



# Shropshire Local Area Written Statement of Action



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## **Introduction:**

The Shropshire Local Area SEND inspection took place in January 2020. Inspectors identified a number of challenges that must be overcome to secure necessary improvements which will lead to better outcomes for Shropshire children and young people with SEND.

The outcome of the inspection is that the Shropshire local area has been requested to produce a Written Statement of Action (WSOA). We recognise the concerns highlighted through the inspection and, in particular, senior leaders within the Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG) acknowledge that much of the concern during the inspection about a lack of appropriate and timely action by the Shropshire CCG, was reasonable.

The WSoA will focus on the following 6 areas of significant concern identified during the Local Area SEND inspection:

1. Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services
2. The lack of inclusion of health services' input into the area's SEND action plan
3. Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways
4. Significant waiting times for those needing assessment and treatment from the speech and language therapy service
5. Inconsistency in the quality of input from education, health and care into EHC assessment and planning
6. The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Our WSoA identifies those actions that the partnership will take to secure improvements, how we will measure our success and what difference we expect our actions to make to the Shropshire SEND community. However, we recognise that this is not a finished product. We aim to make this a dynamic process that is responsive to the changing needs of the Shropshire SEND Community and we anticipate the need to develop and refine our actions as we progress on our journey to secure improvement. We will therefore produce an annual report to share the success of the actions that we have taken; identify any new challenges and highlight any changes that we believe are necessary to secure the impact that we are aiming to achieve. We will update the WSoA annually to reflect the dynamic nature of the work being undertaken.

Shropshire Council and Shropshire, Telford and Wrekin (STW) CCG are jointly responsible for submitting the WSoA. We will work with our Parent Carer Forum (PACC) and our schools, colleges, health providers and other stakeholders to collegiately own the plan and we will use the principles of joint working and co-production to address all areas of weakness.

Joint working will mean that Shropshire Council and STW CCG commit to a shared vision for the Shropshire SEND community and accept equal responsibility for delivering the agreed outcomes for children and young people with SEND. Embedding co-production means that the voice of the Shropshire SEND Community will be present in all strategic discussions that will impact on this community. Representatives from the Shropshire SEND Community will sit alongside statutory leadership, to inform and shape strategic planning from the earliest point. We will set the agenda together and agree what needs to be talked about, what are the important issues and what we need to achieve. We will put in place the necessary structures so that this ethos of joint working and co-production will be present throughout the Shropshire SEND system and will be reflected in the experience of individual children, young people and families so that they are empowered to be fully involved in planning how their support will be delivered and what outcomes will be achieved.

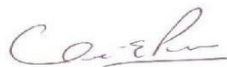
The inspection also identified many strengths and we recognise there are existing ongoing priorities which require further action so that we can build on, secure and embed the good practice that already exists across Shropshire and which support Shropshire children and young people with SEND to secure exceptional outcomes in some areas. We will therefore continue to develop our action plan based on our SEND Strategy and our self- assessment alongside those actions identified within the WSoA.



Karen Bradshaw DCS (Shropshire Council)



David Evans (CEO Shropshire Telford and Wrekin CCG)



Claire Parker DoP (CCG)



Zara Bowden (PACC)



Councillor Ed Potter

### **Our Strategic Aim:**

Our SEND strategy was refreshed in 2019. Our strategy has grown from the collective voices of our SEND community and supports all partners to work together to achieve our shared priorities for development. We aim to work together so that the aspiration of our children and young people becomes not only a possibility for some but the **expectation for all...**

*“Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We will achieve this by understanding what children and young people need, working in partnership and with children and young people to meet that need, and measuring our success by whether we achieve a ‘dream life’ for children and young people with SEND”*  
(Shropshire SEND Strategy 2019)

### **Statement of Intent:**

As equal partners we are committed to addressing our shortcomings and will work with practitioners and leaders from across education, health and social care, as well as parent carers and young people and the voluntary sector to:

- address all six of the areas identified by the inspectors as being of significant concern
- agree a realistic but ambitious timeframe to secure improvement
- build on, achieve and embed our vision so that children and young people with SEND can have and expect the same opportunities in life as others.

### **To achieve this we will:**

- commit to identify and understand the challenges that we face across the local area
- secure the commitment and support of decision makers to overcome these challenges

- embed co-production across all aspects of our work, including the development, implementation and monitoring of the WSoA, so that parent carers and children and young people with SEND are recognised as equal partners in this work and are fully involved in decision making
- challenge preconceived expectations where these may place a ceiling on what can be achieved
- embrace new ways of working to support innovative practice
- work in partnership across all services, promoting transparency and consistency in decision making and delivery of support
- commit to the principles of personalisation and embed these across all aspects of SEND commissioning so that the Shropshire SEND system is informed by accurate data; can effectively respond to local need; provide a diversity of choice, is financially sustainable and makes best use of all resources available.

We recognise that SEND is everybody's business and the priorities within our WSoA will be the responsibility of all partners and stakeholders who make up the Shropshire local area.

### **Our progress:**

Since the local area inspection we have continued to work on our SEND priorities and have made a good start addressing the concerns identified by Ofsted/CQC in January 2020.

However, our progress has been impacted by the challenging situation presented by the current pandemic. The Ofsted/CQC letter was finalised during the 'lockdown' period and this has impacted on how quickly we have been able to respond to the findings of the inspection as well as the nature of that response. Lockdown has meant that we have not been able to hold engagement events, public consultations and workshops in a way that we would have in the past. In addition our resources have been focussed both on the prevention of the spread of the virus and the emerging safeguarding and mental health concerns surrounding children and young people as a result of a prolonged period of the enforced isolation. Despite the difficulties presented by the pandemic we have been able to make accelerated progress in many areas. New ways of working have reduced barriers and improved communication; strengthened partnerships; enabled innovative practice and supported cross service problem solving.

Since the inspection we have reflected on our perceived strengths and areas of concern. We recognise that there was an imbalance in our partnerships and that partners did not share a unified vision for SEND. We have therefore reviewed our strategic direction to ensure that our longer-term priorities are the right priorities as we move forward and that there is shared ownership of the SEND agenda and a mutual understanding of our responsibilities to the Shropshire SEND community. We have strengthened our commitment to co-production and can evidence increased understanding of the principles of co-production across the CCG.

