

Oxfordshire Local Area Written Statement of Action for Special Educational Needs and Disabilities (SEND)

As local leaders we are committed to pursuing improvements for children and young with special educational needs in order to improve their lives and life chances. Our driving ambition is to provide support to children and families earlier to ensure better outcomes and to prevent escalation of their needs where possible. We want children and young people with SEND and their families to feel supported by all services and to receive high quality education, care and health provision. The Written Statement of Action outlines how Oxfordshire plans to do this.

Lucy Butler, Director for Children's Services, Oxfordshire County Council and Sula Wiltshire Director of Quality/Lead Nurse, Oxfordshire Clinical Commissioning Group

Purpose of this statement

Between 25 and 29 September 2017, Ofsted and the Care Quality Commission (CQC) jointly inspected the effectiveness of Oxfordshire's approach to implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014. The specific focus was on how the local area identifies the aspirations and needs of children and young people with SEND, meets those needs, and improves their education, health and care outcomes.

As a result of the inspection findings, Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action is required to address **five** areas of significant weakness in Oxfordshire's practice:

- A. the lack of clearly understood and effective lines of accountability for the implementation of the reforms
- B. the quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement
- C. the quality of Education, Health and Care Plans
- D. the timeliness of the completion of Education, Health and Care Plans
- E. the high level of fixed term exclusion of pupils in mainstream secondary schools who have special educational needs and social, emotional and mental health needs in particular.

Oxfordshire County Council (OCC) and the Oxfordshire Clinical Commissioning Group (OCCG) are jointly responsible for submitting the written statement. The statement of action sets out:

- Our vision for improvement and the values that will drive the required change;
- The governance structure to provide strategic oversight of improvements;
- The high priority actions we will take to address the weaknesses identified by inspectors and to work towards continuous improvement.

In addition, we include:

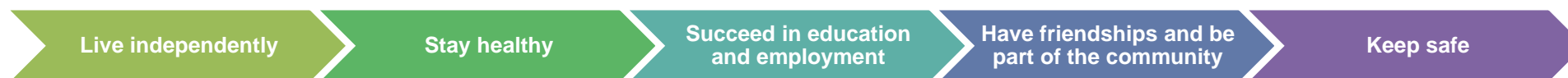
- The framework we will use to measure our performance;
- The governance structure to provide strategic oversight of improvements.

1. Our Vision and Commitments

Oxfordshire’s vision for children and young people with SEND is –

“Oxfordshire, a great place to grow up and have the opportunity to become everything you want to be”

All children and young people should be able to achieve the best possible outcomes that enable them to lead successful and happy lives. Our aim is to ensure an equality of opportunity for children and young people with a Special Educational Need and/or Disability (SEND). To ensure this we are committed to raising the expectations and aspirations of all children and young people with SEND aged 0-25 so they can:



Our work will be shaped by a set of core principles to make sure everything we do is in keeping with our vision, the SEND Reforms and the Care Act 2014. These principles will drive our improvement programme. We commit to:

1. **Listen** to the views, wishes and feelings of the children, young people and their families
2. **Enable** children, young people and their parents/carers to participate as fully as possible in decisions about their lives and to work collaboratively with them
3. **Support** children, young people and their parents/carers to develop and achieve the best possible outcomes that effectively prepare them for adulthood

2. Governance (see Annex A)

The **Health and Wellbeing Board** - chaired by the Leader of the Council, provides strategic leadership for health and wellbeing across the county, ensuring integration and partnership work between the county council, public health and NHS services – will ensure that action is taken to realise this plan.

The **Children’s Trust** - chaired by the Council’s Lead Member for Children’s Services and comprising the Lead Member for Education and Public Health, the Director of Children’s Services, the Deputy Director for Joint Commissioning, the Oxfordshire CCG, health providers, school leaders, parent carers and range of partner organisations – will continue to provide strategic oversight of priorities for all children and young people in Oxfordshire, including support for children and young people with SEND.

The **SEND Programme Board** – Chaired by the Lead Member for Education and Public Health and comprising a range of education, health and social care leaders, and parent carers - will provide formal oversight of the local area’s progress addressing the areas of weakness in this Statement. It will review progress monthly and hold to account the organisations responsible for improving outcomes.

Progress on the operational delivery of the actions in this Statement will be monitored by the **SEND Operations Group** with reporting processes and structures described above.

Senior leaders and Members will also be held accountable for progress by the Council’s **Education and Performance Scrutiny Committees** and the **Oxfordshire Clinical Commissioning Group Board**.

A governance chart is included in Annex A.

3. What we are aiming to achieve

The actions outlined in this plan are directly linked to the five areas of weakness identified by inspectors. The outcomes we are seeking to achieve are:

- A. Oxfordshire has effective arrangements for holding leaders to account across education, health and social care through the SEND Programme Board, Children’s Trust, Adults with Care and Support Needs Joint Management Group, Health and Wellbeing Board,

Oxfordshire Scrutiny Committees and the Oxfordshire Clinical Commissioning Group Board.

There are robust levels of challenge and support to agencies delivering the reforms, commitment from elected members and senior leaders and well understood routes of escalation that lead to practical changes and improve outcomes for children and young people with SEND.

