

## **Health and Wellbeing Board**

**Tuesday 13 June 2023 at 4.30pm.**

**Conference Room 2, The Council House, Walsall.**

**Public access via this link:** <http://www.WalsallCouncilWebcasts.com>

**Membership:**

- Councillor G. Flint (Chairman)
- Councillor K. Pedley
- Councillor S. Elson
- Councillor A. Nawaz
- Ms. K. Allward, Executive Director Adult Services
- Ms. S. Rowe, Executive Director Children's Services
- Mr. S. Gunther, Director of Public Health
- Mr. G. Griffiths-Dale, Integrated Care Board
- Mr. R. Nicklin, Healthwatch Walsall
- Ms S. Samuels, Group Commander, West Midlands Fire Service
- Chief Supt. P. Dolby, West Midlands Police
- Ms V. Hines, One Walsall
- Mr D. Loughton, Walsall Healthcare NHS Trust
- Ms. F. Shanahan, Walsall Housing Partnership/Housing Board
- Ms. M. Foster, Black Country Healthcare NHS Foundation Trust
- Ms. R. Davies, Walsall College
- NHS England
- 2 Vacancies – Integrated Care Board Representatives.

**Quorum:** 6 members of the Board

## **Memorandum of co-operation and principles of decision-making**

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

All Board members will be subject to the code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function. In addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind and avoid predetermining any decision that may come before the health and wellbeing board.

## The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

### Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

## AGENDA

Welcome and introductions.

1. Apologies and Substitutions.

2. **Appointment of Vice-Chairman**

The Board has previously agreed that the Vice-Chairman should be drawn from the Integrated Care Board membership.

*The membership vacancies allocated to ICB representatives are yet to be appointed to. It is recommended that the Vice-Chair should be the Lead GP for Clinical Commissioning as they will bring clinical expertise to the Board. The post is yet to be filled.*

**RESOLVE:** *That the Lead GP for Clinical Commissioning (ICB) be appointed Vice-Chairman.*

3. **Minutes:** 21 March 2023

- To approve as a correct record – copy **enclosed**

4. **Declarations of interest**

*[Members attention is drawn to the Memorandum of co-operation and principles of decision making and the table of specified pecuniary interests set out on the earlier pages of this agenda]*

5. **Local Government (Access to Information) Act, 1985 (as amended):**

There are no items for consideration in the private session of the agenda

### Discussion/Decision Items

6. Homeless Strategy

- Report of Director, Children's Services and Customer - **enclosed**

7. Better Care Fund

- Report of Director, Adult Social Care and Hub - **enclosed**

8. Integrated Care Board – 5 year Forward Plan – Support for the plan.

- Presentation of Managing Director, Integrated Care Board - **enclosed**  
*(note: to receive the final version of the plan which has been circulated to members previously in order to ascertain support for the Plan prior to this meeting. The purpose of this item is to formally record that support).*

### Assurance Items

9. Special Educational Needs and Disabilities – action plan update

- Report of Director of Children's Services and Customer – **enclosed**

## Information Items

10. Work programme 2023/24
  - Copy **enclosed**

**Date of next meetings:** 19 September 2023, 12 December 2023, 19 April 2024

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## Health and Wellbeing Board

**Minutes of the meeting held on Tuesday 21 March 2023** in a conference room at the Council House, Walsall at 4.30pm

**Present**  
(in person) Councillor G. Flint (Chair)  
Dr A. Rischie, Integrated Care Board (Vice-Chair)  
Mr. S. Gunther, Director of Public Health  
Councillor Elson  
Councillor Pedley  
Mrs K. Allward, Executive Director, Adult Social Care  
Ms F. Shanahan, Walsall Housing Sector

**Present**  
(Remote) Mrs S. Rowe, Executive Director, Children's Services  
Mr R. Nicklin Chair, Healthwatch Walsall  
Ms L. Brookes, (sub) Black Country Healthcare Foundation Trust  
Ms R. Davies, Walsall College  
Mr S. Evans (sub) Walsall Hospital NHS Trust  
Ms S. Samuels, West Midlands Fire Service

**In Attendance:**  
(In Person) Mrs H. Owen, Democratic Services Officer

**In attendance:**  
(Remote) Ms C. Williams, Public Health Specialist Project Manager

### 805 **Welcome**

Councillor Flint opened the meeting by welcoming everyone, and explaining the rules of procedure and legal context in which the meeting was being held. He said that he would consult all Board members on their views if a vote was required however, only those Board members present in the Council House were able to vote and that this would be done by a show of hands which would be recorded.

Members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

Members noted that Item 7 – Place Integrated Commissioning Board, had been withdrawn from this agenda.

Introductions took place and a quorum of members present in-person was established.

### 806 **Apologies and substitutions**

Apologies for absence were received from Councillor Nawaz and Mr D. Loughton (substitute Mr S. Evans)

807 **Minutes**

**Resolved**

That the minutes of the meeting held on 6 December 2022, a copy having been sent to each member of the Board be approved and signed by the Chair as a correct record.

808 **Declarations of interest**

There were no declarations of interest

809 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

810 **We are Walsall 2040 consultation on draft strategy**

In attendance: Dr K. Griffiths, Head of Policy and Strategy

Ms Griffiths presented a report and gave a presentation which updated the Board on feedback following consultation over the summer and autumn of 2022 and sought views of the Board on the draft Strategy.

(see annexed)

In presenting the report, Dr Griffiths explained that the public consultation closed that day and that the strategy would be updated over the next couple of weeks before finalising in June 2023. She highlighted that this strategy was not just a Council Strategy but a partnership strategy.

Members welcomed the report and draft strategy and suggested that the 2040 strategy needed to lead into the Economic Strategy and also that an immediate action plan should be produced for the 'here and now' challenges so that they did not disrupt the longer term vision.

A vote was taken amongst those members present in the room following which it was:

**Resolved:**

That the Health and wellbeing Board agree to endorse the final strategy once agreed and commit to the delivery of the Joint Local Health and Wellbeing Strategy against the We are Walsall 2040 framework.

811 **Review of Council Commissioning Intentions**

The Executive Director, Adult Social Care, Mrs K. Allward presented a report which informed the Board of Walsall Council's Public Health, Children's and Adult Social Care commissioning intentions for 2023/24 as required by the Health and Social Care Act 2012

(see annexed)

## **Resolved**

That the report be noted.

### **812 2022-23 Health and Wellbeing Board Annual Report on Priorities**

The Director of Public Health, Mr S. Gunther, presented a report which provided a review of members' achievements on the delivery of the priorities in the Joint Local Health and Wellbeing Strategy.

(see annexed)

#### **Resolved:**

- 1) That the Annual report on the delivery of the Health and Wellbeing Board priorities be noted.
- 2) That the Health and Wellbeing Board partner organisations provide a 6-month update for discussion at an informal workshop arranged for that purpose, to provide assurance that the priorities of the Board are being delivered.
- 3) That formal reports on specific issues be subsequently submitted to the Board, should this be required.

### **813 Delivery of the Mental Wellbeing Strategy**

In attendance: Nadia Inglis, Consultant in Public Health

Ms Brookes, Black Country Healthcare Trust presented a report which updated the Board on the arrangements for delivering the strategy via the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership

(see annexed)

#### **Resolved:**

That the report be noted

### **814 Black Country Mental Health and Emotional Wellbeing Strategy for Children and Young People**

In attendance: Margaret Courts, Black Country Healthcare Trust  
Sarah Hogan, Black Country Healthcare Trust  
Esther Higdon, Snr Public Health Development Manager

Ms Courts and Ms Hogan presented a report which informed of the production of a Black Countrywide Mental Health and Emotional Wellbeing Strategy for Children and Young People to deliver the vision for young people

(see annexed)



Ms Higdon informed members that a needs assessment was currently being prepared to look at how 'need' is supported across the country and that consultation was proposed to help inform the strategy.

Members thanked the presenters for their work and it was:

**Resolved:**

That the report be noted.

**815 Healthwatch Walsall**

The Chair of Healthwatch Walsall, Mr R. Nicklin presented a report which updated the Board on the progress of Healthwatch Walsall's work programme for 2022/23.

(see annexed)

**Resolved:**

That the Annual Report be noted.

**816 Director of Public Health Annual Report**

The Director of Public Health, Mr S. Gunther, presented his independent Annual Report for 2022 – "Feeding our Future".

(see annexed)

Ms Shanahan referred to Chapter 2 and specifically relating to using underused land to grow food and said that the housing sector did have some small derelict pieces of land and on behalf of Whg offered to work with the Director of Public Health to look at the potential to pilot a proof of concept.

**Resolved**

- 1) That the key findings and recommendations presented in this year's report be noted
- 2) That the Board supports the implementation of the recommendations through respective organisations
- 3) That the Board promotes the report across the borough

**817 Public Health Outcomes Framework**

The Director of Public Health, Mr S. Gunther, presented a report updating on the use of the framework

(see annexed)

**Resolved:**

- 1) Members note the detail of this report.
- 2) Utilise the 3x3 matrix outside of this Board, to open up discussions and subsequent action both within and outside the Council, on how to improve public health outcomes.
- 3) Members note, that incorporating health and wellbeing considerations into decision making across sectors and policy areas, it can make a significant contribution to improving wellbeing for the people of Walsall.
- 4) Members note, that the 3x3 matrix has been showcased throughout the organisation and continues to evolve over time with amendments to further enhance its capability.

**818 Work programme**

The work programme was noted. The Chair reminded members to take note of the deadlines for reports to be submitted for publication which had previously been circulated to Board members.

**Date of next meeting** – to be confirmed following the Annual Council meeting.

**Thank you to Dr Rishie**

At this point, the Chair mentioned that this would be Dr Rishie's last meeting and thanked him on behalf of the Board for his time and dedication.

The meeting terminated at 5.44 pm

Chair:

Date:

## Health and Wellbeing Board

13 June 2023

### Walsall Homelessness and Rough Sleeping Strategy 2023-2028 - for information

#### 1. Purpose

- 1.1 Walsall Council's Cabinet approved the 5-year Homelessness Strategy in March 2023 (**Appendix A**). This Strategy helps some of our most vulnerable households and contains actions that require a multi-agency approach. Many of the partner agencies on the Health and Wellbeing Board were consulted as part of the strategy development, and this report seeks to raise further awareness of the Strategy, and assistance from Board members in its delivery.

#### 2. Recommendations

- 2.1 That the Health and Wellbeing Board notes Walsall's Homelessness Strategy 2023 - 2028 and consider how it can assist in the delivery of the associated Action Plan.