Shropshire CCG has also been undergoing significant change as it prepares to merge with Telford and Wrekin CCG to become a single CCG serving the communities of both Shropshire and Telford and Wrekin by early 2021. In addition, the CCG has acknowledged the weaknesses in its strategic leadership of SEND and action has been taken to redress its shortcomings. A newly appointed Director of Partnerships (DoP) has responsibility for oversight of the SEND agenda and is accountable for the delivery of the WSoA and the SEND strategy in partnership with the Director of Children's Services (DCS), Shropshire Council.

### **Parent Carer Engagement and Co-production**

PACC has established a SEND Inspection Engagement group for parent carers who want to be actively involved in the development and implementation of the WSOA, acting as parent carer representatives. This is supported by information about the WSOA process on the PACC website, monthly daytime and evening online meetings and a closed Facebook group for discussion. Regular comms about the development of the WSOA have been shared with the wider send community via PACC's networks <http://www.paccshropshire.org.uk/shropshire-send-inspection>

PACC has been fully involved in the development of the WSoA, with representation at all meetings. PACC is starting to experience improved engagement in health strategic meetings, now providing parent carer representation on the Learning Disability and Autism Board. Access to senior health decision makers is reported as starting to improve.

### **Progress against our priorities:**

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
<p>Reviewed and revised the governance of SEND to provide increased scrutiny, challenge and accountability. Director of Partnership role created within the CCG to deliver the WSoA and the SEND Strategy. Joint oversight is more robust with the creation of a more strategic partnership board that is jointly chaired with the LA and CCG.</p> <p>PACC has increased access to senior health decision makers which is developing a consistent understanding of co-production across all work areas Joint additional funding to increase the capacity of PACC has been agreed.</p> <p>Joint funding for a project Manager role to co-ordinated WSOA activity has been agreed and a job description developed</p>	<p>Health providers have started to review their action plans to identify SEND priorities to inform the development of the SEND Action Plan and SEF.</p> <p>Cross sector working has increased between the CCG and Shropshire Council enabling a more comprehensive understanding of activity and services that have the potential to improve outcomes for the local SEND community'</p>	<p>A recovery plan has been put in place and is on track to reduce waiting times. At the time of the inspection there were over 1000 children waiting to be seen by SALT and nearly 900 had been waiting over 18 weeks. The implementation of effective triage and virtual consultation has successfully reduced waiting times for SALT. As at mid-September the number awaiting assessment had been reduced to 210 with only 32 waiting over 18 weeks. It is planned that no child will be waiting over 18 weeks from November 2020.</p>	<p>NDP identified as a priority. Funding is being sought to support the development of NDP. The provider is in the process of appointing to key posts to support future development of the NDP A recovery plan for the diagnosis element of the pathway is under development which will identify a timeframe for reducing waiting times to within nationally accepted levels.</p>	<p>Annual review process has been reviewed to ensure compliance with statutory timescales Improved AR document to ensure improved input from professionals. 2 x new AR officer posts created within the SEN Team to enable the AR to inform the EHCP effectively so that the EHCP is up to date.</p>	<p>Inclusion workstream established. Review of AP initiated, and revised model identified. Increased challenge to school through PDC Improved reporting and recording of incidents of exclusion to the LA Process developed to support children with an EHCP identified at risk of exclusion Improved engagement with the SEND agenda by Education Improvement Service Principles of restorative approaches agreed and scoping exercise undertaken. Strategic multi-agency Exclusion and Exploitation Focus group established.</p>