- B. Oxfordshire's self-evaluation is sufficiently detailed to ensure rapid and sustained improvement in highlighted areas of weakness. Self-evaluation gives due regard to the wishes and feelings of the child, parents and family. Performance information gives a clear understanding of the impact of work on improving the effectiveness of services.
- C. Education, Health and Care Plans that meet the special educational needs of each child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. EHC needs assessments and plans will:
- establish and record the views, interests and aspirations of the parents and child or young person
 - provide a full description of the child or young person's special educational needs and any health and social care need
 - establish outcomes across education, health and social care based on the child or young person's needs and aspirations and help to prepare them for adulthood.
 - specify the provision required and how education, health and care services will work together to meet the child or young person's needs and support the achievement of the agreed outcomes
 - use person-centred approaches, transparent systems and decision-making processes with clear lines of governance involving Education, Health and Care.
- D. Improved timeliness of Education, Health and Care Plans in line with targets below and in conjunction with actions relating to improving quality. (*At the time of inspection performance was 35%*)

Timeframe (new plans started in March)	% of EHC Plans completed within 20 weeks
June 2018	50%
Sep 2018	60%
Dec 2018	70%
March 2019	80 %
June 2019	90%
September 2019	100%

- E. Reduce fixed term exclusions in secondary schools for students with SEND and with Social, Emotional and Mental Health (SEMH) by 30% by December 2018. In 2016-17 2,905 days of education were lost due to fixed term exclusions of young people with SEND in Oxfordshire secondary schools; young people with SEMH needs accounted for 1,569 of those days. A 30% reduction will mean young people with SEND attend school for 871 more days in 2017-18.

4. Action plan to address the areas of weakness identified during the inspection

This section details the **priority actions** we will take to address the areas of significant weakness identified during the inspection.

A. The lack of clearly understood and effective lines of accountability for the implementation of the reforms						Progress			
<p>Outcome we are seeking to achieve:</p> <ul style="list-style-type: none"> Oxfordshire has effective arrangements for holding leaders to account across education, health and social care through the SEND Programme Board, Children’s Trust, Adults with Care and Support Needs Joint Management Group, Health and Wellbeing Board, Oxfordshire Scrutiny Committees and the Oxfordshire Clinical Commissioning Group Board. There are robust levels of challenge and support to agencies delivering the reforms, commitment from elected members and senior leaders and well understood routes of escalation that lead to practical changes and improve outcomes for children and young people with SEND. 						Green – Completed / embedding Amber – Progressing Red – Little or no progress			
Required outcomes	Actions	Timescale	Action owner /Accountable leader	Measures of success	Mar 2018	Jun 2018	Sep 2018	Dec 2018	
1. Clear line of governance from the SEND Programme Board to the Children’s Trust, Adults with Care and Support Needs Joint Management Group and Health and Wellbeing Board.	Report on SEND progress at the Health and Wellbeing Board	Annually Next meeting date: 22 March 2018	<i>Director of Children’s Services, Director for Adult Services, Director of Quality and OCCG Lead Nurse</i> Chair of the SEND Programme Board	Priorities for children and young people with SEND are included in the Joint Health and Wellbeing Board Strategy (from July 2018) Specific focus on SEND annually at the Health and Wellbeing Board meeting.	A				
	Report on SEND progress at the Children’s Trust Board at each meeting.	Quarterly	<i>Strategic lead for Vulnerable Learners OCC</i>	Regular performance reporting to the Trust and appropriate	G				

		Next meeting date: 28 March 2018	Chair of the SEND Programme Board	<p>escalation of issues to the Health and Wellbeing Board.</p> <p>Priorities focused on children and young people with SEND in the Children's Plan.</p> <p>Views of children and young people with SEND represented through Voices of Oxfordshire Youth (VOXY) is captured in the Children's Plan.</p>				
	Report on SEND progress to the Adults with Care and Support Needs Joint Management Group	Bi-annually Meeting dates: 29 March 2018 & 20 Sept 2018	<i>Deputy Director for Adult Services</i> Chair of the SEND Programme Board	Bi-annual progress reporting to the Adults with Care and Support Needs Joint Management Group and appropriate escalation of multi-agency issues to the Health and Wellbeing Board.	G			
2. Strategic oversight of SEND across education, health, children's and adult social care.	Refresh SEND Programme Board terms of reference	March 2018	<i>Vulnerable Learners Development Manager</i> Chair of the SEND Programme Board	<p>Terms of reference agreed and reviewed annually.</p> <p>Challenge and support to the agencies improving the delivery of the SEND reforms.</p>	G			
	Schedule monthly meetings for the SEND Programme Board	Monthly	<i>Vulnerable Learners</i>	Good attendance by senior managers.	G			

			<i>Development Manager</i> Chair of the SEND Programme Board	Regular reporting and appropriate escalation of issues to Children's Trust.				
Progress is monitored by the Pooled Budget Officers Group working to the Adults with Care and Support Needs Joint Management Group	17 April 2018 & 21 Aug 2018		<i>Integrated Locality Team Manager</i> Deputy Director for Adult Services/ Deputy Director Joint Commissioning	Quarterly highlight reports.	A			
Report performance to the OCCG Quality Committee (sub-group of Board).	April 2018		<i>Designated Clinical Officer</i> Lead Commissioner Children's OCCG	Permanent Designated Clinical Officer in place by April with oversight of the SEND reforms across health service for the 0 – 25 age range, reporting to the OCCG Quality Committee.	A			
Report performance and progress to Children, Education and Families Directorate Leadership Teams, Children's Management Team, and Children's Services Members Briefing.	Quarterly, starting April 2018		<i>Senior officers in children's social care</i> Director of Children's services & Director for Adult Services	Timescales and quality of EHCPs reported monthly, appropriate support and challenge to and from senior managers.	A			
Report performance and progress to Strategic	Strategic Transitions		<i>Area Service Manager</i>	The number of plans finalised by 31 March prior to transfer to	G			