#### 3. Report detail

- 3.1 The Homelessness Act 2002 requires that all local authorities review and publish a revised Homelessness Strategy every five years and Cabinet approved a refreshed strategy on 22 March for the period 2023 to 2028. It is a statutory requirement for every local authority to have such a strategy that sets out the authority's plans for the prevention of homelessness and for ensuring that sufficient accommodation and support will be available for people who become homeless or who are at risk of becoming homeless. The refreshed strategy is enclosed at Appendix A.
- 3.2 Endorsed by the multi-agency Walsall Homelessness Steering Group, the Strategy enables the Council and its partners to deliver a coordinated approach to tackling homelessness in the borough and sets out the strategic objectives and actions specific to Walsall to help prevent homelessness and support those who are homeless. Underpinned by the action plan the five strategic drivers of the Strategy are;
1. Preventing homelessness
  2. Meeting the needs of young people
  3. Securing accommodation for people who are homeless
  4. Supporting people who are, or have been, homeless
  5. Ending rough sleeping
- 3.3 It is fully recognised that the delivery of the strategy requires multi-agency cross working and in response to this the strategy has been formulated in conjunction with an extensive programme of consultation involving both

service providers and service users. For the former the consultation has captured the views and input including from Adult Social Care, Children's Services, Public Health and the Adult Safeguarding Board.

- 3.4 The consultation has also involved extensive service user consultation through a series of focus groups, interviews and the workshops held at the 2022 Walsall Homelessness Conference. The focus groups targeted young people (including care leavers), women impacted by domestic abuse, a more generic group of people who had experienced homelessness and one group centred on newcomers. Interviews were also undertaken with people who had previously experienced rough sleeping and had benefitted from the Housing First programme.

#### **4. Implications for Joint Working arrangements:**

- 4.1 *Legal Implications:* The Homelessness Act (2002) requires local authorities to produce a Homelessness Strategy and action plan, which then must be reviewed, revised and republished every five years. In full legislative compliance, the revised strategy has been informed by a comprehensive Homelessness Review<sup>1</sup> and has incorporated the requirements as set out by the current Homelessness Code of Guidance for Local Authorities
- 4.2 *Financial Implications:* There are no specific financial implications directly associated with the Strategy. The priorities contained within the Strategy will be funded through existing budgets, grant income and future grant bids. It will also be supplemented by partners' resources committed to their own activities that contribute to the achievement of the Strategy objectives. The Strategy is likely to maximise the amount of housing related external funding the Council may achieve.
- 4.3 *Other resource implications:* Any actions in the Strategy that may have procurement implications would be the subject of separate reports to Cabinet where necessary. In addition, any actions in the Strategy that may have property implications would be the subject of separate reports to Cabinet where necessary and there are no direct staffing implications contained within the Action Plan.

#### **5. Health and Wellbeing Priorities:**

- 5.1 The broad range of health, well-being and wider socio-economic inequalities impacted on people effected by homelessness are well documented. The homelessness strategy will impact primarily on two of the Health and Wellbeing Board (HWB) over-arching priorities namely; Mental Health and Wellbeing (and the HWB acknowledgement of its impact on mental health), and secondly Children & Young People. In addition, the prevention of homelessness will contribute to enabling the HWB fulfil its Marmot life course approach applied to the said priorities by providing a robust platform to galvanise resources to provide the security of a stable home and healthier environment from which to build a stable, inclusive and active life.
- 5.2 The central purpose of this report is to identify as to how the Board, in the delivery of its own priorities can assist in the delivery of the actions set out in

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<sup>1</sup> 2022 Walsall Homelessness Needs Review, [Publications - Walsall Insight \(walsallintelligence.org.uk\)](https://publications-walsallinsight.walsallintelligence.org.uk)

the homelessness strategy. Whilst not limited to these specific actions, those specifically relating to health and young people include:

- 1) To continue to review and promote the Duty to Refer arrangements, including referrals from health teams.
- 2) To explore and improve joint working arrangements with health partners, e.g. Public Health, Walsall NHS Health Care Trust, Walsall Together and Primary Care Networks
- 3) To complete a Homelessness and Health Needs Assessment with Public Health Services
- 4) To improve and enhance access for rough sleepers to addiction treatment services
- 5) Undertake research to identify the specific causes of homelessness attributed to young person's experiencing homelessness aged 16 and 17 and 18 to 25.
- 6) Explore opportunities to introduce housing options education in local schools and colleges.
- 7) Re-commission housing and support options for homeless young persons or young persons at risk of homelessness
- 8) Review young person's housing protocols – care leavers and 16 & 17 year olds

- 5.3 Since the strategy was formerly adopted work has commenced on delivering the actions outlined in the Action Plan, for example the development of a Temporary Accommodation and Procurement Strategy and the commissioning of a Temporary Accommodation Options Appraisal. Completion of this latter piece of work will enable the authority to make informed decisions around temporary accommodation (TA) provision including meeting the challenge of minimizing the number of families with children in bed and breakfast accommodation and ensuring self-contained TA is available to meet demand. From a health perspective, the strategy has already been presented to the Walsall Population Health & Inequalities Steering Group which has a strong 'health' presence, and a positive commitment was given to support the health actions set out in the strategy.

## **Appendices**

### **Appendix A: Walsall Homelessness and Rough Sleeping Strategy 2023 – 2028**

#### **Author**

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# **Walsall Homelessness and Rough Sleeping Strategy 2023 – 2028**

**Effective from 01.04.23**

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## **1. Introduction**

The Homelessness Act 2002 (HA2002) requires local authorities to take strategic responsibility for tackling and preventing homelessness in their area. The approach taken to formulating this Homelessness and Rough Sleeping Strategy complies with obligations found in the HA2002 and part of this has included the completion of a comprehensive Homelessness Review to evaluate the current levels of homelessness, service provision and support in Walsall. The Review has enabled the formulation of a refreshed strategy that is currently fit for the next five years and should be read in conjunction with this document.

This Strategy provides a single plan for Walsall based agencies to concentrate their activities for tackling and preventing homelessness. In formulating this Strategy, the Council is very grateful for the input and assistance it has received from service users and agencies alike that have taken part in the review. In particular, this includes young people who have experienced homelessness, people who had experienced rough sleeping, people who had experienced domestic abuse, and newcomers who all took part in the focus groups and interviews. In addition, colleagues from Adult Social Care, Children's Services, Health, and those who work in the third sector such as local housing associations have all provided valuable support and input to make this a strategy that is robust and responsive in tackling homelessness in the borough.

The Strategy must be reviewed and refreshed every five years and is intended to be in place for a maximum of five years from 2023-2028. However, a new Strategy and Action Plan will be reviewed and published sooner if there are substantial changes to homelessness legislation or revisions to statutory guidance. In addition, the Action Plan may be reviewed and amended to reflect the need for new interventions or to reflect revised practice at any time with the authorisation of both the Cabinet Member and Director of Service.

As well as the review, when formulating this Strategy the objectives of the Council's Housing Allocation Scheme and Tenancy Strategy have been cross-referenced. The Homelessness Code of Guidance for Local Authorities was also considered. Both the Strategy and the Homelessness Review are available to download from the council's website and copies can also be viewed at the council offices during usual opening hours and are available free of charge.



## **2. Our Homelessness and Rough Sleeping Strategy**

### **2.1 Overview**

The causes of homelessness are often connected to a wider set of more complex circumstances and socio-economic factors. Homelessness can affect physical and mental health wellbeing, educational achievement, the ability to gain and sustain employment, together with increased pressure on personal and family relationships. These effects, especially on children, can be life long and can cause repeated homelessness of a generational nature.

This Strategy sets out how we aim to prevent homelessness and to ensure that support and accommodation will be available for people who are either at risk of losing their home or have lost their home. We fully recognise that no single organisation can prevent homelessness alone and both the Homelessness Steering Group and Forum acknowledge that we must be proactive in working together to enable the greatest impact in both the prevention of homelessness and in securing homes for those who become homeless. As such the Strategy promotes working across organisations and policy boundaries to ensure successful delivery. We have adopted five objectives that will drive our strategy: namely,

- 1. Preventing homelessness**
- 2. Meeting the needs of young people**
- 3. Securing accommodation for people who are homeless**
- 4. Supporting people who are, or have been, homeless**
- 5. Ending rough sleeping**

For the avoidance of doubt, the Council regards anyone age 16 to 25 as a Young Person. Our five priorities are underpinned by our Action Plan which sets out a network of actions that will be completed during the time frame of this strategy.

### **2.2 National context**

There is a national legislative framework setting out the rights of people who are homeless or threatened with homelessness and the responsibilities of local authorities, other public bodies and housing associations. Broadly speaking, a person is threatened with homelessness if they are likely to become homeless within 56 days. An applicant who has been served with a valid notice under section 21 of the Housing Act 1988 to end their assured shorthold tenancy is also threatened with homelessness, if the notice has expired or will expire within 56 days and is served in respect of the only accommodation that is available for them to occupy. An applicant is to be considered homeless if they do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them (and their household) and which it would be reasonable for them to continue to live in (Section 11 & 12 *Homelessness Code of Guidance for Local Authorities*).

The enactment of the Homelessness Reduction Act 2017 in April 2018 brought about significant change by improving the rights of people who are at risk of homelessness

with additional responsibilities for local housing authorities. During the term of the previous strategy these responsibilities have become firmly embedded within the Walsall homelessness service. More recently, the 2021 Domestic Abuse Act and accompanying statutory code came into force on 01 October 2021. The Act places duties on each relevant local authority in England to appoint a multi-agency Domestic Abuse Local Partnership Board to perform certain specified functions including assessing and making arrangements for accommodation-based domestic abuse support for all victims and their children. The act also extends priority need for homeless assistance to persons who are homeless because of being a victim of domestic abuse (Section A4.4 of the statutory code).

Nationally, the levels and patterns of homelessness in England present a mixed picture over the past decade. Overall, the levels of presentations to local authorities have increased – homeless assessments have more than doubled comparing 2012/13 to 2020/21 (116,000 and 282,000 respectively) although the latter figure is post Homelessness Reduction Act. Based on annual rough sleeper counts/estimates the numbers of people experiencing street homelessness has declined from a high in 2017 (4,750) reducing to 1,500 in 2021. In September last year the Government published its *Ending Rough Sleeping for Good* strategy<sup>1</sup> and offers a series of funding and support interventions that will underpin this strategy in tackling rough sleeping. The last decade has also however seen a steady rise in households entering temporary accommodation rising from 30k in 2011 to 95k in 2021<sup>2</sup>. In addition, persons of minority ethnic origin are disproportionately more likely to become homeless, as are young people aged 16 to 25 years of age.