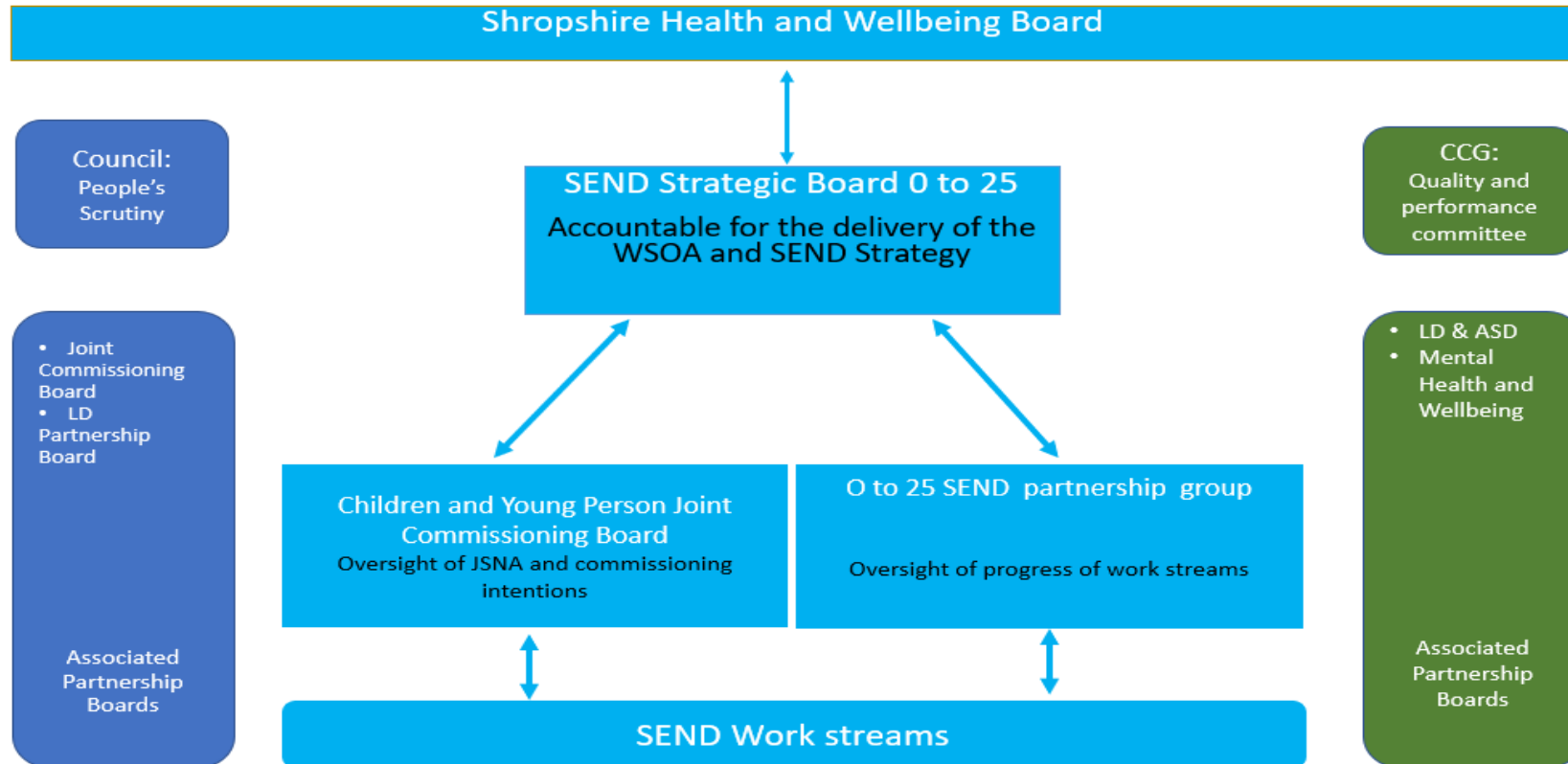
### **SEND Governance:**

Since the inspection we have revised our SEND Governance structure so that our partnership is strengthened; lines of accountability are clearer; and there is increased opportunity for scrutiny and challenge both within Shropshire Council and the CCG. We have identified those strategic partnership boards whose priorities enhance and support the SEND agenda and have committed to developing SEND champions within each of these areas. We aim to promote increased awareness of SEND priorities and ensure the wider recognition of SEND as *'everybody's business'* from members, directors and key decision makers to those who work with and support children and families across a range of contexts.

Oversight and accountability of progress of the SEND action plan and WSoA sits with the SEND Strategic Board. Responsibility for checking and evaluating the effectiveness of the actions will sit with the 0 to 25 SEND Partnership Group and through this group to the SEND Strategic Board 0 to 25.

STW CCG Governance has been amended in line with the creation of a single management structure. The recently appointed Director of Partnerships holds the accountability for SEND in relation to individual commissioning and the Executive Director of Transformation holds the accountability for the commissioning of appropriate pathways. The quality of commissioning for individuals, the monitoring of the quality and contract delivery of providers will be monitored by the CCG's Governing Bodies Committee for Quality and Performance. The assurance, i.e. the accountability of the delivery of the CCGs statutory responsibilities in relation to SEND will be reported to the CCGs Governing Bodies. The CCGs are commissioning members of the Strategic Transformation Partnership (STP), as are all providers and the local authorities. The CCGs Governing Bodies report directly into the STP Board (now the shadow Integrated Care System Board).

# Shropshire Local Area SEND Governance



## Our priorities:

Priorities will be assigned to improvement workstreams. A lead role has been identified for each priority and it is the responsibility of the person undertaking this role to ensure that all work is co-produced; that progress toward securing improvement is timely and that information is provided to the SEND strategic board so that appropriate challenge and scrutiny can enable the local area to meet its statutory responsibility and address the significant concerns identified by Ofsted/CQC following the local area SEND inspection Jan 2020. To ensure ongoing consistency and so that each priority area continues to be assigned to a lead regardless of changes in personnel over time we have decided to name roles rather than individuals within this high-level strategic action plan. Where appropriate, delivery partners have also been identified. Individual names against roles are noted within the glossary on page 33 this will be updated biannually.

Whilst some specific key performance indicators (KPIs) have been identified within the priorities below, additional KPIs will be identified for each priority/workstream to measure the extent of progress across all priorities. KPIs will be evident within all action plans for each area of work. The identification and collation of comprehensive baseline data that will enable progress to be accurately evaluated and reported on will be an immediate priority of the local area and will be reviewed by the SEND Strategic Board quarterly. A comprehensive and co-produced survey to capture baseline data will be undertaken. This will be completed by the end of January 2021. In addition a workstream will be allocated to each of the priority areas and each workstream lead will be responsible for ensuring that appropriate impact data is identified and collected and that progress against impact as well as progress against outcomes is collated and presented to the SEND Partnership Board every six weeks. The SEND strategic board will review progress against impact quarterly. Completion dates identified alongside each action may indicate a timeframe for completion rather than a specific completion dated. This is to ensure that work is initiated at the earliest opportunity whilst also acknowledging that an action may have multiple elements to it that require a longer time period in order to ensure that an action is embedded so that impact can be measured effectively. Some actions will be ongoing, where this is the case, this is indicated within the table below.

Alongside these priorities we will continue to develop the work that we had identified as ongoing and incomplete, this will enable us to continue to work on those areas that our parent carers, children and young people had identified are important to them.

As well as drawing on existing resources from a range of initiatives and funding streams to focus on the priorities within this plan, significant additional financial resources have been secured and directed towards supporting the implementation of the actions in this plan. This will ensure that the Local Area makes a real impact on the lives of children and young people with SEND and their families. Importantly, the CCG and Shropshire Council have committed additional resources to co fund a project officer to support the SEND Strategic Board in driving the improvements forward, and to co fund PACC to work alongside local area leaders to establish and embed the principles of co-production. Shropshire Council is also investing in additional capacity to focus on the work around exclusions; the CCG is adding additional financial resource to support the work on the ASD pathway. Details are included in the plan.

### Priority 1

**Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services**

<b>Outcomes:</b>
<p><b>1.1 The local area SEND governance structure secures equal partnerships across the LA, CCG and PACC that embrace change; support innovative practice and drive improvement through appropriate and effective challenge based on a thorough understanding of the needs of the SEND community (0 to 25).</b></p> <p><b>1.2 Co-production is embedded within the SEND governance structure</b></p> <p><b>1.3 The local area SEND specific JSNA provides accurate data to enable leaders to understand the needs and resources of the SEND community and informs effective commissioning for SEND across all agencies.</b></p>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>• <i>Feedback from annual survey will demonstrate an average of 15% year on year increase in the proportion of the SEND community that agree that they are included in decisions regarding the provision that is available across the local area, this will include provision to meet their specific needs as well as those decisions that influence the strategic direction of SEND across the CCG and LA.</i></li> <li>• <i>The SEND community representatives will report that they have been fully involved in the co-production of their local area priorities.</i></li> <li>• <i>Targeted feedback will demonstrate that the JSNA provides an accurate understanding of the needs of the SEND population, 0 to 25, across the local area; this will enable the local area to use data effectively to accurately plan and commission services and therefore achieve the local area strategic vision identified within the SEND Strategy. This will be evidenced through:             <ul style="list-style-type: none"> <li>✓ <i>at least 70% of children and young people with SEND will report that they are able to access the services and support that they need in a timely and joined up way.</i></li> <li>✓ <i>70% of young people agree, that housing, employment and leisure opportunities to support the preparation for adulthood (PFA) outcomes, are accessible across the local area.</i></li> </ul> </i></li> </ul>

- There will be a 30% increase in the use of personal budgets over a two year period to secure personalised provision across health, care and education.
- Annual feedback report from SEND community representatives will confirm that co-production is understood and embedded across the local area and will identify any areas of concern.

