Percentage of plans and annual reviews audited rated as compliant					

Improve the co-ordination, quality and timeliness of education, health and care plans and annual reviews									
Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
1.4	Work with services to ensure EHC plans and Annual Reviews reflect the needs of children and young people as identified by health and social care and are used to inform positive outcomes for children and young people	Designated Social Care Officer  Designated Clinical Officer  SEND Service Manager	<ul style="list-style-type: none"> <li>a. Quarterly Quality Assurance report to SEND Executive (from Jan 2022)</li> <li>b. Review health and social care advice template following QA findings (Apr 2022)</li> <li>c. Review the current input from CAMHS at the Health Sub group (Feb 22) and implement improved systems and processes to support CAMHS advice (May 2022)</li> <li>d. Deliver training via the Haringey <b>Children’s Academy on the code of practice</b> statutory requirements for health and social care professionals and schools (Apr 2022 and onwards)</li> </ul>	Percentage advice submissions which are deemed to be of good quality					
1.5	Develop and communicate a clear system for sharing updated plans with all health providers and ensure that each provider has a system in place to upload updated plans onto health records	Designated Clinical Officer  Barnet, Enfield and Haringey Mental Health Trust (BEH) and Whittington Managers	<ul style="list-style-type: none"> <li>a. Each health provider (BEH and Whittington Health) to include an audit of children and young people with an EHC plan in their annual case note audit process (Oct 2022). Findings from this to be shared at Health Sub Group and each provider at the quarterly monitoring meetings.</li> <li>b. Health Sub Group to agree the process for named individuals and pathways for the plans to be received and uploaded <b>onto children’s health records (Feb 2022)</b></li> <li>c. The Statutory Assessment Service has a system for sharing newly completed plans and annual reviews with providers and the CCG (Sept 2022)</li> </ul>	NHS Trusts provide audits show updated plans are contained within health records					

# Improve the co-ordination, quality and timeliness of education, health and care plans and annual reviews

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan-Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
1.6	DCO to work with key health leads and providers to ensure that health professionals are recording <b>children’s planned</b> outcomes, reviews of outcomes and any future actions needed within health systems.	Designated Clinical Officer  Head of CYP Commissioning CCG  Mental Health Trust (BEH) and Whittington Health Managers	<ul style="list-style-type: none"> <li>a. Learning from the regular audits will be shared through the Health Sub Group and actions for practice improvement will be tracked and monitored (quarterly audit findings considered from Feb 2022)</li> <li>b. Provide general briefings, feedback and support to health professionals on the EHC process and audits, including take up of multi-agency training by health staff (annual programme of activity from Apr 2022)</li> <li>c. DCO/CCG to work with NHS teams to ensure that health outcomes are reflected in EHC plans (from Apr 2022)</li> </ul>	Percentage advice submissions which are deemed to be of good quality.					
1.7	Agree an annual review recovery plan and ensure all annual reviews are taking place	Head of SEND  SEND Service Manager	<ul style="list-style-type: none"> <li>a. Annual review recovery plan in place covering co-production, improved paperwork, increased capacity and performance management with a key focus on preparing for adulthood (Feb 2022)</li> <li>b. Engage the SENCO network and schools in implementing the Annual Review recovery plan (Mar 2022)</li> <li>c. Refresher training for key stakeholders on annual review process (Apr 2022)</li> <li>d. The CCG and Health providers to review input required to Annual Reviews and enable Statutory Assessment Team to amend plans accordingly (Apr 2022)</li> </ul>	<p>Percentage of annual reviews completed on time</p> <p>Percentage advice submissions which are deemed to be of good quality</p> <p>Percentage of plans with specific and quantified provision in Section F</p> <p>Percentage plans adhering to the co-production expectations</p>					

Improve the co-ordination, quality and timeliness of education, health and care plans and annual reviews										
Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales					
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2	
1.8	Annual Reviews for all children and young people from year 9 onwards are programmed by the new case management system and they include consideration of the Preparation for adulthood pathways  (linked to 1.7)	SEND Service Manager	<ul style="list-style-type: none"> <li>a. Implement the new assessment team restructure which includes a dedicated team focused on post 16 transitions (Oct 2021)</li> <li>b. Implementation of the new case management system in place to support good practice (Sep 2022)</li> <li>c. Develop a multi-agency workforce development programme to improve <b>practitioners’ knowledge and skills in supporting young people and families’</b> aspirations in planning transition to adulthood (Year 2)</li> </ul>	<p>% of annual reviews completed on time is improving</p> <p>Percentage advice submissions which are deemed to be of good quality</p> <p>Percentage plans which are legally compliant, including specific and quantified provision in Section F</p> <p>Percentage plans adhering to the co-production expectations</p>						
1.9	Develop and agree a Preparation for Adulthood (PFA) Strategy and action plan	<p>Head of SEND</p> <p>Head of CYP Commissioning CCG</p> <p>Head of Adult Social Care</p>	<ul style="list-style-type: none"> <li>a. Scoping workshop to complete PFA Audit Tool and gap analysis (Jan 2022)</li> <li>b. Workshop with parents and carers and young people in partnership with Markfield (Feb 2022)</li> <li>c. Work within each pathway to be identified and outcomes agreed (Mar 22)</li> <li>d. Draft Strategy and action plan presented to relevant stakeholders (Apr 2022)</li> <li>e. Consultation on PFA Strategy (Apr 2022)</li> <li>f. CCG and NHS providers to review and agree health transition arrangements and pathways for young people up to 25 years old (Jun 2022)</li> <li>g. PFA Strategy agreed, and action plan rolled out and monitored through the Preparation for Adult Sub Group and progress reported to the SEND Joint Executive (from Jun 2022)</li> </ul>	<p>Young people and their parents and carers tell us there are more options for young people moving into employment with timely advice and guidance (annual review age 14 feedback)</p> <p>Percentage advice submissions which are deemed to be of good quality</p> <p>Percentage plans which are legally compliant, including specific and quantified provision in Section F</p> <p>Percentage plans adhering to the co-production expectations <i>Further measures to be developed as part of the PFA strategy</i></p>						