	Transitions Group, Adult Services Directorate Leadership Team, and Adult Services Members Briefing.	Group – Bi-monthly Quarterly, starting April 2018	Deputy Director for Adult Services	post 16 increases from 35% (2017) to 45% (2018) and above 60% by March 2019. Achieving targets for improved timescales for Education Health and Care Plans (reported quarterly). Support and challenge to and from senior managers recorded in minutes.				
3. Visibility and scrutiny of SEND at Education Scrutiny, Performance Scrutiny and Joint Health Overview and Scrutiny.	Regular performance reports on progress implementing the SEND action plan.	Education Scrutiny – 27 May 2018 Performance Scrutiny Committee - 24 May 2018 Health Overview and Scrutiny Committee – 19 Apr 2018	<i>Deputy Director Education & Deputy Director for Adult Services, Director of Quality, OCCG</i> Scrutiny Chairman	Officers and members held to account for progress on the SEND reforms Minutes record recommendations and scrutiny of SEND items.	A			

4. Regular communications across education, health and care services, as well as parents and parent organisations	Monthly communication following each SEND Programme Board	Monthly	<i>Vulnerable Learners Development Manager</i> Chair of SEND Programme Board	You said/we did style communications published on the local offer and distributed to key service areas and parent organisations – first report published by March 2018. Increased influence of the Parents Forum through attendance at the appropriate strategic board	G			
	Use Practice week to gain feedback from parents.	6 monthly Next date: 16 July 2018	<i>Deputy Directors for Education and Social Care</i> Director of Children's Services	Feedback from parents highlights that the action plan is making a difference to parental experiences.	A			

B. The quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement						Progress			
Outcomes we are seeking to achieve: <ul style="list-style-type: none"> Oxfordshire’s self-evaluation is sufficiently detailed to ensure rapid and sustained improvement in highlighted areas of weakness. That self-evaluation gives due regard to the wishes and feelings of the child, parents and family. Performance information gives a clear understanding of the impact of work on improving the effectiveness of services. 						Green – Completed / embedding Amber – Progressing Red – Little or no progress			
Required outcomes	Actions	Timescale	Action owner/ Accountable leader	Measures of success	Mar 2018	Jun 2018	Sep 2018	Dec 2018	
1. Benchmark effectiveness of health approach to SEND reforms, identify areas of risk and develop an improvement plan.	Complete the Council for Disabled Children self-evaluation.	March 2018	<i>Designated Clinical Officer</i> Lead Commissioner Children’s, OCCG	Improvement plan that is co-produced with parents in place to address areas for development.	A				
2. Improve sharpness of self-evaluation including evaluation of performance	Develop performance dashboard with regular analysis and monitoring of performance against targets.	April 2018 Monthly analysis	<i>Performance & Information Manager</i> Chair of SEND Programme Board	Internal monthly monitoring of performance by Directorate Leadership Team and SEND Programme Board SEND priorities and performance indicators included in new Children’s Plan (2018). Parents will know and understand the reason for performance trends.	A				

	Refresh individual agency action plans and ensure coherence with this statement of action.	April 2018	<p><i>Area Service Manager Adult Services, Disabled Children's Manager for Social Care, SEN Casework Manager, Designated Clinical Officer</i></p> <p>Deputy Director Children's Social Care, Deputy Director Adult Services</p>	Individual agency action plans monitored and evaluated by appropriate senior management teams.				
	Refresh SEND action plan based on annual self-evaluation for sign off by the board in March 2019.	March 2019	<p><i>Strategic Lead for Vulnerable Leaders</i></p> <p>Chair of SEND Programme Board</p>	Refreshed SEND action plan approved by the SEND Programme Board, and reported to the Children's Trust and Health and Wellbeing Board.	R			
3. Co-production strengthens service improvement.	Complete a multi-agency mapping of all current co-production mechanisms	May 2018	<p><i>Lead Commissioner Children's</i></p> <p>Deputy Director Joint Commissioning</p>	Clear and streamlined mechanisms for listening to parents and carers to avoid duplication and confusion.	R			

	Work with Parent Carer organisations to look at promoting parental feedback through a single multi-agency mechanism	May 2018	<i>SEN Improvement Manager/ Designated Clinical Officer / Disabled Children's Service Manager</i> Strategic Lead for Vulnerable Learners	Learning from parental feedback is used to improve practice (you said/we did approach) Parental survey results demonstrate increased levels of satisfaction. Parent forum representation at strategic level	R			
	Work with the Commissioning Co-Production team to build co-production and co-evaluation into the commissioning of services for SEND	June 2018	<i>Co-production lead</i> Deputy Director Joint Commissioning	Demonstrable examples where co-production has improved services and commissioning for young people with SEND.	R			
	Work with Voices of Oxfordshire Youth (VOXY) to look at capturing and feeding back children and young people's views through a clearly defined mechanism Build feedback from parents, carers, children and young people into the SEND dashboard, so that leaders know what changes are making a difference.	April 2018	<i>Engagement team / Designated Clinical Officer</i> Strategic Lead for Vulnerable Learners	The views of different groups of children and young people are listened to and acted upon.	R			