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>1.1</b>	<b><u>Governance structure</u></b>						
1.1.1	Current draft SEND strategy reviewed, further priorities/actions identified and added following consultation process.	Dec 20	NO	SEND Strat Board members SEND Partnership Board	Officer time (existing resource)	The strategic vision for SEND reflects the aspirations of the SEND community.	Co-produced strategy refreshed following engagement. KPIs developed to quantify impact against agreed outcomes
1.1.2	Publish the SEND Strategy articulating a joined-up response to meeting the needs of the Shropshire SEND community.	Jan 21	DCS	SEND Strat Board members	No cost	Published SEND strategic priorities are evidenced across all SEND workstreams within terms of reference and action plans  All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	<i>SEND strategy drafted and due to be presented to H&amp;W Board Jan 21</i>
1.1.3	SEND Communication plan will be agreed by the SEND Strategic Board and published.	Jan 21	DoP/DCS	SEND Strat Board members	Existing Resource	All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	

1.1.4	Establish and embed effective SEND governance structure that demonstrates strong leadership and effective challenge across both the CCG and the LA.	Nov 20	DCS/DoP	SEND Strat Board members	New resource project officer joint funded CCG/LA	Governance structure agreed by the SEND Partnership Board Action plans demonstrate high aspiration for SEND community and innovative approaches to be securing change.	<i>Governance structure agreed, mapping of p'ship boards across the local area to be completed and added to structure. Membership of Workstreams to be agreed</i>
1.1.5	Terms of reference and membership of groups finalised and published Workstreams established and TOR /action plans in place; SEND Partnership Board established providing wider stakeholder engagement and oversight.	Dec 20	DCS/DoP	SEND Strat Board members	NA	SEND is clearly reported in the Governing Body and committee structure of the CCG with clear lines of accountability into the SEND Strategic Board.  The right people will be attending the relevant groups to inform and influence action plans and activities across the local area, reflecting effective co-production and joint working.	<i>ToR agreed for some workstreams; co-production principles/shared language to be agreed.</i>
<b>1.2 Co-Production</b>							
1.2.1	Review current feedback mechanisms across SEND community reps so that gaps in data are identified and robust baseline data is established; this will ensure that improvement can be measured quantitatively and qualitatively	Jan 21	CC			Range of data will be provided to the SEND Strategic Board and will be included in the annual stakeholder report on progress of the local area	<i>PACC has good internal feedback processes already established.</i>
1.2.2	Develop a set of local standards for co-production which will identify the agreed shared principles of co-production across the partnership.	Feb 21	PACC		DBOt resource (CDC)  SC and CCG funding to	Local charter published that sets out the principles of joint working and co-production	

					support PACC as a delivery partner		
1.2.3	Develop training programme/s to raise awareness of and secure co-production across all partners and providers.	Mar 21			Existing resource	Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	Some established training programmes in place. Person centred training rolled out to all schools.
1.2.4	Develop clear and transparent processes to demonstrate all commissioned providers understand and deliver co-production across all pathways, and that SEND is embedded into the policies and pathways across the health system	June 21	DoP			Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	
<b>1.3 JSNA/commissioning</b>							
1.3.1	Agree principles for information sharing	Dec 20	DPH	SIRO Information assets team/s		Information sharing protocols are agreed by SEND Strategic Board and shared with all providers/commissioned services. Information sharing agreements in place as appropriate	
1.3.2	Content and format of JSNA agreed	Feb 21	DPH	Insights Team		Agreed by SEND Strategic Board	Content and format first draft in progress

1.3.3	Multi-level data reporting system established which will both inform and be informed by SEND JSNA	Feb 21	DPH	Public health		The SEND JSNA will be a dynamic document with relevant updates made at regular intervals.	Range of SEND datasets agreed and dynamic dashboard under construction
1.3.4	Children's joint commissioning board established	Jan 21	DCS	SEND Board members	existing	ToR will identify purpose of the board and confirm membership and how the board will operate to support efficient commissioning of services across the local area.	
1.3.5	All commissioned services mapped and gaps identified	Feb 21	CC/NO	All service managers		Commissioning specifications relating to SEND activity are informed by data and underpinned by the principles of co-production Commissioning specifications for SEND and contracts will clearly cross reference local area data identified within the SEND JSNA	Some mapping activity undertaken by CCG
1.3.6	Commissioned services will provide data to inform the SEND JSNA	Feb 21 and ongoing	DoP/AD Early Help and partnerships	All service managers		Commissioned services will deliver against outcomes identified within the SEND strategy and this WSOA Commissioning is personalised and responsive to the needs of individuals.	

## Priority 2

### The lack of inclusion of health services' input into the area's SEND action plan

#### Outcomes:

**1.1 SEND is identified as a specific improvement area of the co-produced action plans of providers**

**1.2 The local area self-evaluation and all action plans clearly evidence the voice of parent carers and young people and their influence in determining key priorities and actions.**



**1.3 All action plans and impact measures across health relating to SEND are referenced within the local area SEND Self Evaluation.**

**1.4 There are clear CCG strategic priorities to reduce health inequalities for C/YP with SEND**

**Impact measures:**

- There will be an annual increase of 10% in the number of c/yp with SEND and their families reporting increased positive experiences of the health services commissioned by the CCG. This will be informed by baseline data and regular feedback mechanisms including focussed surveys.
- All provider action plans will identify SEND specific priorities
- A reduction in health inequalities across the SEND community will be evidenced through quantitative data sets and feedback from the experiences of c/yp with SEND and their families and will be clearly linked to specific and targeted health actions within the local area SEND action plan as well as those across other priority areas.
- There will be an incremental year on year increase in the take up of annual health checks across the age range target percentage increase will be identified by workstream and will be based on current data for Shropshire.
- SEND champions will report an increased awareness of SEND health priorities across health providers
- Self- evaluation and action plans across all health providers demonstrate an increase in knowledge of their SEND responsibilities in comparison with baseline data and that all providers are familiar with the local area SEND strategy and associated priorities.
- Data will demonstrate that **all** GP practices are aware of the local area SEND priorities and initiatives and engage positively with implementation of the local area action plan where this is relevant to them e.g. neuro developmental pathways. Impact will be measured through measures identified within the individual workstreams and will be reported to the SEND Strategic Board quarterly.