# How we will know we are making a difference (measures)

Ref	Measure/Indicator of success	Target	Target timescale	Baseline data	Notes
EHC P 1	Percentage of EHCPs completed in 20 weeks	80%	Dec 2022	37 % YTD (December 21)	Showing continuous improvement and in line with or better than statistical neighbours (58.66% last reported 2020)
EHC P 2	Percentage plans adhering to the co-production expectations	TBC once baseline established in Jun 2022	Jan 2023	There will need to be a baseline of some current plans once we have developed the co-production expectations	In advance of CACI system, manual spreadsheet in place which is evidencing that a co-production meeting has taken place to inform the EHC assessment and AR.
EHC P 3	Percentage advice submissions which are deemed to be of good quality	TBC once baseline established in Jun 2022	Jan 2023	To be confirmed following <b>first quarter's collection</b> through QA report Jan 2022	To be evidenced through quarterly QA reports
EHC P 4	Percentage plans demonstrating the voice of the CYP/ parent carer/s as a golden thread through the plan	TBC once baseline established in Jun 2022	Jan 2023	To be confirmed following <b>first quarter's collection</b> through QA report Jan 2022	To be evidenced through quarterly QA reports
EHC P 5	Percentage plans which are legally compliant, including specific and quantified provision in Section F	TBC once baseline established in Jun 2022	Jan 2023	To be confirmed following <b>first quarter's collection</b> through QA report Jan 2022	To be evidenced through quarterly QA reports
EHC P 6	Percentage audits rated as compliant	TBC once baseline established in Jun 2022	Jan 2023	To be confirmed following <b>first quarter's collection.</b>	Complete at least 6 per month. Our audits tell us that increasing numbers of EHC plans are of a consistently high quality
EHC P 7	Percentage of annual reviews completed on time (issuing of final outcome letter)	80%	Jan 2024	56% YTD (December 2021)	
EHC P 8	Children, young people and their parents and carers tell us that they were involved in co-producing their EHC plans and the plans will provide them with the right help at the right time so that they can make progress towards identified outcomes.	TBC once baseline established in Jun 2022	Jan 2023	To be confirmed following <b>first quarter's collection</b> through QA report Jan 2022	To be collected via end of plan feedback survey for every child and family and then annually from that point
EHC P 9	Young people and their parents and carers tell us there are more options for young people moving into employment, education and training with timely advice and guidance.	TBC once baseline established in Jun 2022	Jun 2022	To be confirmed following <b>first quarter's collection</b> through QA report Jan 2022	To be collected via end of plan feedback survey for every child and family and then annually from that point

# WSOA 2. Improve the autism assessment waiting times for children and young people and support whilst they are waiting

Lead: Head of Children and Young People's Commissioning, NCL CCG

## What Ofsted and CQC told us: Unacceptable wait times for autism spectrum condition assessments

- ❖ Too many children and young people wait too long for assessments to identify autism spectrum condition (ASC). There is little or, in most circumstances, no specific support available while waiting for assessment.
- ❖ Some children and young people with SEND do not experience a well-planned and consistent approach to identification of their needs. As a result, some parents and school leaders are frustrated and have resorted to paying for assessments, for example speech and language assessments to identify **children and young people's needs**.
- ❖ Waiting times for autism assessments SC in Haringey are too long. Some children are required to be assessed by speech and language therapists (SALT) as part of their ASC assessment process. Waiting times for SALT are high and these families are waiting too long for a potential diagnosis with little or no support provided during the waiting period.
- ❖ Some children and young people with autism are not having their needs met quickly enough in appropriate provision. Parents expressed concerns about the negative effect **that delays in assessments can have on children's long term outcomes. Communication from staff to families between a referral** being made for an autism assessment and the actual assessment taking place is weak, leaving some families wondering if an assessment will go ahead. Staff we spoke with agreed that communication could be improved so families are better informed.