<p>4. An effective multi-agency improvement plan for EHCPs owned by all stakeholders.</p>	<p>Refresh the EHCP improvement plan and work streams and ensure ownership by education, health, children and adults social care</p>	<p>June 2018</p>	<p><i>SEN Improvement Manager, Designated Clinical Officer</i></p> <p>Strategic Lead for Vulnerable Learners</p>	<p>Outcomes for children and young people are improved as a result of their EHCP. Evidenced from monthly monitoring of plans.</p> <p>Whole children’s workforce understanding of how they contribute to EHC planning is improved, evidenced by feedback to E-learning and multi-agency training</p>	<p>A</p>			
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C. The quality of Education, Health and Care Plans					Progress			
<p>Outcome we are seeking to achieve: Education, Health and Care Plans that meet the special educational needs of each child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. EHC Plan assessments will:</p> <ul style="list-style-type: none"> • establish and record the views, interests and aspirations of the parents and child or young person*, • provide a full description of the child or young person’s special educational needs and any health and social care needs, • establish outcomes across education, health and social care based on the child or young person’s needs and aspirations, and help to prepare them for adulthood. • specify the provision required and how education, health and care services will work together to meet the child or young person’s needs and support the achievement of the agreed outcomes • use person-centred approaches, transparent systems and decision-making processes with clear lines of governance involving Education, Health and Care. <p><i>*This was recognised as a strength by inspectors.</i></p>					<p>Green – Completed / embedding Amber – Progressing Red – Little or no progress</p>			
Required outcomes	Actions	Timescale	Action owner / Accountable leader	Measures of success	Mar 2018	Jun 2018	Sep 2018	Dec 2018
1. Education, health and care needs are accurately identified	<p>Ensure social care advice for EHCPs for professionals from either universal services, or early help professionals or statutory social care teams reflect child/young person’s current care needs.</p> <p>Revise and share adult social care template with relevant staff,</p>	May 2018	<p><i>Disabled Children Team Manager, Children’s Social Care Team Manager, Adult Social Care Team Manager</i></p> <p>Deputy Director for Children’s and Adult Social Care</p>	<p>Case sampling of EHC plans every two months show improvement (numbers of plans deemed effective) in the identification of needs across all agencies.</p> <p>Weekly case sampling indicates a gradual improvement in the identification of needs, through audit scores.</p>	A			

	<p>including guidance and exemplar plans.</p> <p>Ensure social care advice, forms from OCC early help or statutory social care workers are signed off by Team Managers.</p>			<p>Feedback from parents and children and young people indicates that they are getting the right outcomes as a result of the plan. This will be measured by an annual SENDIASS survey.</p>				
	<p>Map and review current approaches across health organisations</p> <p>Agree standardisation and a common approach for all health reports.</p>	<p>May 2018</p>	<p><i>Designated Clinical Officer</i></p> <p>Lead Commissioner Children's, OCCG</p>	<p>Common approach adopted across health providers for the identification of children with SEND.</p> <p>Pathway for the EHCP process (assessment, to final plan, to annual review) is embedded within Oxfordshire health services.</p> <p>Evidence of Designated Clinical Officer support and challenge to health services to ensure a standardised approach. Reports are comprehensive, relevant and current as evidenced through the SEND case sampling audit process, weekly review of 6 plans by SEND manager and feedback from service users through surveys.</p>	<p>A</p>			

	Clarify what is acceptable as 'up to date' information to be included in reports to capture the current level of need and what constitutes health information.	June 2018	<i>SEN Manager, Designated Clinical Officer</i> Strategic Lead for Vulnerable Learners	Guidance on appropriate and relevant information for reports for all agencies is available.	R			
	Support secondary schools to include assessment information covering the full curriculum, including vocational elements.	June 2018	<i>Principal Educational Psychologist</i> Strategic Lead for Vulnerable Learners	Schools follow the revised guidance about information that they need to include in an application and then in a report for an EHCP. Wider academic and vocational needs are identified in education assessment information evidenced from quality assurance processes.	R			
2. Provision to meet needs is specific, quantified and is outcome focused.	Support health staff to appropriately specify provision in reports. Produce guidance and exemplars for health professionals to ensure they are carrying out their statutory duties in regard to specifying provision. Capture families' views on whether the health needs are being met by the provision identified in EHC plans.	June 2018	<i>Designated Clinical Officer</i> Lead Commissioner Children's, OCCG	EHC plans contain relevant and appropriate health provision that corresponds to the child's identified needs and outcomes identified. Demonstrable examples of feedback from families about improved information on health provision included in EHC plans. Accolades from service users to demonstrate effectiveness.	A			

	Review current participation work being carried out by health services via Health task group						
	Social care staff to ensure provision is specified in EHC plans	June 2018	<i>Disabled Children Manager & Integrated Locality Team Manager</i> Deputy Directors of Children and Adult Social Care	EHC plans consistently contain relevant care provision as identified from the child/ young person's needs. Children and Adult social care staff guidance reissued with examples of good practice on what constitutes the 'care' element of an EHCP	A		
	Review specificity of education provision, examining contributions from SEN teams and schools	June 2018	<i>Principal Education Psychologist</i> Strategic lead for Vulnerable Learners	Guidance and exemplars based on best national practice disseminated to SEN teams and on Schools News. Quality of plans improves evidenced by monthly quality assurance reports.	A		
3. Clear outcomes linked to needs and aspirations	Re-issue and improve guidance for all staff on what constitutes a good outcome, including outcomes relating to preparation for adulthood. Move the 'Writing the Outcomes' meeting to within the six-week information gathering stage of	May 2018	<i>SEN Manager, Principal Educational Psychologist, Disabled Children Manager & Integrated Locality Team Manager</i>	As evidenced from the quality assurance process: - Plans with SMART outcomes that support a holistic assessment and support plan that is aspirational and outcome focused into adulthood. - Plans include broad range of outcomes	A		

	the EHC assessment to ensure that provision is relevant to the desired outcomes.		Strategic lead for Vulnerable Learners	Each outcome is tracked to needs (sections B, C & D of the Plan) and provision (F/G, H1 & H2 sections) - Education outcomes reflect interests and progress for adult life, including broader academic and/or vocational outcomes.				
	Review the EHC plan format and align partner templates to ensure assessment information is clearly presented.	April 2018	<i>SEN Manager, Principal Educational Psychologist Designated Clinical Officer, Integrated Locality Team Manager</i> Strategic Lead for Vulnerable Learners	Revised template agreed by the EHCP Task Group. Format is informed by best practice and national guidance. Fit for purpose multi-agency guidance disseminated across teams.	R			
	Co-produce guidance with parents for all staff on what constitutes a good outcome, including outcomes relating to preparation for adulthood.	May 2018	<i>SEN Manager, SENDIASS manager, Principal Educational Psychologist Designated Clinical Officer, Integrated Locality Team Manager</i> Strategic Lead for Vulnerable Learners	Guidance produced and published on the Local Offer	R			