## **2.3 Local homelessness context**

As referred to in section 2.1 to enable the formulation of this refreshed Strategy a Homeless Review has been completed that covers the levels of homelessness in the borough. Between April 2019 and March 2022, the Council assessed and accepted a statutory duty to assist 2,738 households. In the latter two years 827 and 824 were supported by way of an accepted duty which for each year accounted for around 45% of those who approached the local authority where homelessness or threat of were a causal factor behind their approach. The vast majority found not to be owed a duty received advice.

The main causes of homelessness in Walsall as recorded by the Department for Levelling Up, Housing and Communities Homelessness Statistics are broadly similar as a percentage share to both the regional and national picture, with '*Family or friends no longer willing or able to accommodate*' and the *ending of a private rented tenancy* combining to take half the share at 29% and 20% respectively. Assessments relating to domestic abuse have reduced slightly between 2019/20 and 2021/22 but are still above regional and national comparisons. The Council has a strong track record in preventing homelessness with around 75% owed the Prevention Duty securing accommodation. However, there is a heavy reliance on securing alternative

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<sup>1</sup> Department for Levelling Up Housing and Communities, September 2022

<sup>2</sup> Crisis Homelessness Monitor (England) 2022.

accommodation for these households and **a key priority for this strategy will be that by 2025 to enable 50% of successful prevention outcomes through keeping people in their original home.**

Applicants aged 18 to 34 years represent nearly 60% of households owed a duty. In line with national trends the most common age group (of lead applicants) in Walsall owed a duty are persons aged 25 to 34, however Walsall has an over representation of persons aged 18 to 24 sitting at 26% compared to a regional and national average of 20% and 19%. 40% of households owed a duty contain dependent children. Particularly in the context of the new objective of *Meeting the Needs of Young People* **one of the key ambitions of this strategy is to reduce the disproportionate number of young people presenting as homeless in the borough.**

Last year, White British households made up 65% of presentations, Asian/Asian British 14%, Black African/Caribbean/Black British 9% and Mixed/Multiple Ethnic Groups 6%. This compares to like 2021 Census figures of 71%, 19%, 5% and 3% respectively implying a significant overrepresentation in Black African/Caribbean/Black British households and Mixed/Multiple Ethnic Groups. **A key ambition of this strategy is to reduce the disproportionate number of households from ethnic minority backgrounds presenting as homeless in the borough.**

Comparing 2016 and 2017 when rough sleeper numbers peaked at 26 and 20 respectively, the Council has made significant and demonstrable impacts in tackling rough sleeping in the borough, although the latest 2022 annual rough sleeper count of 8 offers a degree of caution against counts of 4 for both 2020 and 2021. **It remains an ambition of this strategy to ensure no one needs to sleep rough in Walsall by 2024.**

The number of households identified with support needs has increased over the last three years rising to 53% in the last financial year. Around two-thirds of the support needs identified last year were centred on the needs of mental health, support for young people and persons at risk or experiencing domestic abuse. Instances of repeat homelessness were recorded on 19 occasions last year (2021/22) although this only accounts for persons who were previously owed a duty.

External factors continue to contribute to homelessness, including affordability and the ability to sustain a tenancy. This includes taking into account both the direct costs (e.g. rent) but also the wider costs incurred of running the home and thereby preventing the threat of homelessness brought about for example by being unable to afford to heat and run a home. To this end the strategy will always support interventions and planning policies aimed at increasing the number of energy efficient homes in the borough.

In Walsall, the core statutory homelessness service is delivered by the Council's Housing and Welfare Team. Following a successful bid for Rough Sleeper Initiative funding the team is also supported by a dedicated rough sleeper team that includes an outreach service. In addition, the borough also benefits from the newly formed Walsall Connected hubs, which serve as new entry points for people to be able to

present as homeless. The Council also has 90 units of temporary accommodation located at four sites, and this is supplemented by further services commissioned through our partners and includes:

- 76 units of dispersed temporary accommodation for young people provided by Walsall Housing Group
- A Domestic Abuse refuge (8 units) and a portfolio of 19 dispersed units provided by GreenSquareAccord (GSA). Housing support is also provided by GSA to the remaining rough sleepers that were housed under the Housing First Programme
- Black Country YMCA provide 15 supported lodgings, and a day stop and night stop service for young people

### Temporary Accommodation

Local housing authorities in England have a duty to secure accommodation for unintentionally homeless households in priority need under Part 7 of the Housing Act 1996. Households can be placed in temporary accommodation (TA) pending the completion of inquiries into an application, or after an application is accepted until suitable secure accommodation becomes available. **A key priority of this Strategy is to have a modern fit for purpose temporary accommodation offer which provides the most positive outcomes for people requiring this service.** A full options appraisal (including a dispersed model) will be completed by the close of 2023 to establish the best model going forward. This will be informed by the lessons learnt from our pilot of procuring a small number of dispersed TA properties, and the work completed with Housing Associations to meet TA needs during the covid pandemic. It will also consider the impact of the current cost of living crisis on the type and quantum of TA required. Since 2020 the Council's Housing Strategy has included a target that at any given time a maximum of 0.9 households per 1,000 will be accommodated in Temporary Accommodation and to date this has been achieved.

### Asylum Seeker dispersal and Refugee Resettlement programmes

The West Midlands Region like all regions of the UK forms part of the Government's asylum seeker dispersal scheme. Prior to their claim being determined the majority of households supported under this programme do not have access to public funds and therefore in law do not qualify for assistance from the Council other than in certain circumstances where the household includes a dependent child or a vulnerable adult and in these circumstances a referral may be made to Social Care. Currently the number of people entering the UK asylum seeker dispersal scheme is increasing and looking ahead it seems likely that the borough will receive an increasing number of presentations from former Asylum Seekers who have been given leave to remain and entitled to access public funds. These households will be assisted initially by the Housing and Welfare Team and there is a clear likelihood that increasing pressures

will be placed on services via this situation. Many of these households will have specific support needs and the role and engagement of the local voluntary sector will be key.

The Government have also put in place several Resettlement schemes which currently include the Afghan Relocation and Assistance Programme and Afghan Citizens Resettlement Scheme, together with the UK Resettlement Scheme and Homes for Ukraine. As of 31 January 2023, 88 Ukrainian individuals had been housed under the *Homes for Ukraine* scheme and at the time of finalising this assessment 72 households were still housed through this scheme with only 6 (as at 18 November 2022) subsequently presenting as homeless to the Council following a breakdown of relationship with the host household. However, as the outcome of the war in the Ukraine remains uncertain the Council may be called to assist increasing numbers of households housed under this scheme, with the potential of further homeless applications where the relationship between host and guest has ended. The Council has commissioned the Refugee and Migrant Centre to provide support to households across these resettlement schemes, including sustaining host guest relationships, and offering assistance to those households choosing to seek alternative housing options.

### **3. Delivering this Homelessness Strategy**

#### **3.1 General principles**

The delivery of this strategy requires multi-agency cross working including between housing services, adult social care services, children services and public health, all located within the local authority. These sections of the Council provide statutory functions and commit financial assistance which will support to deliver the strategy. Added to this, whilst the strategic authority for the West Midlands Metropolitan Authority has no devolved responsibility for homelessness policy (as this remains a matter for national and local government), the Elected Mayor of the West Midlands has established a taskforce to co-ordinate efforts across the region to tackle homelessness to which Walsall Council will continue to take an active role.

Housing associations are under a duty to assist local authorities with their homelessness functions, and it is essential that the strong partnership built up locally between the Council and housing associations is maintained. Housing associations can also significantly contribute to reducing homelessness by the way they manage their own stock, including services to help sustain tenancies, and reducing their own evictions. Walsall Housing Group for example in their Corporate Plan state that by March 2024 “Our ambition is not to evict anyone into homelessness”. In addition, throughout the duration of this strategy, the local authority will seek to build stronger relationships between departments and agencies, and to foster a multi-agency commitment to deliver the strategy. The Council will be especially keen to ensure involvement from the voluntary sector, along with co-operation with a wide range of public authorities and the private sector. The Council will also confer with people who have lived experience of homelessness, to get their views about what works and what does not, any barriers to service provision and any suggestions for improvements.

The objectives of this strategy will be delivered via the Strategy Action Plan detailed in Section 4 that in large parts has been put together from the findings of the Homelessness Review. The Action Plan shows clearly:

- the specifics of each action to be taken (What)
- the activities needed (How)
- the resources that will be needed to complete each action (Who),
- the deadline for when each action is expected to be completed (When)

#### **3.2 Corporate commitment**

Progress towards tackling homelessness and achieving the objectives of this strategy will be reported to the Council's Customer Engagement Directorate Management Team and will be discussed at meetings of the Corporate Management Team. Approval for specific actions will be reported to Cabinet if required. The Portfolio Holder for Customer will act to champion the issue of homelessness across all council business. The chairperson of the Homelessness Steering Group and the Homelessness Forum will provide a report when requested on the levels of homelessness, activities on preventing homelessness, securing accommodation, providing support and lastly the resources available for tackling homelessness.

Authority to make amendments to this Strategy, if and when required, are given to the Director of Customer Engagement in consultation with the Portfolio Holder for Customer

### **3.3 Homelessness Steering Group**

The Homelessness Steering Group will oversee the delivery of the Homelessness Strategy Action Plan. The Group meets every three months to review the levels of homelessness, to consider the activities for preventing homelessness, securing accommodation, providing support, and to coordinate the resources for tackling homelessness. The Group is responsible for annually updating the Plan, to ensure it remains relevant and fit for purpose. The Group will be chaired by a senior representative either from the Council or from a partner organisation. Membership will consist of senior officers responsible for Adult Social Care, Children's Services, Public Health, Housing plus representatives from the four largest housing associations being Walsall Housing Group, GreenSquareAccord, Watmos and Longhurst Group (Beechdale).

### **3.4 Homelessness Forum**

In addition to the Homelessness Steering Group, the Homelessness Forum will also provide an overview of progress made to the delivery of the Action Plan. The Forum meets every year to comment on the levels of homelessness, to promote activities being carried out to prevent homelessness, secure accommodation and provide support, identify ways to work together, and to explain how resources are being used to tackle homelessness. The Forum will also be a vehicle for inviting interested parties to participate in strategy delivery. Membership of the Forum will include all agencies represented at the Steering Group, plus any other public authority, voluntary organisation and any other interested persons (including those with lived experience).