## What children and parents told us and how it relates to our self assessment

- ❖ It is a battle to get any help and the right services for my child.
- ❖ Parents and carers shared examples of being unable to access services, feeling disbelieved by schools when their children were struggling with school and feeling that their concerns were often minimised or ignored. Parents recounted the need to pay for private assessments and therapies because their child could not wait for NHS services, they talked about the impact of this on them and on their children.
- ❖ Children in Haringey are waiting too long for some health assessments and interventions, in particular speech and language therapy and autism diagnosis/
- ❖ There should be a designated named or point of contact for example a caseworker who parents and staff can speak with during the process. This will include support whilst waiting and signposting.
- ❖ Services should be made available concurrently not waiting to meet the threshold or for one service to trigger another
- ❖ An overview of the different services should be provided including realistic expectations and timescales

## What impact this plan will have over the next two years

- ❖ Reduction in numbers of children and young people waiting for an autism assessment
- ❖ Reduction in autism assessment waiting times
- ❖ Parents tell us that communication following referral to an autism assessment is good and they feel informed
- ❖ Parents tell us they feel that they have support whilst they are in the process of waiting for / having an autism assessment



# Improve the autism assessment waiting times for children and young people and support whilst they are waiting

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
2.1	Reduce numbers of children waiting for autism assessments through short term investment	Head of CYP Commissioning CCG	<p>a. The CCG has commissioned BEH to provide additional support, delivering a forecasted 43 assessments for children known to CAMHS who are currently on Tavistock and Portman and Whittington Health waiting list by March 2022</p> <p>b. The CCG have commissioned Whittington Health to provide/procure additional assessments to reduce waiting times. This includes 50 online assessments that will be provided from January 2022 to July 2022.</p>	<p>We will provide c.90 - 100 autism assessments, in addition to normal capacity by July 22</p> <p>Average waiting times for under 18 year olds will reduce from c.70 to 52 weeks by July 22</p>					
2.2	Reduce the numbers of Haringey children waiting for autism assessment through health commissioners providing additional support and resources across the Integrated Care System	NCL AD for Children's Services	<p>a. NCL CCG have agreed recurrent funding to increase capacity for 5-18 age assessments (from Apr 2022)</p> <p>b. The CCG is working with providers to put in place a mutual aid recovery plan for 22/23 by <b>Mar 22 working across NCL's NHS Trusts to:</b></p> <ul style="list-style-type: none"> <li>Negotiate additional online assessments through 22/23, agreeing clinical criteria for appropriate referrals across NCL</li> <li>Identify scope for further workforce training and backfill</li> <li>Identify scope for increasing overall workforce capacity and/or mutual aid</li> </ul>	<p>Reduction of children aged 5-18 waiting for autism assessment by April 23</p> <p>Mutual Aid Recovery Plan developed by March 2022 – to include targets for reducing waiting times in Haringey</p>					

# Improve the autism assessment waiting times for children and young people and support whilst they are waiting

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
2.3	Ensure effective performance monitoring of performance data from each provider providing assessments	Head of Performance and <b>Head of Children’s</b> Commissioning  Head of CYP Commissioning CCG  Head of Children’s Services Whittington Health  Clinical Director; Tavistock and Portman Trust	a. Agreed new data monitoring arrangements (Feb 22)  b. Monthly monitoring arrangements in place (Mar 22)	Improved scrutiny of performance against targets set  Improved delivery of assessments					
2.4	Work with partners to improve the current autism assessment pathway to bring long term benefits	Head of CYP Commissioning CCG	a. Professionals, together with the parent/carer forum, will form a task and finish group to review the current autism assessment process (Jan 2022)  The Group will: b. Determine ways to make the assessment pathway and process more holistic (e.g. more 1 stop assessment) c. Consider whether a new model of delivery would make the assessment process more efficient d. Whether assessments can / should be more tailored to ages e. How to draw on best practice to shape the most efficient and effective clinical model for autism assessment and pre/post diagnostic support 0-18 f. Agree autism pathway (Sept 2022) g. Implementation of autism pathway (Dec 2022)	Reduce waiting times  Positive feedback from parents					

# Improve the autism assessment waiting times for children and young people and support whilst they are waiting

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
2.5	Improve clarity and communication with parents about the autism assessment process	Head of CYP Commissioning CCG  Head of <b>Children’s</b> Services Whittington Health  Clinical Director; Tavistock and Portman Trust	<ul style="list-style-type: none"> <li>a. Work with parents/carers and providers to co-produce the local offer website Autism Assessment section. Work to start in Jan 22 (Jul 2022)</li> <li>b. Provide quarterly updates on Autism Assessment Process in SEND newsletters (from Mar 22)</li> <li>c. Work with Markfield Project to offer some autism information sessions, with Whittington Health and Tavistock between February-May 22</li> </ul>	Parents/Carers feedback from local offer survey					
2.6	Support professionals working with children to be confident around autism processes and pathways	Head of CYP Commissioning CCG  Head of <b>Children’s</b> Services Whittington Health  Clinical Director; Tavistock and Portman Trust  Head of SEND	<ul style="list-style-type: none"> <li>a. Co-production with professionals to ensure that the local offer, as it is updated, is informed by and understood by professionals from across the <b>children’s workforce (Feb 22)</b></li> <li>b. Scope the possibility of huddles/ support group sessions for parents/carers whose children are starting the autism assessment process waiting (Feb 22)</li> <li>c. Build on existing regular training events through <b>the Haringey Children’s Academy, led by providers</b>, to improve knowledge of the local autism assessment process for the children’s workforce i.e. SENCOs, Family Support Workers via CPD (Feb – Jun 22)</li> <li>d. Improve communication through existing channels and groups on processes, pathways and relevant support (Jan 2022 onwards)</li> </ul>	<p>Following training from health providers, SENCOs feel more confident in understanding how they can support parents in the autism processes and pathways (survey)</p> <p>Parents/Carers feel informed of timescales, process and support</p>					