	<p>Review the annual review process to ensure that it effectively captures progress made in achieving outcomes.</p> <p>Align the Adult Social Care and SEND review cycles where possible to ensure outcome focused reviews are achieved annually.</p>	April 2018	<p><i>SEN Manager, Designated Clinical Officer</i></p> <p>Strategic Lead for Vulnerable Learners</p>	<p>Feedback from parents and children and young people indicates that their views and wishes are respected and acted on in the annual review process, evidenced by annual review survey and through engagement with Parent Forum.</p>	R			
	<p>Develop a systematic process for measuring progress towards outcomes at an individual level and a process to monitor progress for all children with EHC Plans in achieving their outcomes.</p>	July 2018	<p><i>SEN Manager, Designated Clinical Officer</i></p> <p>Strategic Lead for Vulnerable Learners</p>	<p>Record maintained of whether there has been progress towards outcomes following annual review.</p> <p>Systematic approach in place to monitor whether outcomes are being achieved for all children and young people with EHCPs.</p>	R			
4. Quality assurance processes are embedded	<p>Create a framework of quality markers for EHC plan quality assurance.</p>	April 2018	<p><i>SEN Manager, Designated Clinical Officer</i></p> <p>Strategic Lead for Vulnerable Learners</p>	<p>Monthly reports for managers and the SEND Programme Board on the quality and timescales reflect improvements.</p> <p>Reduction in complaints and appeals.</p>	A			
	<p>Review 6 plans per week and gradually integrate into SEN casework team management responsibility over time.</p>	Weekly	<p><i>SEN Manager</i></p> <p>Strategic Lead for Vulnerable Learners</p>	<p>Accessible integrated data on the quality of EHC assessments.</p>	A			

	Increase frequency of multi-agency audits from 6 monthly to every 2 months.	March 2018	<p><i>SEN Manager, Principal Educational Psychologist, Disabled Children Manager & Integrated Locality Team Manager</i></p> <p>Strategic Lead for Vulnerable Learners</p>	Learning from audits carried out every two months captured in single agency action plans and shared in a timely manner.				
	Increase the frequency of the EHCP Task Group meetings to every 6 weeks.	March 2018	<p><i>SEN Manager, Principal Educational Psychologist, Disabled Children Manager & Integrated Locality Team Manager</i></p> <p>Strategic lead for Vulnerable Learners</p>	Minutes show solution focused and strong multi-agency working.	G			
5. Statutory decision-making process (EHCP) is transparent	Review statutory decision-making panels, processes and review forums.	July 2018	<p><i>SEN Manager, Disabled Children Team Manager, /Designated Clinical Officer</i></p> <p>Strategic Lead for Vulnerable Learners</p>	<p>Revised decision-making processes published on the Local Offer.</p> <p>Parents and all other agencies are clear when decisions are made and which panel made them.</p>	R			

				Clear Terms of reference, and governance for decision making are published and available on the Local Offer				
	Provide training for all partner services on decision-making processes.	Sep 2018	<i>SEN Manager, Disabled Children Team Manager, /Designated Clinical Officer</i> Strategic Lead for Vulnerable Learners	Service users and families have a better experience measured by fewer complaints and appeals. Decisions are made in a timely manner as evidenced from the QA processes.	R			
	Review decision-making processes during transition to adulthood, including a process mapping exercise to develop the transition pathway between children's and adults.	April 2018	<i>Integrated Locality Team Manager Designated Clinical Officer, SEN Manager, Social Care Service managers</i> Deputy Director Adult Social Care	The number of plans finalised by 31 March prior to transfer to post 16 increases from 35% (2017) to 45% (2018) and above 60% by March 2019. Streamlined decision-making process understood by staff resulting in fewer complaints	R			
	Develop and implement a joint dispute resolution process informed by national best practice models	May 2018	<i>SEN Manager, Disabled Children Team Manager, Integrated Locality Team Manager, Designated Clinical Officer</i>	Fewer disputes (below national average) progress to the new single point of redress tribunals (starting April 2018)	R			

			Strategic Lead for Vulnerable Learners				
6. The workforce can confidently and competently contribute to quality EHC assessments and plans	Review capacity within existing teams to meet the improvement targets for quality and timeliness of plans.	April 2018	<i>SEN Manager, Disabled Children Manager & Integrated Locality Team Manager, Designated Clinical Officer</i> Directors for Children's and Adult Services	Staffing capacity and structures have been reviewed and revised to ensure that improvement targets can be met across education, health and social care.	A		
	Review the casework team to ensure sufficient confidence and competencies, and that tasks are completed by the right person at the right time.	April to Sep 2018	<i>SEN Manager, Disabled Children Manager & Integrated Locality Team Manager, Designated Clinical Officer</i> Directors for Children's and Adult Services	A SEN casework team that is sufficiently operationally robust to deliver the actions within this plan. The SEN casework re-structure is developed in line with new IT systems capabilities. Consistent quality of EHC plan, both outsourced and in house.	R		
	Roll out e-learning training for all staff across agencies inputting into EHC assessments.	May 2018	<i>Disabled Children Manager & Integrated Locality Team Manager,</i>	300 staff trained by May 2018 Included within mandatory training for new staff. Monthly monitoring reports and	A		