## 4.0 Homelessness Strategy Action Plan

<b>1. PREVENTING HOMELESSNESS</b>			
<b>What</b>	<b>How</b>	<b>Who</b>	<b>When</b>
<b>Continue to improve joint working relationships with other public bodies and Council functions</b>	Continue to review and promote the Duty to Refer arrangements, particularly in relation to: <ul style="list-style-type: none"> <li>• People leaving prison and youth detention centres</li> <li>• People about to be discharged from hospital</li> <li>• People referred via Teams in Health</li> <li>• People referred via Teams in Adult social Care</li> <li>• People referred via Teams in Employment and Skills</li> </ul>	Local authority Children's Services Adult Social Care Probation service DA Steering Grp	April 2024
	Explore and improve joint working arrangements with health partners, e.g. <ul style="list-style-type: none"> <li>• Public Health</li> <li>• Walsall NHS Health Care Trust</li> <li>• Walsall Together</li> <li>• Primary Care Networks</li> </ul>	Local Authority Health agencies	September 2023
	Support the Domestic Abuse Board in the implementation of the new duties contained in the Domestic Abuse Act 2021	Local Authority Housing Associations	Ongoing
<b>Build better relationships with private rented sector landlords to prevent homelessness prior to the point of crisis</b>	Explore opportunities with landlords to identify at an early stage those at risk of losing their home and understand what can be done to prevent the end of assured shorthold tenancies.	Local Authority Private Rented Sector Landlords	December 2023
	Carry out an options appraisal on the benefits of introducing a social lettings agency	Local Authority Housing Associations PRS Landlords	March 2026
<b>Continue to enhance housing related information</b>	Integrate homeless services within the continued development of	Local Authority	June 2023



<b>including access to the information</b>	the Walsall Connected hubs	Voluntary Sector partners	
	Review homelessness processes and procedures and their interconnection with information technology	Local Authority	March 2024
	Ensure we monitor and take actions in compliance with the Armed Forces Covenant	Local Authority	On-going
<b>Ensure the housing service has a clear understanding of the extent of repeat homelessness</b>	Produce Strategy mid-term Homelessness Needs Review	Local Authority	September 2026
	Analyse the characteristics of all people seeking homeless advice and assistance to identify any levels or patterns of repeat presentations	Local Authority	March 2024

<b>2. MEETING THE NEEDS OF YOUNG PEOPLE</b>			
<b>What</b>	<b>How</b>	<b>Who</b>	<b>When</b>
<b>Deliver upstream housing information targeted at young people.</b>	Undertake research to identify the specific causes of homelessness attributed to young person's experiencing homelessness aged 16 and 17 and 18 to 25.	Local Authority	March 2024
	Explore opportunities to introduce housing options education in local schools and colleges	Local Authority Education Local Colleges	March 2025
<b>Continue to develop prevention services targeted at young people</b>	Analyse the usage, effect and impact of the Councils mediation facility specific to young people aged 18 to 25	Local Authority	March 2024
	Continue to implement the DLUHC and DfE Joint Guidance on preventing homelessness for 16/17-year-olds	Local Authority Education Local Colleges	Ongoing
<b>Enhance affordable housing options and access for young people</b>	Coordinate review of age restricted stock across the housing association sector	Local Authority  Housing Associations	
	Develop young person's live & work unit following the St Basil's model <ul style="list-style-type: none"> <li>Options Appraisal</li> <li>Development (if feasible)</li> </ul>	Local Authority  Housing Associations  Developer Partner	March 2024  March 2028
	Plan successful transitions for young people leaving custody	Local Authority Probation Service	Ongoing
	Re-commission housing and support options for homeless young persons or young persons at risk of homelessness	Local authority	October 2024 and October 2026
<b>Ensure care leavers and fostered children have access to accommodation that meets their needs</b>	Review Care leavers protocol	Local Authority Children's Services	

	Review Housing Protocol for 16- and 17-year-olds	Local Authority Children's Services	
	Review priority for fostering in the Housing Allocations Policy	Local Authority Children's Services	December 2023

### 3. SECURING ACCOMMODATION FOR PEOPLE WHO ARE HOMELESS

What	How	Who	When
Increase the housing offer for people who are homeless	Develop PRS landlord incentives package	Local Authority	March 2023
	Implement incentives to encourage private landlords to house people who are homeless		Ongoing
	Review PRS landlord Incentives package		March 2025 and March 2027
	Review Policy to Discharge of Homelessness Duty in the PRS	Local Authority	December 2023 and December 2025
	Support where possible the provision of new affordable housing accommodation for larger households or stimulate the supply of such existing properties	Local Authority Housing Associations	ongoing
	Complete and Review pilot exploring incentives to encourage under-occupation households to downsize their home with a view to mainstreaming incentives	Local Authority Housing Associations	December 2023g
	Mainstream under occupation initiative (dependent on results of pilot scheme)		April 2024 onwards
	Implement the Supported Housing Improvement Programme initiative to improve the exempt accommodation offer in Walsall	Local Authority	January 2023 to March 2025
	Deliver Accommodation for Ex-Offenders programme	Local Authority Probation Service PRS Landlords	April 2023 to March 2025
	Review and update Discretionary Housing Payment Policy	Local Authority	March 2024 March 2027

<b>Enhance temporary accommodation provision tailored to meet need</b>	Commission and manage Temporary Accommodation Options Appraisal	Local Authority	June 2023
	Continue to develop policy of sourcing dispersed temporary accommodation	Local Authority Housing Associations	Ongoing
	Develop & introduce a temporary accommodation and procurement strategy	Local Authority	March 2024
	Continue to bring long term empty homes back into use through advice, mediation, and Compulsory Purchase Order where necessary	Local Authority	Ongoing
<b>Ensure Housing Nominations Agreement and Housing Allocations Policy are updated and fit for purpose</b>	In collaboration with local housing associations carry out a review of the Nominations Agreement for social housing in Walsall	Local Authority  Housing Associations	December 2023  December 2026
	In collaboration with local housing associations carry out a review of the Housing Allocations Policy for social housing in Walsall	Local Authority  Housing Associations	December 2023  December 2026

<b>4. SUPPORTING PEOPLE WHO ARE, OR HAVE BEEN HOMELESS</b>			
<b>What</b>	<b>How</b>	<b>Who</b>	<b>When</b>
<b>Ensure wherever possible people are supported to remain in their home</b>	Review and maximise tenancy support schemes to prevent homelessness	Local Authority Housing Associations	Ongoing
	Review the current use and impact of Personal Housing Plans	Local Authority Housing Associations	March 2024
	Carry out research into the causes and experiences of homelessness for people of a black or other minority ethnic origin, to inform future service provision	Local Authority	March 2025
	Review Crisis Support Policy	Local Authority	March 2024 March 2027
<b>Make best use of national and local funding for tackling homelessness</b>	Maximise funding opportunities including working closely with WMCA partners	Local Authority	Ongoing
	Complete a Homelessness and Health Needs Assessment with Public Health Services	Local Authority Health agencies	June 2024
<b>Continue to improve housing Independent Domestic Violence Advisor offer for victims of Domestic Abuse</b>	Review current Independent Domestic Violence Advisor offer with customer feedback	Local Authority	June 2023
<b>Deliver Walsall's Domestic Abuse safe accommodation offer</b>	Review and recommission, or extend, Domestic Abuse safe accommodation service	Local Authority	December 2024
	Evaluate and review current Sanctuary Policy and associated target hardening works for victims of Domestic Abuse	Local Authority	April 2024 April 2027
<b>Deliver resettlement support services for refugee communities</b>	Review and evaluate service provision to support homelessness prevention	Local Authority	April 2024

## 5. ENDING ROUGH SLEEPING

What	How	Who	When
<b>Maintain the impact legacy of Housing First</b>	Continue HF legacy support service to 2025	Local Authority Housing Associations	March 2025
	Options appraisal on future service provision for Housing First legacy customers	Local Authority Housing Associations	December 2024
<b>Deliver rough sleeper services</b>	Maintain street outreach service to prevent any rough sleeping increase	Local Authority	Ongoing
	Continue to develop service level agreements with local Housing Associations to provide secure properties for rough sleepers	Local Authority Housing Associations	Ongoing
	Continue to build relationships with local hoteliers to provide self-contained night shelter accommodation	Local Authority Local hotels	Ongoing
	Improve and enhance access for rough sleepers to addiction treatment services	Local Authority Public Health Provider partners	Ongoing
	Promote Walsall's <i>Change into Action</i> , expand to local businesses and produce spend plan	Local Authority	Ongoing
<b>Embrace and utilise the opportunities outlined in the Government's <i>Ending Rough Sleeping for Good Strategy</i></b>	Implement the outputs outlined in the strategy centred on: <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Intervention</li> <li>• Recovery</li> <li>• Transparent &amp; Joined up System</li> </ul>	Local Authority	Ongoing
	Maximise access to funding outlined in Ending Rough Sleeper strategy	Local Authority	Ongoing

## **Health and Wellbeing Board**

**13 June 2023**

### **Walsall Better Care Fund – 2022 – 2023 Year-end report and delegated authority**

#### **Decision**

##### **1. Purpose**

This update will provide members with information regarding 2022-2023 Better Care Fund (BCF) year-end reporting responsibilities.

The update will also set out current BCF governance to seek agreement to delegate authority to BCF leads from Walsall Council and Health to approve BCF reporting presented from 2023 - 2025 to support processes and internal timescales to meet national submission deadlines.

##### **2. Recommendations**

- 2.1 That Health and Wellbeing Board members retrospectively receive the update regarding 2022 – 2023 BCF year-end reporting
- 2.2. That Health and Wellbeing Board members agree to delegate authority to the Executive Director of Adult Social Care, Public Health and Hub, and the Managing Director of Black Country Integrated Care Board, Walsall Place to approve BCF reporting during financial years 2023 – 2025 as per the new BCF plan. Retrospective reporting will apply where necessary to meet national submission deadlines, which fall outside Health and Wellbeing Board timetables.

##### **3. Report detail**

###### **3.1 Year-end reporting**

During financial year 2022 - 2023, the Better Care Fund programme in Walsall was a continuation to ensure consistency. During the year, the programme continued to host a number of schemes, which supported our partnership approaches regarding

- Timely discharges from hospital
- Providing support on discharge in the community including bed provision and in the own home
- Staffing structures across our joint integrated Intermediate Care Service

###### **3.2 Year-end reporting was complete, with the requirement to report against the following areas:**

- Income and expenditure



- Successes
- Metrics and local targets
- Use of the discharge fund to support pathways

- 3.3 Performance overall reports a success, with metrics on track to meet planned targets. Governance remains in place to ensure management risk, capacity and demand. Walsall's BCF also continues to invest across Intermediate Care with funds supporting workforce for the Intermediate Care Service, services such as re-ablement and key enablers such as the integrated equipment store.

The addition of the Hospital Discharge Fund was allocated to the BCF to support weekly reporting and management through the existing s.75 agreement. The fund remains in place to support timely discharges from the local Acute, Walsall Manor.

The year-end outturn position reports an overspend following increased expenditure on Better Care Fund funding relating to increased demand and inflationary cost pressures for the equipment store, and increased demand across agreed pathways for intermediate care. To mitigate, the agreed risk share was applied to absorb the pressure.