# Improve the autism assessment waiting times for children and young people **and support whilst they are waiting**

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
2.7	<b>Improve communications to parents following a referral for an autism assessment</b>	<p>Head of Children’s Services Whittington Health</p> <p>Clinical Director; Tavistock and Portman Trust</p>	<ul style="list-style-type: none"> <li>Wittington Health and Tavistock to improve communication with families about waiting times and accessing support whilst they are waiting for an autism assessment (Feb 2022)</li> <li>Providers to agree an end of assessment feedback survey for parents/carers and start recording this information from Apr 2022</li> </ul>	<p>Parents tell us that communication following referral to an autism assessment is good and they feel informed</p> <p>Parents/Carers feel informed of timescales, process and support</p>					
2.8	<b>Ensure there is effective support for families with children with social communication difficulties who do not yet have a diagnosis</b>	<p>Head of Children’s Services Whittington Health</p> <p>Head of SEND</p> <p>Head of CYP Commissioning, CCG</p>	<ol style="list-style-type: none"> <li>Review the current support services available for children across each age group 0-5,5-11, 12+ (Jan 22)</li> <li>The ordinary offer of education (what children and parents/carers can expect in terms of support to meet their needs in mainstream schools) is published and schools are supported to implement this (Jan 22)</li> <li>Ensure that there is effective communication with these groups and that attendance monitored (March 22)</li> <li>Ensure there are support groups in place that meet families needs that are age appropriate (Apr 22)</li> <li>Review and recommend new models of care co-ordination for families on autism pathway (May 22)</li> <li>Co-produce an end of assessment evaluation or survey with parents to ensure that the timing is right and that it is not too onerous to gather (June 22)</li> </ol>	<p>Parents tell us they feel that they have support whilst they are in the process of waiting for / having an autism assessment</p> <p>Parents tell us that communication following referral to an autism assessment is good and they feel informed</p>					

# Improve the autism assessment waiting times for children and young people **and support whilst they are waiting**

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
2.9	Ensure that there is effective support for families requiring more intensive support to ensure families do not reach crisis point	AD Safeguarding AD Early Help and SEN	a. Work with partners who provide early help and safeguarding services to ensure that families waiting for a diagnosis, who are in need of additional support are able to access appropriate help (June 22)	Parents who have been referred to EH and CWD feel that they have appropriate support, whilst they are in the process of waiting for having an autism assessment					

## How we will know we are making a difference (measures)

Ref	Measure/indicator of success	Target	Target timescale	Baseline data	Notes
ASC 1	Average waiting times for under 18 year olds will reduce from c.70 to 52 weeks by April 22	52 weeks	April 22	70 weeks	<p>This will be achieved by:</p> <ul style="list-style-type: none"> <li>•Additional on-line assessments for 11+yrs</li> <li>•Additional staffing at WH</li> <li>•Additional capacity from BEH</li> </ul> <p>Showing continuous improvement and in line with or better than statistical neighbours.</p>
	Average waiting times for 0- 5 year olds will reduce from c.39 to 35 weeks by April 23	35 weeks	April 23	39 weeks	To be achieved through additional recurrent investment and pathway efficiency. Target set is for average waits of 52wks but will be aiming for 52wks as a maximum waiting time.
	Average waiting times for 5-18 year olds will reduce from c.85 to 40 weeks and a maximum of 52 weeks by April 23	40 week avg  52 week max	April 23	85 weeks	As above
COM3	Parents tell us that communication following referral to an autism assessment is good and they feel informed	TBC once baseline established in April 22	Improvement quarterly	Start in April 22	End of autism assessment evaluation or survey
COM3	Parents tell us they feel that they have support whilst they are in the process of waiting for / having an ASC assessment	TBC once baseline established in April 22	Improvement quarterly	Start in April 22	End of autism assessment evaluation or survey

# WSOA 3. There is good communication, co-production and partnership working with children and young people and their parents and carers

Lead: Head of SEND

## What Ofsted and CQC told us: The lack of partnership working and poor communication and co-production with parents, children and young people. This includes communication through the local offer.