			<i>Designated Clinical Officer</i> Deputy Directors for Children's and Adult Social Care.	Qualitative feedback, using assistant Educational Psychologist, show impact on practice				
	Ensure central government commissioned guidance informs strategy, policy and working practices.	Sep 2019	<i>SEN Manager, Disabled Children Team Manager, Designated Clinical Officer</i> Strategic Lead for Vulnerable Learners	CDC's Securing good quality health and social care advice for education, health and care (EHC) plans is used to update guidance for staff.	A			
	Provide multi-agency training for professionals working on personalisation and writing outcomes.	May 2018	<i>SEN Manager, Disabled Children Team Manager, Integrated Locality Team Manager, Designated Clinical Officer</i> Strategic Lead for Vulnerable Learners <i>SEN</i>	Good multi-agency attendance and feedback from the Council for Disabled Children training, (North, Central, South) in April/May as evidenced by attendance registers and evaluations. Surveys and feedback from professionals show increasing awareness.	A			
	Provide bespoke training for health teams.	Sept 2018	<i>Designated Clinical Officer</i> Lead Commissioner Children's, OCCG	Good attendance and positive evaluations of learning gained.	A			

	Encourage and monitor attendance at South East regional events.	Dec 2018	<i>SEN Manager/ Disabled Children Team Manager / Designated Clinical Officer</i> Strategic Lead for Vulnerable Learners	Evidence of learning being shared and cascaded to relevant professionals. Surveys and feedback from professionals show increasing awareness.				
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D. Timeliness of completing Education, Health and Care Plans						Progress			
Outcome we are seeking to achieve: <ul style="list-style-type: none"> Improved timeliness in line with targets below and in conjunction with actions in section C relating to quality. 						Green – Completed / embedding Amber – Progressing Red – Little or no progress			
Timeframe (new plans started in March)		% of EHC Plans completed within 20 weeks							
June 2018		50%							
Sep 2018		60%							
Dec 2018		70%							
March 2019		80 %							
June 2019		90%							
September 2019		100%							
Required outcomes	Actions	Timescale	Action owner / Accountable leader	Measures of success	Mar 2018	Jun 2018	Sep 2018	Dec 2018	
1. Timeliness of EHCPs improves in line with targets above.	Identify source of delays across all relevant professionals participating in the assessment process	April to June 2018	<i>SEN Manager, Disabled Children Team Manager Integrated Locality Team Manager / Designated Clinical Officer</i> Strategic Lead for Vulnerable Learners	Members of the Education, Health and Care Task group understand the issues causing delays. Actions to improve performance are recorded in single agency action plans.	A				
	Accurate data supporting monthly EHCP dashboard to enable support and challenge by managers.	April 2018	<i>SEN Manager, Performance Information Manager and SEN</i>	Actions to improve performance are recorded in single agency action plans	A				

			<i>Business Support team</i>				
	Report EHCP key performance indicators to the SEND programme board	Monthly, starting April 2018	<i>Performance Information Manager and SEN Business Support team</i> Strategic Lead for Vulnerable Learners	Support and challenge from board members to drive improvements in line with targets.	A		
2. Education, health and social care reports produced within 6 weeks	Improve communications and processes with Social Care and Health professionals.	June 2018	<i>SEN Improvement manager, Social Care Service Managers, Designated Clinical Officer</i>	High quality assessments with full engagement of young person and family completed within 6 weeks of referral, evidenced through weekly sampling of plans.	A		
	Weekly reporting on 6 week reports to DCO, social care and Education Psychologists	April 2018	<i>SEN Business Support team</i> SEN Manager	Monthly reporting to the SEND Programme Board show improvements in 6 week timescales.	R		
	Implement solutions for improving the 6 week timescale in accordance with single service action plans	April 2018	<i>Principal Educational Psychologist, Disabled Children Team Manager Integrated Locality Team Manager</i>	Timescales improve in line with targets for education, health and care.	R		

			<i>/Designated Clinical Officer</i> Strategic Lead for Vulnerable Learners				
3. Timely completion of plans at transition from primary to secondary education and to adulthood.	Report key performance indicators to Strategic Transition Programme Board.	Every 2 months, starting March 2018	<i>Senior Information Analyst</i> Deputy Director for Children's Social Care.	The number of plans finalised by 31 March prior to transfer to post 16 increases from 35% (2017) to 45% (2018) and above 60% by March 2019.	A		
	Track young people likely to need an assessment for adult social care and health services and ensure they are followed up.	Every 2 months, starting March 2018	<i>Senior Information Analyst</i> Disabled Children Manager & Integrated Locality Team Manager	Moving into Adulthood performance dashboard reported to the Strategic Transitions Board every 2 months.	A		
	Publish information to parents about how to access a social care assessment if they think their child may be Care Act eligible at age 18.	June 2018	<i>Disabled Children Manager & Integrated Locality Team Manager</i> Strategic lead for Vulnerable Learners	Parents have a better understanding of eligibility criteria for adult social care, evidenced from feedback from parent groups.	R		
	Begin year 6/7 transfer processes earlier, promoting best practice to schools, including year 5 reviews for those likely to require specialist provision.	October 2018	<i>SEN Manager</i> Strategic Lead for Vulnerable Learners	The number of year 6 /7 transfers completed by Feb 15 th is 95% in 2019. Countywide transition protocol developed.	A		