To support submission of year-end reporting, the request is now for members to receive the template for information retrospectively, with the assurance that governance was applied appropriately with BCF leads approving the position before submission on 23 May 2023. Agreement from Board members to receive the submission retrospectively also ensures the removal of agreement to hold an exceptional meeting to agree plans before submission.

- 3.4 Delegated authority

As the BCF programme remains in place, leads in Walsall continue to be aware of progress through agreed governance, with updates presented to sub groups of the Place Integrated Commissioning Committee (PICC) to support management of the programme, oversight of budget and compliance of national conditions. PICC as an Integrated Committee will receive assurance to approve activity pertaining to the Walsall BCF programme, including spend and plans for submission. This supports our local approach to understanding our programme in readiness for the anticipated national reporting and local monitoring.

- 3.5 To support national reporting, BCF leads are seeking agreement from Board members to delegate authority to the Executive Director of Adult Social Care and the Managing Director of Black Country Integrated Care Board, Walsall Place to approve BCF reporting during financial year 2023-2024 and 2024 – 2025 ahead of national submissions. The two-year period falls in line with the 2023-2025 BCF plan.

Whilst delegating authority will mean Board members will review BCF updates retrospectively, leads can offer assurance that all matters relating to the programme are discussed, challenged and approved through agreed governance routes. The programme is also subject to audits from Walsall Council and the Black Country Integrated Care Board, and scrutiny at system level by NHS leads.

#### **4. Implications for Joint Working arrangements**

Legal implications:

National leads are aware of retrospective reporting to Health and Wellbeing Boards, and have agreed to accept submissions on the condition that Board members receive information and any changes to the plans noted as per updates.

National requirements state BCF programme are the responsibility of Health and Wellbeing Boards. To ensure compliance, the BCF Manager for Walsall will ensure all reports regarding BCF remain under agreed governance, ensuring oversight and approval across the programme.

Financial and performance management of the programme will remain to support Place Integrated Commissioning Committee reporting.

#### **5. Health and Wellbeing Priorities:**

- 5.1 The programme supports the local approach to a healthy population as per the Health and Wellbeing Board strategy, by aligning the outcome of independence to older people needing less help from health and social care services.

#### **Background papers**

BCF 2023 – 2023 year-end report

#### **Author**

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## Better Care Fund 2022-23 End of Year Template

### 1. Guidance

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

#### ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

### 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

### 4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Discharge to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

### 5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

#### Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

#### Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

### 6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

#### Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

## **Part 2 - Successes and Challenges**

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care



## Better Care Fund 2022-23 End of Year Template

### 2. Cover

Version 1.0

#### Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Walsall
Completed by:	Charlene Thompson
E-mail:	<a href="mailto:charlene.thompson@walsall.gov.uk">charlene.thompson@walsall.gov.uk</a>
Contact number:	N/A
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Tue 13/06/2023

<< Please enter using the format, DD/MM/YYYY

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top



## Better Care Fund 2022-23 End of Year Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Walsall

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

#### Checklist

Complete:

Yes

Yes

Yes

Yes



## Better Care Fund 2022-23 End of Year Template

### 4. Metrics

Selected Health and Wellbeing Board:

Walsall

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,221.0	On track to meet target	High levels of activity across all areas supporting avoidance, in comparison to predicted performance.	Avoidable admissions remain a priority with teams working closely towards the planned performance target.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.0%	On track to meet target	Whilst there is a positive indication of meeting needs and enabling independence, there is an impact on demand for services seen once discharged.	End of year out turn exceeds planned performance at 97.53%
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	588	On track to meet target	No support needs at this time. We are seeing a large porportion of our population returning home so impacting on community services.	Fully embedded strength based approach across all teams, utilising individual and community assets, enabling people to remain independent for longer. End of year out turn 598.02, equating to 302 admissions
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	82.2%	On track to meet target	Engagement with reablement servies has seen an increase in demand from existing service users compared to previous years.	For the discharge period October, November, December 2022 followed up 91 days later in 2023 the out turn for people aged 65 and over was 84.55%.

### Checklist

Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2022-23 End of Year Template

### 6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Walsall

#### Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	As a BCF programme within the Black Country Integrated Care Board, Walsall as a Place continues to utilise funding through the programme to promote integrated working by funding teams and services across our pathways. We continue the ambition of improving our services and funded activity as a way of strengthening our offer and joint working approach,
2. Our BCF schemes were implemented as planned in 2022-23	Agree	Walsall's 2022 - 2023 one year plan was a continuation from 2021 -2022 to ensure consistency and continued investment. Our success comes from ensuring our BCF schemes here at Place continue to support the system in relation to integration and outcomes as per the BCF metrics and national conditions.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	Our programme has ensured investment across a number of funded schemes to support our discharge pathways. This ranges from services and workforce to support our response to tackling hospital discharges in a timely way, as well as investment into provision to support priorities on discharge. A clear success during 2022-2023 was the Black Country overview to

#### Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Here at Place our governance continues to be a strength with clear structures implemented to ensure oversight, assurance and escalation where necessary. To manage overspends and risk, operational groups have been set up to understand demand and capacity with in depth financial modelling. At Black Country level, methods are shared with BCF programme leads to understand key areas of need. This has supported planning for commissioning leads.
Success 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Our Place BCF programme has invested a large proportion of its funding into the Intermediate Care Service. The service has an integrated workforce of health and social care staff to drive discharges. There has been opportunities of training to ensure the workforce are equipped to meet needs appropriately, and operational leads have invested time in reviewing the service, its capacity and priorities regularly to ensure they are able to work in an integrated way with the acute. This has proved successful as the service has been able to maintain increased numbers of discharges for complex patients.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	At national level, we have seen risks to the provider market. This has meant difficulties at Place in maintaining quality and sustainability. We have seen a rise in rates to meet the increase in complex need on discharge, and issues in maintaining levels of capacity across re-ablement. Commissioners have worked hard with the market to understand issues, responding by providing procurement opportunities to increase bed provision across our pathways. Commissioners continue to engage with the market through regular forums and communication via letters, emails and bulletins to offer support and an

#### Checklist

Complete:

Yes

Yes

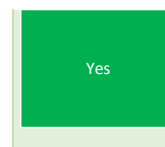
Yes

Yes

Yes

Yes

Challenge 2	7. Joined-up regulatory approach	There is an acknowledged overview at ICB level for BCF programmes, further work is required to understand each Place programme and the challenges faced across four demographics with a range of customers. Whilst this work has begun by reviewing the four Place programmes, engagement with BCF programme leads is essential for monitoring and any future reporting as we move towards a two year programme.
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**Footnotes:**

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

## Better Care Fund 2022-23 End of Year Template

### 1. Guidance

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

#### ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

### 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

### 4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Discharge to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

### 5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

#### Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

#### Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

### 6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

#### Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

## **Part 2 - Successes and Challenges**

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care



## Better Care Fund 2022-23 End of Year Template

### 2. Cover

Version 1.0

#### Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
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- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Walsall	
Completed by:	Charlene Thompson	
E-mail:	charlene.thompson@walsall.gov.uk	
Contact number:	N/A	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Tue 13/06/2023	<< Please enter using the format, DD/MM/YYYY

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top





## Better Care Fund 2022-23 End of Year Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Walsall

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

#### Checklist

Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2022-23 End of Year Template

### 4. Metrics

Selected Health and Wellbeing Board:

Walsall

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,221.0	On track to meet target	High levels of activity across all areas supporting avoidance, in comparison to predicted performance.	Avoidable admissions remain a priority with teams working closely towards the planned performance target.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.0%	On track to meet target	Whilst there is a positive indication of meeting needs and enabling independence, there is an impact on demand for services seen once discharged.	End of year out turn exceeds planned performance at 97.53%
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	588	On track to meet target	No support needs at this time. We are seeing a large porportion of our population returning home so impacting on community services.	Fully embedded strength based approach across all teams, utilising individual and community assets, enabling people to remain independent for longer. End of year out turn 598.02, equating to 302 admissions
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	82.2%	On track to meet target	Engagement with reablement servies has seen an increase in demand from existing service users compared to previous years.	For the discharge period October, November, December 2022 followed up 91 days later in 2023 the out turn for people aged 65 and over was 84.55%.

### Checklist

Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2022-23 End of Year Template

### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Walsall

#### Income

2022-23			
Disabled Facilities Grant	£4,202,771		
Improved Better Care Fund	£14,181,001		
NHS Minimum Fund	£24,588,328		
<b>Minimum Sub Total</b>		<b>£42,972,100</b>	
	Planned		Actual
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding?
LA Additional Funding	£1,883,641		Do you wish to change your additional actual LA funding?
<b>Additional Sub Total</b>		<b>£1,883,641</b>	<b>£1,883,641</b>
	Planned 22-23	Actual 22-23	
<b>Total BCF Pooled Fund</b>	<b>£44,855,741</b>	<b>£44,855,741</b>	

ASC Discharge Fund			
	Planned		Actual
LA Plan Spend	£1,193,187		Do you wish to change your additional actual LA funding?
ICB Plan Spend	£1,370,000		Do you wish to change your additional actual ICB funding?
<b>ASC Discharge Fund Total</b>		<b>£2,563,187</b>	<b>£2,563,187</b>
	Planned 22-23	Actual 22-23	
<b>BCF + Discharge Fund</b>	<b>£47,418,928</b>	<b>£47,418,928</b>	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

Yes

#### Expenditure

	2022-23
Plan	£44,855,741

Do you wish to change your actual BCF expenditure? Yes

Actual	£45,267,195
--------	-------------

	ASC Discharge Fund
Plan	£2,563,187

Do you wish to change your actual BCF expenditure? No

Actual	£2,563,187
--------	------------

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	Increased expenditure on Better Care Fund funding which predominantly relates to the integrated equipment store across the borough due to increased demand and inflationary cost pressures on equipment. Also increased costs as a result of increased demand across intermediate care pathways which exceeds hospital discharge funding allocations for 2022/23
---	--

Yes

Yes

Yes

Yes

Yes

## Better Care Fund 2022-23 End of Year Template

### 6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Walsall

#### Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	As a BCF programme within the Black Country Integrated Care Board, Walsall as a Place continues to utilise funding through the programme to promote integrated working by funding teams and services across our pathways. We continue the ambition of improving our services and funded activity as a way of strengthening our offer and joint working approach,
2. Our BCF schemes were implemented as planned in 2022-23	Agree	Walsall's 2022 - 2023 one year plan was a continuation from 2021 -2022 to ensure consistency and continued investment. Our success comes from ensuring our BCF schemes here at Place continue to support the system in relation to integration and outcomes as per the BCF metrics and national conditions.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	Our programme has ensured investment across a number of funded schemes to support our discharge pathways. This ranges from services and workforce to support our response to tackling hospital discharges in a timely way, as well as investment into provision to support priorities on discharge. A clear success during 2022-2023 was the Black Country overview to

#### Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Here at Place our governance continues to be a strength with clear structures implemented to ensure oversight, assurance and escalation where necessary. To manage overspends and risk, operational groups have been set up to understand demand and capacity with in depth financial modelling. At Black Country level, methods are shared with BCF programme leads to understand key areas of need. This has supported planning for commissioning leads.
Success 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Our Place BCF programme has invested a large proportion of its funding into the Intermediate Care Service. The service has an integrated workforce of health and social care staff to drive discharges. There has been opportunities of training to ensure the workforce are equipped to meet needs appropriately, and operational leads have invested time in reviewing the service, its capacity and priorities regularly to ensure they are able to work in an integrated way with the acute. This has proved successful as the service has been able to maintain increased numbers of discharges for complex patients.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	At national level, we have seen risks to the provider market. This has meant difficulties at Place in maintaining quality and sustainability. We have seen a rise in rates to meet the increase in complex need on discharge, and issues in maintaining levels of capacity across re-ablement. Commissioners have worked hard with the market to understand issues, responding by providing procurement opportunities to increase bed provision across our pathways. Commissioners continue to engage with the market through regular forums and communication via letters, emails and bulletins to offer support and an

#### Checklist

Complete:

Yes

Yes

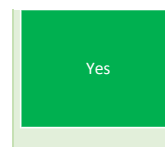
Yes

Yes

Yes

Yes

Challenge 2	7. Joined-up regulatory approach	There is an acknowledged overview at ICB level for BCF programmes, further work is required to understand each Place programme and the challenges faced across four demographics with a range of customers. Whilst this work has begun by reviewing the four Place programmes, engagement with BCF programme leads is essential for monitoring and any future reporting as we move towards a two year programme.
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**Footnotes:**

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:

Walsall

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).

2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.

3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.

4) For 'improvement retention of existing workforce', please state the number of staff this relates to.

5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.

6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

[illegible]

[illegible]



[illegible]




Planned Expenditure	£2,563,187
Actual Expenditure	£2,563,187
Actual Expenditure ICB	£1,370,000
Actual Expenditure LA	£1,193,187

## Better Care Fund 2022-23 End of Year Template

### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Walsall

#### Income

	2022-23	
Disabled Facilities Grant	£4,202,771	
Improved Better Care Fund	£14,181,001	
NHS Minimum Fund	£24,588,328	
<b>Minimum Sub Total</b>		<b>£42,972,100</b>
	Planned	
NHS Additional Funding	£0	
LA Additional Funding	£1,883,641	
<b>Additional Sub Total</b>		<b>£1,883,641</b>
	Planned 22-23	Actual 22-23
<b>Total BCF Pooled Fund</b>	<b>£44,855,741</b>	<b>£44,855,741</b>

#### Actual

Do you wish to change your additional actual NHS funding?	No	
Do you wish to change your additional actual LA funding?	No	

**£1,883,641**

#### ASC Discharge Fund

	Planned	
LA Plan Spend	£1,193,187	
ICB Plan Spend	£1,370,000	
<b>ASC Discharge Fund Total</b>		<b>£2,563,187</b>
	Planned 22-23	Actual 22-23
<b>BCF + Discharge Fund</b>	<b>£47,418,928</b>	<b>£47,418,928</b>

#### Actual

Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	

**£2,563,187**

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

#### Checklist Complete:

Yes

Yes

Yes

Yes

Yes

#### Expenditure

	2022-23
Plan	£44,855,741

Do you wish to change your actual BCF expenditure? Yes

Actual	£45,267,195
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	ASC Discharge Fund
Plan	£2,563,187

Do you wish to change your actual BCF expenditure? No

Actual	£2,563,187
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Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	Increased expenditure on Better Care Fund funding which predominantly relates to the integrated equipment store across the borough due to increased demand and inflationary cost pressures on equipment. Also increased costs as a result of increased demand across intermediate care pathways which exceeds hospital discharge funding allocations for 2022/23
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Yes

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:

Walsall

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepayment.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).

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6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

[illegible]

[illegible]

[illegible]






Planned Expenditure	£2,563,187
Actual Expenditure	£2,563,187
Actual Expenditure ICB	£1,370,000
Actual Expenditure LA	£1,193,187

# NHS Black Country Joint Forward Plan

May 2023



Black Country Integrated Care Board

# Contents

1 Our Places, Health & System Challenges

2 Our Priorities

3 Public Involvement

4 Health Inequalities Approach

5 How will we measure success

6 Strategic Workstreams

7 Place Plans

8 Enabling Workstreams

9 Delivery of Plan – Operating Model

10 Strategic Risks



# Foreward

Welcome to the Black Country draft Joint Forward Plan.

The plan has been developed in collaboration with wider system partners & sets out our challenges, health needs, strategic vision & strategic priorities over the next five years.

Whilst Our Joint Forward Plan sets out our vision and strategic priorities over the next five years, it is important to recognise the challenging landscape within which we will deliver our plan as we recover from Covid-19 and face a challenging financial position across our System.

Implementation of our plan will see in the following achievements

- Opening of the Midland Metropolitan University Hospital in Spring 2024.
- Implementation of our Black Country Operating Model, with effective Provider Collaborative & Place Based Partnerships whose role is to deliver efficient, productive, high quality services, address health inequalities and deliver integration of health & social care services
- As we recover from Covid, delivery of maximum wait time guarantee of no patients waiting more than 52 weeks by 2024/2025, and a return to no patients waiting more than 40 weeks by 2026/2027.
- Improving access to a number of our services, including primary care
- Implemented a shared care record that brings together data across health and care settings by 2024/2025
- Improved health outcomes and reduced health inequalities across our population

In addition, the ICB will take commissioning responsibility for Pharmacy, Optometry and Dental Services from 1<sup>st</sup> April 2023 and Specialised Commissioned services from 1<sup>st</sup> April 2024 which will allow us greater control of resources for these services.

The plan has been informed by an internal and external engagement programme which has been undertaken over the course of the last six months.

The publication of the final plan on the 30<sup>th</sup> June is just the start of our journey, we will continue to evolve and develop our plans over the next year, the plan will be reviewed and updated on an annual basis.



# Principles

The following principles will underpin our approach to delivering our plan.



**Collaboration** – We will work across organisational boundaries and in partnership with other system partners in the best interest of our patients, local community and the wider population



**Integration** – Integrated Care System partners will work together to take collection responsibility for planning and delivering joined up health & care services



**Productivity** – We will ensure we improve productivity by making the best use of our collective resources by transforming the way we deliver services across the Black Country



**Tackling Inequalities** – We will ensure that we continue to focus on delivering exceptional healthcare for all through equitable access, excellent experience, and optimal outcomes

As the System transitions to a new way of working in line with our Operating Model, we have secured an Organisational Development partner to help facilitate cultural development and behaviours which will strengthen the way we work with partners across our system.



# Our Places & Integrated Care System Partners

The Black Country has 1.26 million residents and is made up of four distinct places: Dudley, Sandwell, Walsall and Wolverhampton.

We recognise that the Black Country is a hugely diverse area and there is no “one size fits all” approach to working with local people or partners.

The Black Country Integrated Care System (ICS) is made up of a number of partners including an Integrated Care Board (ICB) acting as the strategic commissioner, four Acute and Community Trusts, one Mental Health & Learning Disabilities Trust, one Ambulance Trust, one Integrated Care Trust, four Local Authorities, 181 GP practices, 288 Community Pharmacies, 121 Community Optometrists & 159 General Dental Practices in addition to wider voluntary & third sector partners.



# Our Health Challenges

The gap in life expectancy and healthy life expectancy (HLE) between the Black Country and England is driven by wider determinants of health, our health behaviours and lifestyles, the places and communities we live in and with and our health services.

Within the Black Country:

- Life expectancy is 77 years for males and 82 years for females, less than life expectancy of 79 years for males and 83 years for females in England
- People with mental health problems and learning disabilities have shorter life expectancies (18 years for males, 15 years for females) which is driven by their physical health.
- Healthy life expectancy is 59 years for males and 60 years for females, which is lower than the national healthy life expectancy of 63 years for males and 64 years for females.
- Wider determinants are the most important driver of health. They include income, employment, education, skills and training, housing, access to services, the environment and crime.
- Both child (43% vs 35%) and adult (72% vs 63%) obesity rates are higher than England, whilst physical activity levels (56% vs 66%) are significantly lower.
- We have some of the highest infant mortality rates in the country, whilst smoking rates in pregnancy remain high and breast-feeding rates are low.
- Locally, we have higher recorded prevalence of diabetes, chronic kidney disease, chronic heart disease (1 & or more)
- High number of premature deaths from CVD & respiratory disease, under 75 mortality rate for CVD is 99 per 100,000 & under 75 mortality rate from respiratory disease is 38 per 100,000
- Dementia Diagnosis rates are below national expectation of 66.7%, Black Country is 62%



# Our Health Challenges

	Dudley	Sandwell	Walsall	Wolverhampton
Average age women will live to	82 years	81 years	82 years	81 years
Average age men will live to	79 years	76 years	78 years	77 years
Children aged 0-17 who are overweight or obese	8	11	10	9
People (all ages) living with depression	17	22	19	21
Children aged 5-17 with a mental health disorder	2	2	2	2
People (all ages) who will die from cancer	24	23	24	21
Adults (18+) overweight or obese	59	58	52	52
Estimated adults (16+) living with diabetes	7	9	8	8
People (all ages) living with a long standing health condition	57	46	53	52
People (all ages) who will die from heart disease	24	22	22	23
Adults (18+) who smoke	10	11	11	10
Adults (19+) who take less than 30 minutes exercise a week	21	24	25	24
People over 75	10	6	8	7
People live in the most deprived (bottom 20%) areas	28	60	52	52
People (16-64) who are employed	42	44	42	40
Children (0-19) living in low income families	4	6	5	5

The graphic above identifies the variation in our population for a number of indicators and shows how many people in each place would be affected if there were 100 people in each place.



# Wider System Challenges

Whilst Our Joint Forward Plan sets out our ambition over the next five years, it is important to recognise the challenging landscape within which we will deliver our plan.