- ❖ Strategic leaders understand the importance of co-production. However, there is neither a culture nor practical systems in place for this to occur. Leaders are clear that more needs to be done to embed co-production with parents, children and young people in Haringey.
- ❖ There is more to do to embed co-production in the area. **An inclusive approach to young people's participation is required.** Young people felt that listening did not always turn into action, and they want to participate in projects that change perceptions and attitudes towards young people with SEND and empower them.
- ❖ Communication with professionals is poor, with many advising they must tell their story again and again. They also said that emails remain unanswered or delayed, which raises anxieties and promotes mistrust.
- ❖ The online local offer is not functioning effectively. It can be inaccessible and lacks clarity, ownership and credibility. Some health practitioners and parents spoken to were unaware of its existence. Some parents who have accessed the offer find it difficult to find and access short breaks, social activities for their children and respite provision within the area. Also for those who are older there is limited short-break availability in the summer holidays.

## What children and parents told us and how it relates to our self assessment

- ❖ **Communication is poor.** Families described finding out about events 'too late', the SEND newsletter did not appear to be reaching its target audience, and messages about individual children and services also appeared to get lost. Contact numbers and service details were reported as being hard to access. Parents wanted more communication, in a range of media formats, accountability for communications with single points and timeliness. Parents wanted caseworkers to keep parents updated on the ECHP process.
- ❖ Co-production is not embedded in Haringey and relationships between the Council and parents have not always been useful or effective. The Local Offer is not good and children, young people and their families do not feel that communication is good or understand how to get services. Parents want a parent carer forum in place where parents can advocate for families in an official capacity. Parents want us to be clear about how any contributions made by parent carers are going to be used and set realistic expectations from the outset.

## What we will achieve by working together

- ❖ A representative Parent Carers Forum who feel they are recognised as equal partners in developing and delivering SEND services
- ❖ Children, young people and parents and carers tell us that the online local offer is easy to use and provides useful information
- ❖ Parents tell us that they feel increasingly more informed through the SEND newsletter
- ❖ An increase in the numbers of people signing up to the SEND newsletter
- ❖ An increasing number of people are using the local offer website
- ❖ Reduction in complaints from families and tribunals

# There is good communication, co-production and partnership working with children and young people and their parents and carers

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
3.1	<b>Work with children, young people and parents and carers and partners to ensure EHC plans are co-produced</b>	Head of SEND  SEND Service Manager	<ul style="list-style-type: none"> <li>a. CDC to deliver a half day workshop with all SEN Case Officers and their managers and parent carer representatives to increase their understanding of co-production throughout the course of the EHCP process (Mar 2022)</li> <li>b. Council for Disabled Children (CDC) to deliver a half day workshop with all SEN Case Officers and their managers to increase their understanding of the EHCP process in general and their role in particular – (Apr 2022)</li> <li>c. CDC to deliver a half day workshop with SEN Case Team responsible for quality assuring plans to embed the new QA framework - (Apr 2022)</li> <li>d. <b>Via the Children’s Academy, CDC to deliver a two hour multi-agency sharing and learning session including parent carer representatives to embed the new approach to EHCPs - (Apr 2022)</b></li> <li>e. Co-production meetings for every new EHC assessment and annual review set up and commencing (Apr 2022)</li> <li>f. Relaunch guidance and practice in relation to child and parental engagement through the annual review process (Jun 2022)</li> <li>g. Review effectiveness and impact of co-production meetings (Jun 22)</li> </ul>	Children, young people and their parents and carers tell us that they were involved in co-producing their EHC plans and the plans will provide them with the right help at the right time so that they can make progress towards identified outcomes					



# There is good communication, co-production and partnership working with children and young people and their parents and carers

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
3.2	Co-produce with parents and carers a training programme about co-production for delivery to all client-facing staff (Amaze report recommendation)	SEND Service Manager	<ul style="list-style-type: none"> <li>a. SEND Executive to agree a co-produced multi-agency training programme which establishes our standards and supports a culture of co-production, communication and information sharing (Jul 2022)</li> <li>b. Deliver the training programme and evaluate take up and impact from September 2022</li> </ul>	Children, young people and their parents and carers tell us that they were involved in co-producing their EHC plans and the plans will provide them with the right help at the right time so that they can make progress towards identified outcomes					
3.3	Work with Bridge Renewal to establish a supportive and effective Parent Carer Forum (PCF) (Amaze report recommendation)	Head of SEND	<ul style="list-style-type: none"> <li>a. A Parent Carer Forum is established with a diversity of representatives, including needs, geographical residency and ages of children (Dec 2021)</li> <li>b. Establish an interim steering group (Dec 2021)</li> <li>c. PCF has a forum structure and workplan in place by (Apr 2022)</li> </ul>	Our Parent Carers Forum feel they are recognised as equal partners in developing and delivering SEND services					