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>2.1</b>	<b><u>SEND Provider Action Plans</u></b>						
2.1.1	Review all provider action plans and identify known gaps against areas of weakness identified within local area SEND inspection and SEND self-evaluation document and action plan and SEND strategy.	Jan 21	DoP	CC, SCHT/MPFT	NA	Gaps reported to SEND Board and priorities for improvement identified and shared with providers	Process currently underway

2.1.2	Agree representation from PACC to support identification of co-produced SEND specific priorities	Feb 21	CC			SEND Board will review priorities biannually	
2.1.3	All provider action plans to be updated and identify clear SEND specific impact measures	Mar 21	DoP	CC. managers from SCHAT and MPFT	existing	Impact data will be identified which will inform JSNA and joint commissioning and will support ongoing cycle of improvement.	Shropshire community trust and MPFT have started the process of amending action plans
<b>2.2 Co-Production</b>							
2.2.1	A workshop will be held to promote the shared understanding of coproduction with health providers	Jan 21	PACC	CC/NO managers from SCHAT and MPFT	DBoT support from CDC	Co-production will be embedded across the local health economy and clearly evidenced within terms of reference and minutes of meetings including those relating to commissioning of services.	
2.2.2	A review of provider action plans will take place which will include SEND community representatives to identify positive co-production and further opportunities	Jan 21	DoP/DoT	All SEND community reps	Allocated funding for PACC SC/CCG	All provider action plans and priorities will be co-produced	
<b>2.3 Local Area SEND/SEF Action Plan</b>							
2.3.1	Undertake review of the transformation and sustainability plan and identify overarching SEND priorities	Feb 21	DoT			All health priorities and actions will be clearly evident within the SEND SEF and action plan and will be agreed by the SEND partnership board.	

2.3.2	Update Local Area SEND SEF to include identified SEND health priorities	Mar 21	NO			Local area SEND priorities identified within the SEND Strategy and SEND action plans can be cross referenced with priorities agreed across the STP.	
<b>2.4 CCG Strategic Priorities for SEND</b>							
2.4.1	The CCG will co-produce a strategy with clear priorities, to meet the health needs of children and young people with SEND in Shropshire	Mar 21	DoT		Existing resources	The ICS priorities will reflect SEND strategic priorities	
2.4.1	Develop a C/YP workstream	Oct 20 to Feb 21	CC	All partners and SEND C/YP representatives	NA	All provider action plans will include as a targeted outcome or area of impact	Workstream initiated ToR and meeting cycle agreed. Specific work areas to be agreed
2.4.3	Establish and embed feedback mechanisms to provide dynamic data on impact across health services (could this be a single source survey)	Oct 20 to Feb 21	DoT		NA	All commissioned health services will include SEND specific targets, KPIs, SLAs etc Commissioning of health services will be monitored through the joint commissioning board and JSNA All services will have SEND specific targets	
2.4.4	Establish mechanisms to ensure that all GP practices are aware of local area SEND priorities and access up to date information in respect of pathways to access targeted and specialist services.	Jan 21 to Dec 20	DoP	All partners Project manager	NA	Health communication plan in place identifying how the local area communicates with wider partners, including GPs Feedback from GPs will identify that information has been received. Appropriate referrals made to specialist services. GPs will report that they are aware of range of universal and targeted services available and how these are accessed.	

### Priority 3

#### Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways

Outcomes:
<b>3.1 Efficient neurodevelopmental pathways are coproduced supporting early and effective assessment and support.</b>
<b>3.2 There will be an effective, transparent and accessible system wide support offer in place for C/YP with neuro developmental conditions and their families</b>
<b>3.3 There will be robust system wide performance management systems in place</b>
Impact measures:
<ul style="list-style-type: none"> <li>• All children and young people (CYP) following the pathway, who are referred for a specialist neurodevelopmental assessment, will access a neurodevelopmental assessment within 12 months</li> <li>• Monthly increase in the % of C/TP assessed for ASD/ADHD in Shropshire is at least in line with the average for statistical neighbours by July 2021</li> <li>• 100% of children referred to ND pathway are seen within 18 weeks by April 2022</li> <li>• Ongoing increase (at least 15% pa) in the percentage of parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity)</li> <li>• At least 70% of C/YP on accessing the pathway will report that they have access to effective and appropriate support both pre and post diagnosis</li> <li>• Over 70% of CYP and their families will report that they are satisfied with the service they receive and qualitative feedback will demonstrate that more than 50% of experiences reported are positive.</li> <li>• All schools will report improved access to support for pupils and improved ability to meet the needs of pupils locally.</li> <li>• Year on year increase of at least 15% in the number of C/YP and families reporting access to services</li> <li>• There will be reported improvement in mental health and wellbeing for this cohort of at least 20% from established baseline using agreed survey.</li> <li>• There will be a 20% reduction in the number of hospital admissions linked to poor mental health</li> <li>• There will be increasing variety of services commissioned to support positive mental health for this cohort that will be measured through increase in the number of personal budgets and increase in the availability of social prescribing and increase in use of therapeutic intervention and alternative strategies such as PBS. This will be measured through the development of specific data dashboards.</li> <li>• Feedback form SEND community reps will evidence more than 70% satisfaction with transition to adult mental health services by 2022</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>3.1</b>	<b><u>Establish efficient DN pathway</u></b>						
3.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM MPFT ND workstream members	Existing staff time and uplift in funding as required	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
3.1.2	Review pathways regionally and nationally to identify examples of best practice	Dec 20	CC	NO/ PEP	Existing staff time	Notes from workstream meetings	Review of other pathways across WM region has been DBOT support through CDC to map current provision initiated specifically T&W and Coventry
3.1.3	Embedded a new sustainable ASD diagnostic team	Aug 20	CC	SM MPFT	Existing staff time and uplift in Uplift of £380k per year across the county for ASD team	There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs  Reduction in waiting list to at least other areas (12 months) with a longer aim (2yrs) for all CYP to wait no longer than 18weeks	Provider has allocated a resource Team and has started to see CYP on the waiting list. Numbers to be monitored via the monthly contract meeting
3.1.4	Review current neurodevelopmental pathways and mental health service specification to identify gaps.	Dec 20	CC	PACC SM MPFT NO	DBOT support through CDC to map current provision	updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway	Request made for support with project management through NHSE