				Good practice standard established to set expectations.				
4. Timely completion of response to Annual review reports	Revise processes and guidance on Annual Reviews to enable appropriate prioritisation and response.	May 2018	<i>SEN Manager</i> Strategic Lead for Vulnerable Learners	Feedback from parents and children and young people indicates that they are getting the right outcomes as a result of the plan. This will be measured by an annual SENDIASS survey.	R			
	Develop performance framework for annual reviews	June 2018	<i>SEN Manager</i> Strategic Lead for Vulnerable Learners	Improved timeliness of annual reviews Improved feedback from parents, survey returns following annual reviews and annual survey from SENDIASS and Parents Forum.	R			
5. Improve case management processes and transparency for parents and young people through the deployment of improved IT systems	Invite demonstrations from Liquid Logic, Capita and Open Objects	March 2018	<i>SEN Manager</i> ICT Business Service Manager	Multi-agency representatives attend presentations and comments on strengths and weaknesses.	G			
	Write business case for recommended IT case management solution.	April 2018	<i>ICT Business Service Manager</i> Director for Children's Services	A decision is made on an IT system to improve efficiency and a 'digital first' approach for parents and young people. Implementation plan developed.	A			

E. The high level of fixed term exclusion of pupils in mainstream secondary schools who have special educational needs and social, emotional and mental health needs in particular					Progress			
<p>Outcome we are seeking to achieve:</p> <ul style="list-style-type: none"> Reduce fixed term exclusions in secondary schools for students with SEND and with Social, Emotional and Mental Health (SEMH) needs by 30% by December 2018. In 2016-17 2,905 days of education were lost due to fixed term exclusions of young people with SEND in Oxfordshire secondary schools; young people with SEMH needs accounted for 1,569 of those days. A 30% reduction will mean young people with SEND attend school for 871 more days in 2017-18. Reducing fixed term and permanent exclusions is a priority for Oxfordshire and a programme of work is underway to tackle the issues. The target aims to reduce the rate of fixed term exclusion in secondary schools to be lower than the statistical neighbour average by 2020. <p>This plan details actions that specifically relate to young people with SEND, and those with SEMH in particular.</p>					<p>Green – Completed / embedding Amber – Progressing Red – Little or no progress</p>			
Required outcomes	Actions	Timescale	Action owner/ Accountable Leader	Measures of success	Mar 2018	Jun 2018	Sep 2018	Dec 2018
1. Effective oversight of exclusions of children and young people with SEND by senior leaders, the Children’s Trust and Oxfordshire Safeguarding Children Board (OSCB).	Review of exclusions carried out by Education Scrutiny working group.	October to March 2018	<i>Deputy Director for Education</i> Education Scrutiny Committee Chairman,	Education Scrutiny’s exclusions working group to report to the committee on 14 March with their findings and recommendations - learners with SEND are covered in the report.	G			
	Report performance to the Performance and Quality Assurance Group (PAQA), and OSCB Education sub group, including data on learners with SEND.	Next meeting: 28 Mar 2018	<i>Performance and Information team</i> PAQA Chairman	OSCB Performance and Quality Assurance Group minutes record comments and actions to hold senior managers to account.	A			

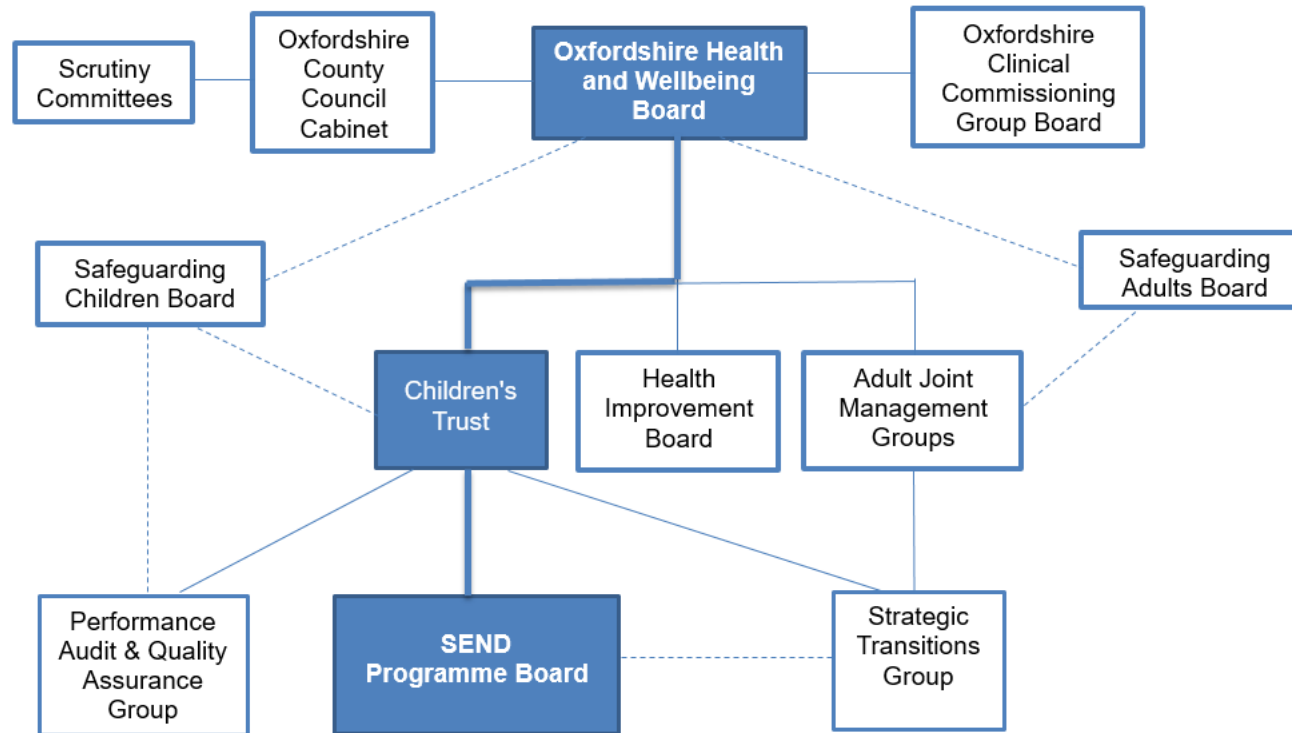
	Develop the scope for the learner engagement project (attendance, exclusions and children missing education) and ensure that it is prominent within the Council's Strategic Transformation Programme (Fit for the Future)	April 2018	<i>Senior Inclusion Consultant /Senior County Attendance Officer / Social Inclusion Officer</i> Deputy Director for Education/ Director of People's Services	Monthly highlight report to the Fit for the Future Board.	A			
2. Secondary schools provide effective provision for SEN pupils at risk of exclusion.	Ensure schools initiate and follow formal review processes for SEN pupils at risk of exclusions.	June 2018	<i>Senior County Attendance Officer / Social Inclusion Officer</i> Deputy Director for Education	Evidence of improvement as demonstrated by reduced exclusions for learners with SEND on the monthly dashboard.	R			
	Use case studies of young people with multiple exclusions to gain a better understanding of the underlying causes.	Oct 2018	<i>Senior Inclusion Consultant</i> Deputy Director for Education	Report produced on the learning gained from case studies.	R			
	Share best practice in developing provision and the curriculum for effectively engaging learners with SEN particularly SEMH pupils.	September 2018	<i>Senior Inclusion Consultant</i> Deputy Director for Education	Resource packs to reduce the risk of exclusions available for schools in September 2018.	R			
3. The 10 highest excluding secondary schools reduce fixed term exclusions of learners with SEND	Target support to the highest excluding secondary schools. Focused and integrated support from Locality	May 2018	<i>Senior Inclusion Consultant / Area Children's Social Care Manager/Designated Clinical Officer</i>	Action plans for each school developed with the community around the school (Early Help, Nursing, CAMHS, Oxfordshire School Inclusion Team,	A			