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales					
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2	
3.4	Review the existing governance arrangements and membership of key boards to ensure effective parent/carers participation and co-production (Amaze report recommendation)	Head of SEND  Head of CYP Commissioning CCG	<ul style="list-style-type: none"> <li>a. Review the SEND Executive Board (SEB) Terms of reference and increase representation (Jan 2022)</li> <li>b. Include standing agenda item at meetings to include update from PCF on priorities in the SEND community (Feb 2022)</li> <li>c. Review recommendation to publish dates of SEB, and summary of discussion/minutes on the local offer (Mar 2022)</li> <li>d. Meeting dates to be agreed in advance and PCF reps involved in agenda setting (Mar 22)</li> <li>e. Two PCF reps on reach of the four sub groups reporting to the SEND Executive (Mar 2022)</li> <li>f. The SEND partnership delivers a range of communications channels to engage with other groups (Mar 2022)</li> </ul>	Our Parent Carers Forum feel they are recognised as equal partners in developing and delivering SEND services						
3.5	Develop an inclusive approach to young people's participation and coproduction	Youth Participation Officer  SEND Comms Officer	<ul style="list-style-type: none"> <li>a. <b>Professionals record children and young people's</b> views clearly on EHCPs and at annual reviews (June 2022)</li> <li>b. Secure funding for a Youth Participation role (Mar 22)</li> <li>c. Involve children , young people, parents and carers in recruitment/commissioning routinely (Jun 2022)</li> <li>d. Develop an interface with established groups of young people with SEND (e.g. Markfield, Special schools councils, Autism to inform system development and influence planning and service delivery (Jun 2022)</li> <li>e. Develop a SEND Youth Forum (Sept 2022)</li> <li>f. Develop a charter of principles for co-production, establish a baseline of current performance and review to assess effectiveness - (Sept 22)</li> <li>g. Develop digital channels for communicating and consulting young people with SEND on issues (Dec 2022)</li> </ul>	<p>Established SEND Youth Forum</p> <p>Children and young people with SEND are actively influencing service delivery and design across the SEND system.</p> <p>Older young people are actively participating in annual reviews</p>						

# There is good communication, co-production and partnership working with children and young people and their parents and carers

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
3.6	Work with parents, carers and partners to ensure we have a good comprehensive local offer that is accessible, clear and well communicated	Head of SEND SEND Comms Officer Designated Clinical Officer (DCO) Designated Social Care Officer (DSCO)	<ul style="list-style-type: none"> <li>a. Review the local offer website and consult with stakeholders (Nov 2021)</li> <li>b. New Local Offer spine developed through new Local Offer steering group (Dec 2021)</li> <li>c. Co-production, Comms and Local Offer (CCL) Steering group of parents, carers and stakeholders is established (Jan 2022)</li> <li>d. Education, health and social care providers share information about the local offer via new SEND bulletins with staff teams via briefings and meetings (Jan 2022)</li> <li>e. A communication plan is developed to promote the local offer. The DCO and Health commissioners cascade information about the local offer to all providers regularly (April 2022)</li> </ul>	<p>Parents, carers and practitioners tell us that the online local offer is easy to use and provides useful information</p> <p>Professionals are aware of the local offer (particularly health)</p>					

# There is good and timely communication, co-production and partnership working with children and young people and their parents and carers

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
3.7	Improve services' communications with parents and carers	Head of SEND	<ul style="list-style-type: none"> <li>a. Establish the SEND newsletter as an effective means of communicating information to families in Haringey (January 2022)</li> <li>b. Establish monthly drop in surgeries for statutory assessment team at SENDIASS – (Jan 2022)</li> <li>c. Create and maintain a Disability Register (Mar 2022)</li> <li>d. Through the communications protocol ensure this includes standards for the statutory assessment team that are monitored for timely responses to phone calls /emails and the ability to get through to individual <b>parents/carers to discuss their child's case and responses to complaints</b> (Jun 2022).</li> <li>e. Develop mystery shopping activities (Jun 2022)</li> <li>f. Develop a co-produced joint SEND communications protocol, including a charter for working together with our partners, children and young people, and plan (Sept 2022)</li> <li>g. <b>Establish an 'Annual Voices Day' co-production</b> event to agree local priorities, celebrate success and share good practice December 2022.</li> <li>h. Develop a range of bite-size information products such as factsheets, to give families an overview of conditions and common themes (Amaze report recommendation) – (Year 2)</li> <li>i. SEND Executive to complete an annual deep dive reviewing trends of complaints (April 23)</li> </ul>	<p>Parents, carers and practitioners tell us that the online local offer is easy to use and provides useful information</p> <p>Parents tell us through the annual survey that they feel increasingly more informed through the SEND newsletter and individual communications with parents have improved</p> <p>Increasing number of hits on the local offer website</p> <p>Percentage reduction in complaints from families</p>					

# There is good communication, co-production and partnership working with children and young people and their parents and carers