- **Restoration & recovery from COVID-19** - Whilst significant progress has been made to improve access to services and recover waiting lists there is further work to do to ensure patients are treated in a timely manner. By working in partnership across our system we have made some good progress starting with clearing the backlog of patients waiting more than 104 weeks and are now focusing on reducing 78 week waits. Primary Care have delivered an 7.8% increase in the number of additional appointments compared to pre-pandemic levels (period February 2019/20 compared to February 2022/23).
- **Urgent & Emergency Care Winter Pressures** – Urgent care remains of our most significant pressures, with the challenge surrounding patient flow of patients from the Emergency Department into hospital and with delays in ambulance response times and hospital handover delays. In addition there has been pressure in regards to discharging people from hospital. Whilst we have made some progress in recent months, by taking an more integrated approach with our social care providers and expanding our Out of Hospital Pathways there is still further opportunity to effectively support patients into the most appropriate setting as quickly as possible, thereby minimising all non-essential hospital stays.
- **Workforce** – Our workforce is a key asset to help us deliver our plans over the next five years, we know that we have significant work challenges including an ageing workforce, recruitment & retention challenges and that looking after the health & being of staff is a key priority.
- **Finance & Efficiency** – Our system is facing significant financial challenges which only be addressed by partners working together to transform & redesign services to drive improved outcomes and & make better use of resources which will help support system wide financial sustainability.
- **Our Health Population Needs** – We know that the Black Country population has significant health challenges & that COVID-19 has exacerbated existing health inequalities. By tackling these challenges we can ensure people across the Black Country can start well, live well and age well



# Priority Drivers



### Purposes of an ICS:

- Improve health outcomes
- Tackle inequalities
- Enhance productivity and VFM
- Support social and economic development

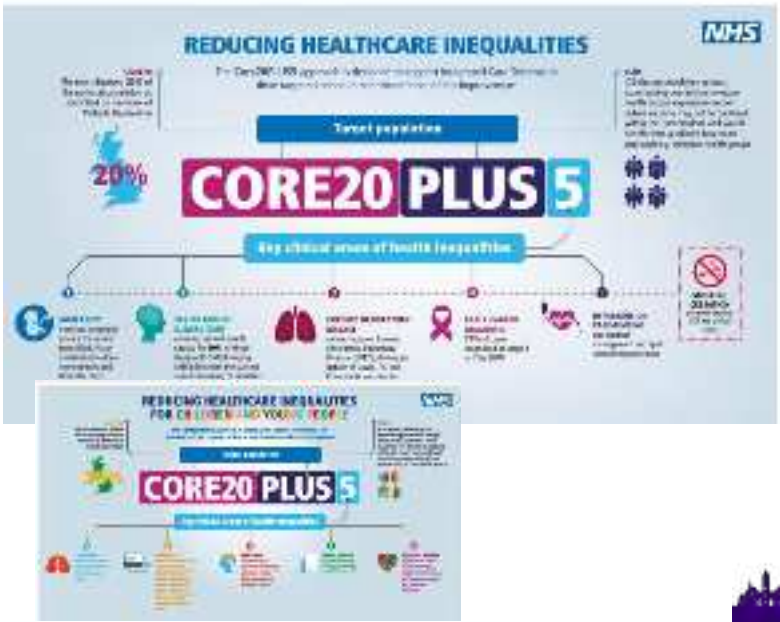
### NHS Planning Priorities:

- NHS Long Term Plan (2019-2029)
- NHS Joint Forward Plan priorities (2023-2028)
- NHS Operational Planning Priorities (2023/24)



### Black Country ICP Priorities:

- Mental Health
- Social Care
- Workforce
- Children & Young People



### NHS Core20PLUS5 Programme



# Public Involvement

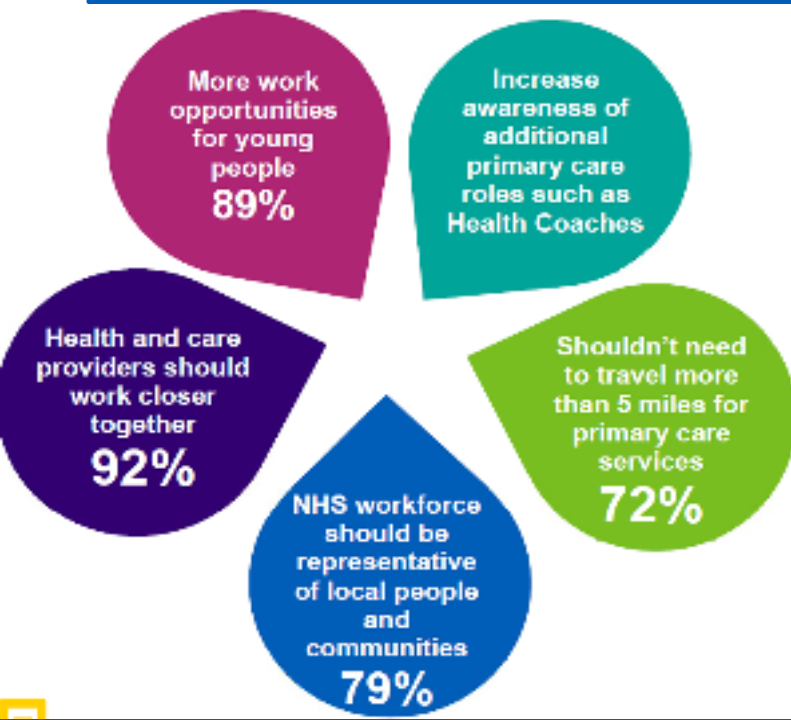


3 phase involvement approach which included desk research, public events, a survey a conversations through CVS partner services

We attended/hosted 41 activities during January at community venues, libraries and warm hubs to talk to people about the plan and help complete paper/online surveys.

1,178 completed the survey, which as a sample size of the Black Country population gives us a margin of error of 2.86%.

27 VCSE organisations hosted friendly cooking lessons, crafts sessions and coffee mornings to return insights from people who all too often go unheard.



## People would like a focus on ...

- Improved access - to appointments and emergency/urgent care, to resources and reasonable adjustments, to digital devices/data/skills
- Better preventative services
- Community focus – clinical and non-clinical
- More personalised care options and choices
- Services to tackle, loneliness, isolation and mental wellbeing
- A Cost of living theme was the 'voluntary care squeeze' - the worry of working age people caring for older/ younger dependents due to cost of care
- Cost of living will increasingly impact upon those determined as 'comfortable communities' impacting on health and care services in the short and long term

# Approach to Reducing Health Inequalities

- Our approach to reducing health inequalities is centred on focusing on the key clinical areas set out in the Core20 PLUS5 framework for Adults & Children
- In recognition of the significant health inequalities being experienced for patients with diabetes, the Black Country has agreed diabetes as an sixth local clinical priority area.
- Noting everyone has a role & responsibility to address Health Inequalities our plans to address our clinical priority areas is interwoven into respective Strategic Workstream, Enabling & Place delivery plans
- We have adopted a whole system approach to tackling inequalities which includes five strategic pillars of activity which will help us address complex & varied inequalities faced by our communities
  - Involving People & Communities
  - Population Health Management
  - Achieving Health Equity
  - Focusing on Prevention
  - Wider Determinants of Health





# NHS Joint Forward Plan Priorities

## Priority 1 : Improving access and quality of services

### Outcomes

- Recovery from COVID-19
- Improved access to Urgent and Emergency care
- Reduced waiting times for Elective and Diagnostic Care
- Timely diagnosis and faster treatment for cancer
- Access to appointments in Primary Care
- Improved choice of care provider

- Better Patient Experience
- More joined up care
- New technologies
- Reduced variation in way services are delivered and outcomes achieved

## Priority 2 : Community where possible Hospital where necessary

### Outcomes

- Reducing the time spent in hospital
- Care Closer to home
- Better management of Long Term Conditions
- More Personalised care
- Early identification of disease
- Use of digital technologies for Increased independence

## Priority 5 : Best place to work

### Outcomes

- Compassionate and Inclusive
- Recognise and reward our staff
- Create a learning culture
- Lead with compassion and Inclusivity
- Working flexibility
- Collaborative team working
- Create a safe and healthy environment for people to work in

## Priority 4 : Giving people the best start in life

### Outcomes

- Increase in breast feeding rates
- Reducing smoking in pregnancy
- Improving neonatal deaths
- Increased protection of disease through improved childhood immunisations
- Supporting families to make healthy life choices and reduce obesity rates in children

## Priority 3 : Preventing ill health and tackling health inequalities

### Outcomes

- Improve screening
- Closer working with local authorities and wider system partners
- Supporting our most deprived communities with better prevention, detection and treatment of ill health
- Working with colleagues in housing, education and employment to improve the wider determinants of health



# What will be different for our population?



# How will we measure delivery of our priorities?

Priority 1 - Improving access & quality of services starting with recovery from covid-19

## Example Metrics

- Reduced waiting times, 52/ 65 week waits, 62 Day Cancer waits, Cancer Faster Diagnosis Standard, IAPT, OOA Placements, patient experience, readmissions

Priority 2 – Community where possible, hospital where necessary

## Example Metrics

- Primary Care Appointments, Units of Dental Activity, Virtual ward occupancy, community waiting lists

Priority 3 – Preventing ill health and tackling health inequalities in health outcomes

## Example Metrics

- Proportion of people adult or maternity settings offered tobacco dependence services, vaccination/flu uptake, Core20PLUS5, screening uptake

Priority 4 – Give people the best start in life

## Example Metrics

- Number of neonatal deaths, childhood vaccinations, engagement with Family Hubs/ Start for Life Programme

Priority 5 – Best place to work

## Example Metrics

- Staff Sickness levels, turnover/vacancy rates, staff survey results

We will identify key metrics to support each strategic priority and report regularly on delivery