3.1.5	Create a co-produced transformational ND diagnosis pathway, delivering early identification and interventions and providing a focus on meeting the needs of c/yp, compliant with NICE guidelines.	Apr 21	CC	PACC SM MPFT NO	NHSE funding to support project management Additional resource to be identified across the area to support long term functioning of pathway with existing resources redirected where necessary	<p>There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs Prevalence rate of ASD across Shropshire population (0 -25) will be in line with that reported nationally.</p> <p>Parents carers and young people and other stakeholders including schools and GPs will report that they know and understand the ND pathway and that the pathway is effective and transparent.</p> <p>Reduction in waiting list to be at least in line with other areas (12 months) with a longer aim for all C/YP to wait no longer than 18weeks to be achieved within 2 years.</p> <p>Updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway</p> <p>Assessment waiting times within nationally accepted timescales (3 months)</p> <p>C/YP and families will report that they are accessing support within 8 weeks of referral being made</p>	Request made for support with project management through NHSE
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3.2 <u>ND Support Offer</u>							
3.2.1	Review current neurodevelopmental pathways to identify pre and post diagnostic support access pathways and gaps in provision	Dec 20	CC/NO	PACC and YP Representative groups	NA	Partnership wide pre and post diagnostic support map in place and access pathways identified and published	
3.2.2	Establish and publish revised multi-agency ND pathway including pre and post diagnosis	Mar 21	CC/NO	PACC and YP Representative groups	NA	Revised pathway published and shared with all stakeholders	
3.2.3	Develop, map and share the range of pre and post diagnostic support available	Mar 21	CC	Workstream members	TBC	There will be a planned reduction in the use of medication to support C/YP with autism and ADHD in line with STAMP NHS initiative supported by greater use of alternative models of support e.g. therapies/ education	
3.3 <u>Performance Management Systems</u>							
3.3.1	Robust PM system in place	Mar 21	CC	SEND community reps	Existing resources	There is a good understanding of service needs and capacity.	
3.3.2	Establish KPIs for contract monitoring Multi agency and service user approach to review	Mar 21	CC		Existing resources	Partners demonstrate a good understanding of service usage, need and activity	
3.3.3	Monitor data to understand the needs of the local population and inform commissioning of all-age SEND services across the STP	Mar 21	CC	Workstream members	Existing resources	Data will inform JSNA and commissioning of targeted services. Regular reporting to children's joint commissioning board PHB's will increase by 50%.	

## Priority 4

### Significant waiting times for those needing assessment and treatment from the speech and language therapy service

<b>Outcomes:</b>
<p><b>4.1 There is a clear and accessible assessment and intervention pathway that is published on the local offer</b></p> <p><b>4.2 There is an effective, transparent and accessible system wide support offer in place for C/YP and families</b></p> <p><b>4.3 There is a robust system wide performance management system in place</b></p>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>• 100% CYP triaged within 2 weeks or less of referral to service</li> <li>• 92% CYP seen within 18weeks or less from referral to service</li> <li>• Ongoing increase of at least 10% in parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity)</li> <li>• Annual increase in the percentage (of at least 10% pa) of parent carers and C/YP reporting that they feel engaged and listened to about their priorities.</li> <li>• There will be a year on year increase in the use of personal budgets and social prescribing to support personalised approach to delivery of services</li> <li>• The majority of parent and YP feedback (above 60%) will demonstrate satisfaction of the service offer and understanding of how to access; this will increase year on year to demonstrate sustained and ongoing improvement</li> <li>• Over 70% of Shropshire families using the service will report that the assessment process is timely and results in action being taken e.g. service offered and/or advice, support and signposting.</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
4.1	<u>Establish efficient assessment pathway</u>						



4.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM SCHT workstream members	NA	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
4.1.2	Reduce the current waiting list	Sep 20	DoP	SALT SM	Existing resource	92% of children seen for assessment and first intervention within 18 weeks	Target achieved
4.1.3	Work in partnership with system leaders and parent carers to ensure waiting times for SLT are sustained within agreed target	Mar 21	DoP	SALT SM	Existing resource	Waiting times are maintained within 18 weeks	Waiting times are maintained within 18 weeks
4.1.4	Sustain a responsive triage service to ensure CYP are offered the appropriate level of support for them	Sep 20 and ongoing	DoP	SALT SM	Existing resource	CYP triaged within two weeks of referral	Pathway in place with CYP triaged within two weeks of referral
4.1.5	Establish SLT work stream with partner representation, to include parent and carers, to facilitate a co-produced model of SLT including the development of SMART key performance indicators within the service specification	Sep 20 to Feb 21	DoP	SALT SM	Existing resource	An effective co-produced service pathway is in place High proportion of feedback from C/YP, families and stakeholders (75%+) report that they feel engaged and have choice in control in care planning Monthly KPI data published and shared which will support assessment of success in enabling c/yp to achieve EHCP outcomes	Internal project group established with three focus groups held to date involving school SENCO's, parent/carers and parent groups. Further parent group engagement planned for Nov. CYP engagement sessions in development
4.1.6	Co-produce and implement a continuous improvement approach to deliver an effective and responsive service	Sep 20 and ongoing	SALT SM			CYP seen and supported evidenced through level of satisfaction identified within targeted service feedback	Virtual assessments, interventions and group training offered as part of

						<p>Activity reaches pre-covid levels with approx. split of 30/70% remote and face to face consultations and training</p> <p>Positive feedback recording 70% or above satisfaction rate from parents and partners in relation to the universal offer</p>	<p>Covid. Evaluation has been positive. To be part of future model.</p> <p>Communication plan developed</p> <p>Facebook page under development Launch Jan 2021</p>
<b>4.2 Co-Produced SLCN Early Support Offer</b>							
4.2.1	Establish effective co-produced pathways for speech, language and communication needs interventions which include a holistic approach to understanding the needs of CYP with SEND	Sep 21	CC	SALT SM/ SEND SM SSLIC	Within current resources	<p>80% of Health visitors have been trained in the SLCN (HV package)</p> <p>100% of primary schools and early years settings have access to a speech, language and communication screening tool</p> <p>80% of education settings have completed a screening tool before requesting SLT intervention and/or an ECHNA</p> <p>Publish SLT pathways, including triage processes</p>	<p>Public Health commissioners and have been identified as key partners in supporting the commissioning of universal services to support parents and prevent the need for SLT referral</p> <p>The 0-19 team are working with the SLTs to develop their skills in identification and early intervention</p>
4.2.2	Clear universal offer from public health nursing service, early years setting and schools is agreed, promoted and delivered	Sep 21	CC/LA PH commissi oner	SALT SM	Existing resources	<p>Increased review at two years</p> <p>Increased provision delivered by early year settings Reduced demand on specialist SLT services</p> <p>100% of primary schools and early years settings have access to a speech, language and communication screening tool</p>	<p>Partnership working in progress between Public Health Nursing and SLT team</p>