Ref	Action	Lead	Milestone	Impact measures	Overall milestone completion timescales				
					Oct – Dec 21	Jan- Mar 22	Apr – Jun 22	Jul – Sep 22	Year 2
3.8	Develop an annual <b>partnership parents'</b> satisfaction survey to report on satisfaction of families	Head of SEND	<ul style="list-style-type: none"> <li>a. Commission an independent national organisation to conduct an annual survey for the partnership with agreement from the SEND Executive – October 2022</li> <li>b. Launch in November Half Term (November 2022)</li> <li>b. Review and publish results and develop a plan in response to the survey through the local offer (Jan 2023)</li> </ul>	<p>Children and young people and parents and carers tell us that the online local offer is easy to use and provides useful information</p> <p>Parents tell us through the annual survey that they feel increasingly more informed through the SEND newsletter</p>					

## How we will know we are making a difference (measures)

Ref	Measure/indicator of success	Target	Target timescale	Baseline data	Notes
COP 1	Our Parent Carers Forum feel they are recognised as equal partners in developing and delivering SEND services	TBC once baseline established in Jun 2022	Jan 2023	TBC	Annual contract review meeting Annual parent survey
COM 1	Parents, carers and practitioners tell us that the online local offer is easy to use and provides useful information	TBC once baseline established in Jun 2022	Jan 2023	TBC	Annual parent survey Practitioner survey
COM 2	Parents tell us that they feel increasingly more informed through the SEND newsletter	TBC once baseline established in Jun 202	Jan 2023	Baseline to be confirmed June 2022	Annual parent survey
COM 4	Increase sign up to the SEND newsletter by 40% by July 2022	1000	July 2022	600 parents signed up	
COM 5	An increasing number of people using the local offer website (monitored through increase of page views – target 50%)	9277 page views  7448 unique page views	July 2022	6185 page views (10/21)  4992 unique page views (10/21)	Page views refer to the number of times your visitors have looked at your pages. Unique views are the number of the unique users that click on a tracking link of your campaign. If a single user views 5 times on a link, the server will record 5 views and 1 unique view.
COM 6	Older young people are actively participating in annual reviews	TBC once baseline established in Jun 2022	Jan 2023	TBC	Co-production meetings, Quality Assurance and performance report
COM 7	Children and young people with SEND are actively influencing service delivery and design across the SEND system	TBC once baseline established in Jun 2022	Jan 2023	TBC	Quality Assurance and performance report SEND Youth Forum feedback

# Terms of reference for the SEND Executive Board

## Purpose

The purpose of the SEND Executive Board is to provide robust multi agency oversight for the delivery of services across the SEND partnership and the programme of change required to provide an outstanding service to children and young people with Special Educational Needs. The Board will provide key governance ensuring pace, challenge and oversight for all aspects of SEND improvement across the partnership.

The Board will:

1. Provide the monitoring and review of the SEND Improvement programme.
2. Support alignment with the strategic direction; and
3. Ensure a collegiate approach across Education, Health and Social care.

## Responsibilities

- Ensure delivery of key products and outcomes of the joint improvement plan, and SEND strategy.
- Manage cross workstream dependencies.
- Ensure key decisions are identified, monitored and escalated if required.
- Ensure programme risks, issues and dependencies are appropriately identified and mitigated.
- Ensure reporting is undertaken as required to wider governance boards, and stakeholders.
- Ensure that the voice of parent, carers and children informs service provision and systemic change.
- Regularly review and update the Local Offer.
- Monitor the timely completion and quality of EHCPs and Annual Reviews and of the outcomes for children and young people with SEND.
- Monitor the effectiveness of transition plans for adulthood pathways.
- Provide assurance on the effectiveness of joint commissioning arrangements, and of the uptake and impact of personal budgets.

## Objectives of the Board

The Board will work together:

- to ensure key strategic oversight of all aspects of SEND improvement.
- review and monitor the impact of the delivery of SEND Improvements.
- Ensure a multi-agency approach as prescribed in the Children and Families Act (2014) facilitating joint planning and delivery;
- Hold partners to account when required.
- Monitor the effectiveness of joint commissioning arrangements.

## Membership

The Stakeholder Group will be chaired by the Director of **Children's** Services with the Director of Integration (NCL CCG) as Vice Chair and will consist of representatives from across London Borough of Haringey, the CCG, and NHS Provider Trusts and Schools.

Refer to full membership on the next page.

# Membership of Haringey SEND Executive Board

- Director of **Children's** Services (LBH)
- Director of Integration (NCL CCG)
- Chair and Vice Chair of Haringey Parent Carer Forum
- Cabinet Lead Member, Early Years, Children and Families
- Senior Public Health Commissioner (LBH)
- Assistant Director for Adults Social Care (LBH)
- Assistant Director for Early Help, Prevention and SEND (LBH)
- Assistant Director for Commissioning (LBH)
- Borough Lead Therapies and Specialist Nursing Haringey Children (Whittington Health)
- Designated Medical Officer for SEND (Whittington Health)
- Designated Clinical Officer for SEND (Whittington Health)
- Head of Haringey Children and Young **People's** Services (Whittington Health)
- **Head of Children's Commissioning, Vulnerable Adults & Children (CCG)**
- Head of SEND (LBH)
- Head of Service LD Partnership (LBH)
- Engagement Co-ordinator for Parent Carer Forum (Bridge Renewal Trust)
- Chief Executive (Bridge Renewal Trust)
- Designated Social Care Officer (LBH)
- Primary (mainstream) Headteacher
- Secondary (mainstream) Headteacher
- Leader from post-16 sector
- Principal Education Psychologist
- Early Years Leader
- Special School Headteacher
- School Governor
- Haringey SENDIASS Manager
- Strategic Improvement Lead (LBH)
- SEND Adviser for Early Intervention and Inclusion (LBH)



# Terms of reference for the SEND Executive Board

*NOTE: Other invitees / subject matter experts may be invited to meetings, when required, on an ad hoc basis.*

## Delegation

In the absence of the Chair, the Vice Chair, will lead the meeting.