in line with targets above.	Community Support Services and CAMHS in-reach in these secondary schools.		Deputy Director for Education, Deputy Director Children's Social Care, Lead Commissioner Children's, OCCG	Educational Psychology Service, SEN Support Service) support in place. Evidence of improvement as demonstrated by reduced exclusions for learners with SEND (monthly dash board)				
	Use Reflective Practice approaches to reduce exclusions of an identified cohort of year 8 learners in two of the highest excluding secondary schools.	July 2018	<i>Senior Inclusion Consultant</i> Deputy Director for Education	Reduced numbers of days lost to education for the identified cohort of year 8 learners.	A			
4. Revised guidance published to help schools update and improve their behaviour policies, clarifying expectations.	Ensure that strategies for encouraging positive behaviour for learners with SEMH is shared with schools	June 2018	<i>Senior Inclusion Consultant</i> Deputy Director for Education	Guidance available at the Annual conference in June. Updates in Schools News.	R			
	Develop a framework for inclusion and kite mark award for schools to celebrate good practice.	September 2018	<i>Senior Inclusion Consultant</i> Deputy Director for Education	Support for achieving the kite marks is available within the traded offer to schools. SEMH guidance updated and shared with schools.	R			
	Refresh Positive Handling Policy	September 2018	<i>Chair of Oxfordshire Safeguarding Children Board (OSCB) Disabled Children's Group</i> OSCB Chairman	References to positive handling are reflected in school behaviour policies	A			

ANNEX A – Governance framework

Lead partner representatives on the SEND Programme Board will be responsible for reporting directly to the appropriate governance board within their organisations.

The SEND Programme Board will report to Oxfordshire’s Children’s Trust and Oxfordshire’s Health and Wellbeing Board on progress towards implementation of SEND reforms and inform them of associated risks and issues.



ANNEX B - Performance framework

	Performance measures
Numbers	Children and young people (CYP) with EHC Plan
	CYP with new EHC Plan
	CYP at SEN Support
Requests and assessment for EHC plans	Requests for statutory assessments received
	Initial requests for assessment for EHC plan refused
	CYP assessed
Statement/ EHC Plan transferred/ discontinued	CYP assessed - no plan issued
	CYP with statements or EHC plans who transferred during the 2017 calendar year
New EHC Plans	Statements/EHC plans reviewed and discontinued
	New EHC plans issued within 20 weeks (excluding exceptions)
Quality of EHC Plans	New EHC plans issued within 20 weeks (including exceptions)
	Overall quality of plans following audit
	% audited plans containing information from social care
Social care involvement for those with EHCPs	% audited plans containing information from health
	Looked After Children
	Child protection plan
Transfers	Child in need
	Early years, primary/secondary transfers completed by Feb 15th
Mediation & tribunals	Post 16 transfers completed by March 31 st
	Mediation cases held
	Tribunals logged
	Tribunals held
Exclusions	Tribunals involving the single route of redress
	Permanent exclusion (EHC plan)
	Permanent exclusion (SEND Support)
Absence	Number children with 1+ fixed term exclusion - SEND support
	Persistent absence rate (SEND support)
	Numbers of days of education lost due to fixed term exclusions (secondary schools)
Attainment	Persistent absence rate (EHC plan)
	End of key stages

Education, employment or training (EET)	% Not in education, employment or training
Feedback from children and young people	Good satisfaction ratings from surveys
Feedback from parents	Good satisfaction ratings from surveys

Glossary

OCCG	Oxfordshire Clinical Commissioning Group
SEND	Special Educational Needs and Disability
EHCP	Education, Health and Care Plan
SEMH	Social Emotional and Mental Health Needs
CAMHS	Child and Adolescent Mental Health Service
SENDIASS	Special Educational Needs and Disability Information Advice and Support Service
VOXY	Voices of Oxfordshire Youth
CYP	Children and Young People
EET	Education, employment and training