4.2.3	Co-produced training programme developed and delivery commenced to relevant practitioners and parent carers to support early and appropriate identification, referral and interventions	Sep 20 and ongoing	CC	SALT SM	Existing resources	Training programme agreed and delivery commenced to relevant practitioners and parents to support early and appropriate identification, referral and interventions	Training has been provided to 165 parent and/or education setting staff
<b>4.3</b>	<b>Performance Management Systems</b>						
4.3.1	Establish task and finish group, led by parent and carers, to review a standardised outcome approach and consider different approaches to outcome measurement	Mar 21	PACC	Workstream members	Existing resources	Approaches to effective outcome writing and measurement is published At least 90% of advice meets quality standards for EHCNA evidenced through monthly dip sampling Dip sampling over time will demonstrate an improvement in with of the quality of new and current EHCPs	Discussions with parents and carers to agree a direction
4.3.2	Establish process to support ongoing commissioning of appropriate services	Jun 21	CC	SEND Joint commissioning work-stream members	Existing resources	There is a good understanding of service needs and capacity. Partners demonstrate a good understanding of service usage, need and activity  Data will inform JSNA and commissioning of targeted services. Reporting to children's joint commissioning board biannually Evidence of PHB/social prescribing being used to support personalised approach to service delivery	

## Priority 5

Inconsistency in the quality of input from education, health and care into EHC assessment and planning  
EHC plans will be informed by high quality assessment advice across education, health and care

<b>Outcomes:</b>
<b>5.1 All EHC plans are of consistently high quality informed by thorough assessment with input from relevant education, health and social care practitioners.</b>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the EHCP process. Satisfaction rates will be consistently at 90% or higher which will demonstrate an improvement on the current average of 80%.</li> <li>Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the content within an EHCP. We will consistently see 90% or higher satisfaction rates which will be an increase on the current average of 80%</li> <li>90% of all advice and information will be returned within timescale to inform the writing of high quality EHC plans</li> <li>Updated advice from all relevant agencies is provided at least annually to ensure EHC plans remain relevant and up-to-date.</li> <li>Dip sampling will demonstrate that 90% of all new plans will be graded good against agreed quality standard framework</li> <li>EHCPs will explicitly evidence PFA outcomes for c/yp from KS4</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>5.1</b>	<b><u>Quality of EHC assessment and plans</u></b>						
5.1.1	Agree data set/s that will provide accurate and quantified measure of impact of actions taken to secure high quality, timely EHC assessment	Dec 20	NO	SEN Team/ DES SW/ DCO	Existing resource	Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board	EHC post assessment survey embedded

						Data dashboard is in place and regular (termly) reporting to EHC workstream in place by Spring term 21	
5.1.2	Co-produce a range of training programme/s and review current delivery model/s for training. This will include mandatory basic training for all partners through online platform with integrated assessment	Nov 20 and ongoing	NO	DCO/Des SW	Existing resource	<p>Training log established to identify access to online learning/training and assess quality of content. Jan 21</p> <p>All partners will deliver their statutory responsibilities in respect of the EHC assessment and planning process</p> <p>90% of all advice submitted to inform assessment consistently meets the minimum quality standards 100% of EHCPs finalised will meet minimum quality standard.</p>	<p>Plan writers meeting embedded</p> <p>Face to face training programme developed, delivery using online platforms to be developed.</p> <p>SIS Team and SSLIC Team training undertaken</p> <p>Training programme for social workers undertaken</p>
5.1.3	Attendance of advice givers at EHC moderation panel on a rotation.	Sep 20	NO	SEN team manager	NA	<p>95% positive feedback from c/yp and families with regard to content of EHCP</p> <p>Maintain current low rate of appeals and complaints</p> <p>All agencies know which c/yp they are working with have an EHCP and contribute to reviews</p> <p>Panel 2 (moderation panel) rolling record of attendance and learning points</p>	<p>Attendance at moderation panel of advice givers is undertaken but not yet consistent rolling record of learning and improvement activity initiated</p>
5.1.4	Panel 2 to review current advice templates	Dec 20	NO	All partners	Existing resource	<p>Dip sampling of EHC assessment advice and final plans will demonstrate speedy improvement within 12 months of implementation so that 90% of all new assessments are graded good or better by Dec 21</p> <p>Monthly Dip sampling of EHCPs over a 12 month period demonstrate that at least 90% of</p>	
5.1.5	Development and implementation of co-produced quality assurance framework for EHCPs to QA assessment information and final EHCP	Dec 20 to March 21	NO	DCO/Des SW/ Shrop community trust/BeeU /PACC			
5.1.6	Develop and publish a set of co-produced quality standards to provide a quantitative measure of the quality of advice and the final EHCP which can be used as a stand-alone support to practitioners and/or to support sampling process	Dec 20 to March 21		DCO/Des SW/ Shrop community trust/BeeU /PACC			

## Priority 6

The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

<b>Outcomes:</b>
<b>6.1 The rate of exclusions of Shropshire children and young people with SEN will be in-line with the comparable national rate or below for their specific cohort.</b>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>There will be no permanent exclusions for children with an EHCP from Sept 2021.</li> <li>There will be a reduction in the rate of fixed term exclusions for children with an EHCP so that this is in line with national rate for this cohort</li> <li>There will be a reduction of at least 30% in the number of repeat fixed term exclusions for children at SEN Support by Sept 2021.</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress and RAG rating
<b>6.1</b>	<b>Reduction in exclusion rate for children with SEN</b>						
6.1.1	Agree data sets and reporting mechanism to identify impact to include qualitative data to support understanding of experiences of c/yp and their families.	Dec 20	EAS Mgr	Inclusion workstream members	existing resources with additional capacity delivered by consultant funded through DSG	Data dashboard in place and regular monthly report to exclusion workstream and SEND Strategic Board established by Jan 21	Data for PX collated, some analysis undertaken and shared with schools through CPG
6.1.2	Analyse exclusion data to identify specific patterns, gaps, concerns and focus areas.	Nov 20 and ongoing	EAS mgr	Inclusion workstream members		Report shared with SEND strategic Board March 21	Data for PX collated, some analysis undertaken and shared with schools through CPG