## Frequency of meetings

The SEND executive Board will meet 6 weekly, moving to a quarterly basis in due course. It is understood that due to pressure on diaries that on occasion members may not be able to attend, it is vital that a service representative is made available in these situations.

## Standing Agenda Items

Whilst the Agenda items may vary from time to time, at the discretion of the Chair, standard items are as follows:

- Welcome, apologies and introductions
- Actions log – previous actions log approval, and review of open actions
- Parent Carer Forum update
- SEND Improvement Programme report
- Sub group progress reports
- Quality Assurance and Performance report
- High Needs Block Recovery Plan
- AOB
- Next meeting

## Success factors

Measures of the success of the Board and its work will include (but not be limited to):

- children and young people with SEND secure good outcomes and fulfil potential
- evidence of a shared and applied strategy and approach;
- children, young people and their parents/carers feel increased satisfaction with their services as a result of improvements
- Monitor key performance indicators to measure impact
- services are provided at the right time and in the right way underpinned by co-production and therefore meet the needs of the local community.

## Recording

The meeting output will be issued as soon as practicable after each meeting, but within 10 working days wherever possible.

**A schedule of meeting dates will be published annually, with agenda's in advance of each meeting and minutes published after each meeting on the local offer.**

IMPORTANT NOTE: Individuals are responsible for following up on their own actions arising from each meeting and should not wait for the meeting minutes to be issued before taking requisite action.

## Review

These Terms of Reference are to be reviewed every 12 months.



# Appendix 2 : How our plans fit together

The SEND Strategy has 5 priorities and 19 areas of work that have been identified as a focus for action.

Those actions that have been identified as significant priorities through the Ofsted/CQC inspection are set out in detail in this written statement of action and will be referenced in our delivery plans as WSOA 1, 2 or 3.

Those that the partnership has identified through its self assessment and consultation with parents and partners will be referenced in our plans as SS1 – 11. (SS= SEND Strategy).

## Priority 1: We will support children at the earliest opportunity to access the intervention they need to achieve and thrive

- SS 1- We will develop and implement an ordinary offer of education across all settings to describe support for children with Special Education Needs
- SS 2 - We will develop a consistent approach for children who need SEN support, including a standard tool and template for SEN support planning
- SS 3 - We will develop a supportive early help offer for children, young people, and families with SEND in Haringey
- WSOA 1 - We will improve the co-ordination, quality and timeliness of EHCPs and annual reviews
- WSOA 2 - Improve the autism assessment waiting times for children and young people

## Priority 2: Wherever possible we will meet the needs of Haringey's children and in Haringey

- SS 4 - Increase sufficiency of specialist placements for autistic children and young people and those with social, emotional and mental health needs in Borough.
- SS 5 - Ensure that special school buildings in Haringey are maintained to a high standard and continue to provide specialist placements based on local needs.
- SS 6 - Create a quality assurance framework to review independent specialist provision both in and out of borough.
- SS 7 - Review Early Years SEN Sufficiency

## Priority 3: We will deliver a Local Offer to children and families that allows them choice and access to services that meet their needs

- SS 8 - Improve the Early Help and short breaks offer for children and young people in Borough
- SS 9 – We will review and refresh the SEND Home School Transport policy in consultation with children, young people and families
- SS 10 - We will review our Therapies offer, particularly Speech and Language Therapy and CAMHS provision to ensure that needs are identified early and waiting times are reduced.

## Priority 4: We will actively seek opportunities to work with our children, young people and families in a model of co-production

- WSOA 3 – Work with children, young people and parents and carers and partners to ensure EHC plans are co-produced
- WSOA 3 We will work with the Bridge Renewal Trust to develop a supportive and representative Parent Carers Forum who are recognised as equal partners in developing and delivering SEND services
- WSOA 3 - Improve services' communications with parents and carers
- WSOA 3 - Develop an inclusive approach to young people's participation and coproduction

## Priority 5: We will prepare our children for their adult lives and support their transition

- WSOA 1 – Develop and agree a Preparation for Adulthood (PFA) Strategy and action plan which considers a range of pathways for children and young people to support them into adulthood
- WSOA 1 - Annual Reviews for all children and young people from year 9 onwards are programmed by the new case management system and they include consideration of the Preparation for adulthood pathways
- SS 11 - Review current education, employment, and training offer for post 16s in Haringey