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6.1.3	Continue to implement the SEND provision strategy and keep under review.	Ongoing	SEN services mg'r	SEN Team	As above	The number of specialist places will increase through further development of RP by Sept 21 and the delivery of an SEMH free school by Sept 22  Refreshed SEND provision Strategy 2022 to 2027 published Sept 22	Specialist places within RP have increased in accordance with send strategy. Free school on track to open Sept 22
6.1.4	Implement revised AP offer to schools through TMBSS offering outreach support and systemic review of school process as well as off-site targeted and time limited intervention for children at risk of exclusion	Sept 21 (delayed as a result of impact of Covid)	SEND Service M'ger	TMBSS EAS EPS CPG and schools Forum	Additional budget from HN block and school contribution	Shared placement model and outreach support implemented KS 1 &2.  Impact assessment undertaken and shared with SEND Strategic Board/CPG and Schools Forum.	Model agreed. TMBSS currently reviewing staffing needs and undertaking staff training to support new model
6.1.5	Develop a co-produced local area SEND specific behaviour and exclusion addendum to current exclusion and behaviour policy and update Shropshire behaviour and exclusion guidance.	Jan 21	SEN Advisor	Inclusion workstream members SEN Team EIS team	As above	Policy agreed by SEND strategic Board and shared with schools through CPG. There will be clear alternative pathways in place to support positive responses for children with an EHCP that provide an alternative to permanent exclusion. Updated policy and guidance shared with all schools. Increase in alternative solutions and interventions being used and reported through pupil planning meetings and reviews.	Initial discussions started with SEN and EAS Teams
6.1.6	Map and review effectiveness of training and support offer to schools in response to challenging behaviour across the local area and develop specific behaviour and exclusion training programme for school leaders and governors.	Mar 21	EAS mg'r	Inclusion workstream members SEN Team EIS	As above	Report presented to SEND Strategic Board June 2021 containing clear recommendations with regard to future delivery of multi-agency support/training to schools specifically in respect of response to supporting positive behaviour. Governor training in place.	
6.1.7	Review and report impact of ND pathway (ref priority 3) including on reducing exclusions	Jun 21 and annually thereafter	SEND service mg'r	Bee-U and ND workstream	Existing resources	Schools will report positive impact of ND pathway on understanding behaviour responses and establishing positive early intervention.	
6.1.8	Review and report impact of early help family support worker initiative on reducing the rate of exclusions and	Dec 20	AD Early Help	Early Help/ Strengthening families	Strengthening families identified funding	Impact report shared with SEND strategic Board and schools Feb 21. Further plans to extend programme shared with schools.	FSW ethos embedded across schools supported through strengthening families project to reduce exclusion rate

	develop programme to extend to more schools if appropriate						
6.1.9	Implement phased approach to introducing evidence based restorative practice across all education settings; monitor progress and report on impact in reducing exclusions (fixed and permanent).	Feb 21	EAS mg'r	SEN Team EIS Team Teaching School	£10K Grant funding allocation and spend to save initiative	Restorative conferences take place for all children prior to exclusion Impact report on phase 1 of restorative practice implementation shared with SEND Board and all schools  Schools are providing evidence of use of restorative practice Findings shared with schools and used to support further training	
6.1.10	Co-produce case studies of c/yp (SEN Support) with multiple f/t exclusions to gain a better understanding of the underlying causes and impact of exclusion as a strategy for managing behaviour.	Apr 21	EPS & inclusion w'steam members	EPS & inclusion w'steam members	Existing resources	Report to SEND Strategic Board April 21	
6.1.11	Review the impact of trauma informed approaches in schools where training has been delivered and approach is embedded; establish beacon schools where great practice and positive outcomes are evidenced.	Apr 21	HoVS	LAC team and EPS	Existing resources	Share with schools the impact of trauma informed approaches in supporting a positive approach to dealing with challenging behaviour Summer term 21	
6.1.12	School exclusions will be a standing item on the school improvement monitoring visits	From Dec 20 and ongoing	EIS mg'r	EIS Team	Existing resources	Exclusion data relating to academies shared with RSC office.  Exclusion data will inform twice yearly school performance monitoring for maintained schools and will be a priority consideration in evaluating school performance and formulating judgments on whole school effectiveness.	Exclusion data is discussed at SPM and shared with schools through CPG and HT briefings



**Key roles**

**SC and CCG representatives:**

<i>DCS</i>	<i>Director of Children's Services (SC)</i>	<i>Karen Bradshaw</i>
<i>DoP</i>	<i>Director of Partnerships (CCG)</i>	<i>Claire Parker</i>
<i>DoT</i>	<i>Director of Transformation (CCG)</i>	<i>Steve Trenchard</i>
<i>DoPH</i>	<i>Director of Public Health (SC)</i>	<i>Rachel Robinson</i>
<i>NO</i>	<i>Nominated Officer (SC)</i>	<i>Julia Dean</i>
<i>DCO</i>	<i>Designated Clinical Lead (CCG)</i>	<i>vacant post (appointment made)</i>
<i>EAS M'ger</i>	<i>Education Access Service (SC)</i>	<i>Christine Kerry</i>
<i>CC</i>	<i>Children's Commissioner (CCG)</i>	<i>Vicki Pike</i>
<i>HoVS</i>	<i>Head of Virtual School (SC)</i>	<i>Rose Hooper</i>
<i>EIS M'gr</i>	<i>Education Improvement Service (SC)</i>	<i>Steve Compton</i>
<i>PEP</i>	<i>Principal EP (SC)</i>	<i>Poppy Chandler</i>

**Health Provider representatives:**

SALT SM Service Manager Speech and Language Therapy Service (Shropshire Community Health Trust) *Jo Gregory*  
 BeeU Service Manager (MPFT) *Claire Parrish*

**SEND Community Representatives:**

The Parent Carer Forum (PACC) (Chair: Zara Bowden, Engagement: Sarah Thomas)  
 SEND Information Advice and Support Service (IASS) Lesley Perks  
 SEND Advocacy Groups -  
 Young Peoples representative groups – Young Health Champions, DASH, Severndale Student Council, Enable Supported Interns