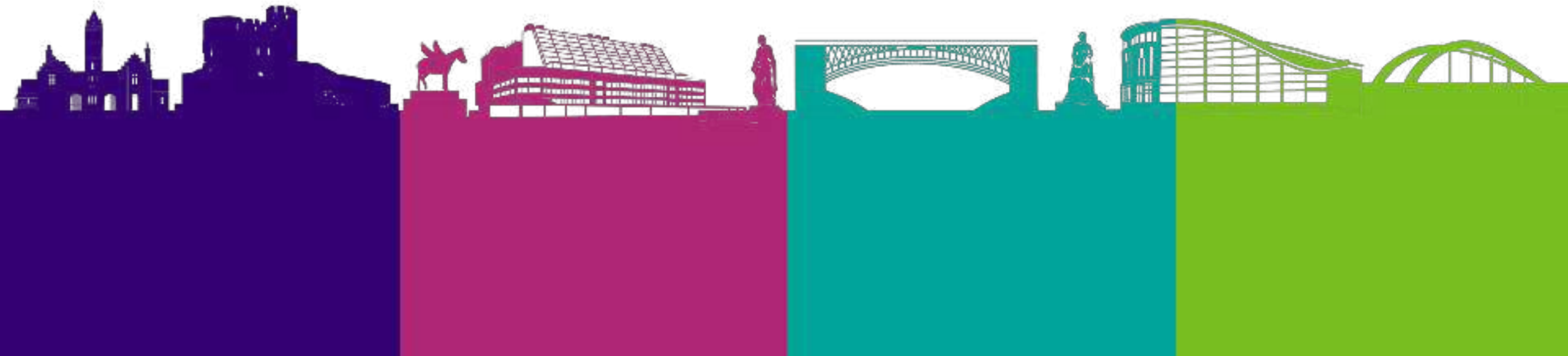


# Delivery of our Plan – Operating Model

Black Country ICS – Operating Model to support Joint Forward Plan							
DRIVERS	<b>Purposes of an ICS:</b> Improve health outcomes; Tackle inequalities; Enhance productivity and VFM; Support social & economic development						
	<b>Black Country ICP Priorities:</b> Mental Health; Social Care; Workforce; Children & Young People						
STRATEGY	<b>BLACK COUNTRY INTEGRATED CARE PARTNERSHIP</b> <b>BLACK COUNTRY INTEGRATED CARE BOARD</b> <b>HEALTH &amp; WELLBEING BOARDS</b>						
JOINT FORWARD PLAN PRIORITIES	<b>Priority 1:</b> Improving access and quality of services starting with recovery from Covid-19 <b>Priority 2:</b> Community where possible, hospital where necessary <b>Priority 3:</b> Preventing ill-health and tackling inequalities in health outcomes <b>Priority 4:</b> Give people the best start in life <b>Priority 5:</b> Be the best place to work						
JOINT PLANNING	MHLDA Joint Oversight Committee	Provider Collaborative Joint Oversight Committee	Dudley Integrated/Joint Committee	Sandwell Integrated/Joint Committee	Wolverhampton Integrated/Joint Committee	Walsall Integrated/Joint Committee	Primary Care Joint Oversight Committee
DELIVERY	Mental Health / LDA Lead Provider	Provider Collaborative (Acute)	Dudley Health & Care Partnership	Sandwell Health & Care Partnership	One Wolverhampton	Walsall Together	Primary Care Collaborative
PRINCIPLES	Supported by the principles of Collaboration; Integration; Productivity; Targeting inequalities						



# Strategic Workstreams



## Elective Care

Our vision is to deliver as one healthcare system, across multiple sites, working in partnership to provide better, faster and safer care to the population of the Black Country and beyond.

### Strategic Priorities

Working as one healthcare system, across the Acute Collaborative's Clinical Networks, Primary Care and the system's network of Operational Groups, we will apply evidenced best practice to improve safety and optimise efficiencies in pathways and processes. Our strategic priorities are as follows:

- Improving access (recovery & restoration), capacity and productivity
- Improving quality – achieve equity and address health inequalities through standardisation of care and the reduction of unwarranted variation
- System resilience and transformation – new models of care, system strategic developments including enhancing workforce recruitment and retention

### Outcomes to be Achieved

For our Patients:

- Improved access, reduced waiting times and timely access to treatment leading to improved clinical outcomes
- Improved choice, personalisation and experience
- Improved life expectancy

For Organisations:

- Improved organisation, productivity and workforce resilience
- New technologies and transformed care
- Outpatient transformation (FUs, PIFU, SA)
- Increased capacity and service resilience

For our System:

- Greater collaboration and integration, driving system leadership
- System resilience at times of peak/pressure

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Improving Access/ Eliminating Long Waits</b>	Through improving capacity, mutual aid, outpatient transformation, a shared patient waiting list, and increasing the scale of inclusive initiatives, we will implement new models and ways of working to improve access.	✓	✓	✓	✓	✓
<b>Improve Capacity and Productivity</b>	To implement plans such as alignment to GIRFT and national transformation initiatives, and local transformations such as dedicated elective care hubs, theatre reconfigurations and a new hospital site (MMUH). We will optimise care pathways and improve productivity.	✓	✓			
<b>System Resilience and Transformation</b>	Through our transformation activities, use of innovative technologies, new workforce models and system leadership we will achieve greater system resilience.			✓		
<b>Improving Quality</b>	To implement standardised approaches and pathways to both align practice and support the reduction of health access equity. Centres of Excellence will be explored to reduce unwarranted variation in access, experience and outcomes.	✓	✓	✓	✓	✓

## Cancer

Our vision is to save lives through improvements in the prevention, detection and treatment of cancer. We will provide compassionate and consistent cancer services with improved support, outcomes and survival for people at risk of and affected by cancer.

### Strategic Priorities

A priority area is to better understand differences in cancer outcomes and experience across our diverse population and ensure that unwarranted variation is addressed. It is imperative that we are able to reach and engage with our population groups in order to improve their cancer outcomes once diagnosed. Cancer shares many of the same risk factors as other major causes of ill health and early death, for example obesity and smoking, therefore our work programmes to improve prevention and tackle wider determinants will support a reduction in cancer incidence. Earlier diagnosis is a priority and we plan to accelerate improvements through better engagement with our population and working collaboratively to better utilise the resources we have to improve services. We aim to ensure that patients have the best experience possible through every stage of their cancer journey and we will do that by providing caring and compassionate services for our population.

### Outcomes to be Achieved

For our Patients:

- Preventing cancer where possible, supporting healthier lifestyles
- Optimal diagnosis, treatment, care and support, leading to improved outcomes and survival rates
- Best possible patient experience, timely access to information
- Faster Diagnosis, increase uptake in screening programmes

For Organisations:

- Efficiencies through the deployment of innovation and
- Best practice pathways informed by cancer research, early deployment of new innovations

For our System:

- Maximise improvement opportunities through collaborative working, and clinical networks
- Reducing health inequalities

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Prevention and Reducing Health Inequalities</b>						
Working collaboratively we will improve cancer prevention and develop improvement plans to reduce health inequalities.		✓	✓	✓	✓	✓
<b>Screening and Early Detection</b>						
Achieve improvements in screening programme uptake to enable earlier detection of cancers at earlier stages, to improve patient outcomes and survival of cancer.		✓	✓	✓	✓	✓
<b>Optimal Cancer Diagnosis, Treatment, Care and Support</b>						
Monitor outcomes and patient experience to ensure our services meet the needs of our diverse population, implementing best practice pathways across our system along with innovations such as Community Diagnostic Services.		✓	✓	✓	✓	✓
<b>Cancer Research, Collaboration and Innovation</b>						
Cancer research is a significant part in the development of new treatments to improve care; we will achieve enhanced access and participation in clinical trials, along with the deployment of innovation.		✓	✓	✓	✓	✓

## Diagnostics

Our vision is to provide equitable access to modern, state of the art, high-quality diagnostics, in a timely manner

### Strategic Priorities

Diagnostics plays a key role within system recovery and is at the centre of disease and patient pathways, to detect disease as early as possible and accurately guide to the right treatments. Currently, these services are predominantly based in our main hospitals, serving urgent as well as routine planned care. The need to increase capacity provides an opportunity to deliver services in a different way. We will develop our diagnostic strategy ensuring alignment with wider workstreams such as elective care and cancer.

- Recovery and maintenance of waiting times for diagnostic testing to pre-covid levels and meet the diagnostic standards set out for the NHS
- Equity of testing access across the system and standardisation of pathways to reduce variation and health inequalities
- Build a resilient, system-wide service for the future that provides value for money through continuous improvement in service delivery, capability and technological implementation

### Outcomes to be Achieved

For our Patients:

- Reduced waiting times for patients, reduced uncertainty
- Ensuring equal access for all patients across our system
- Local imaging/ testing, with reporting networks across organisations, improving patient experience

For Organisations:

- Shared capacity and management of reporting backlogs to optimise reporting turnaround times
- Staffing consistency and flexibility to provide more opportunities for personal and professional development
- Sharing and levelling of resources (staff and equipment)

For our System:

- A cohesive, system-wide approach to quality improvement, addressing health inequalities
- Improved sustainability and service resilience
- Standardised system pathways with reduced variation
- Maximised economies of scale in procurement

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Optimise Clinical Pathways</b> Implement best practice timed pathways across urgent, elective & cancer services, driving efficiency & productivity, ensuring safe & patient centred pathways.			✓			
<b>Reduce Inequalities in Access</b> Consider physical, cultural and social needs of different/diverse population health groups and implement actions to improve pathways and achieve equity of access.			✓			
<b>Implement Community Diagnostic Centres (CDC)</b> Increase capacity by investing in new facilities, equipment & staff training; Improve health outcomes through earlier, faster and more accurate diagnoses.					✓	
<b>Develop and Implement a Workforce Strategy</b> Ensure a system-wide diagnostic workforce strategy aligned to the People Plan. Identify staff shortages and skills gaps to inform recruitment actions.	✓	✓	✓	✓	✓	✓
<b>Adopted technological/ digital innovation</b> Implement innovative technologies and supporting infrastructure to improve care for patients by changing how tests are conducted and analysed.		✓	✓	✓	✓	✓

## Urgent and Emergency Care (UEC)

Our vision is to ensure patients have access to high quality urgent and emergency care services in the right place at the right time, delivered by the right professional.

### Strategic Priorities

Our overarching aim is to ensure that we can deliver an Urgent & Emergency Care Service that is fit for the future. We will do this by reviewing our current capacity & demand to ensure that we have a sustainable UEC model that will meet future demand. Our strategic priorities include focusing on expanding and better joining up new types of care outside of Emergency Departments (Out of Hospital/Community Services) by ensuring effective utilisation of Urgent Community Response Services, Urgent Treatment Centres, the expansion of Virtual Wards and use of remote monitoring. We will also ensure that we continue to improve development at pace of step down and hospital discharge pathways to effectively deescalate need and promote a return to independence in community settings following a UEC health crisis. The delivery of the UEC plan is underpinned by strong system leadership through the Urgent & Emergency Care Strategic Board and the System Control Centre.

### Outcomes to be Achieved

For our Patients:

- Services delivered closer to home
- Shorter waiting times at all points in patient pathway, and improved patient experience
- Reduced emergency admissions
- Personalised Care

For Organisations:

- Enhanced triaging and streaming to increase the number of people receiving urgent care in settings outside of the Emergency Department to include SDEC, UTC and UCR.
- Improvements in handover times between the Ambulance Service and Emergency Departments

For our System:

- Sustainable & resilient Emergency & Care Model across the system
- Consistency of Urgent & Emergency Care Services & pathways across our system

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Creating a sustainable hospital based urgent and emergency care model</b>	To achieve a sustainable Emergency Care model that is fit for the future and meets current and future patient demand, we will improve processes and standardise care, expand SDEC provision and increase UEC/bed capacity.	✓	✓			
<b>Increasing utilisation, capacity &amp; range of services provided outside ED</b>	We will improve utilisation of Urgent Treatment Centres, scale up of Virtual Ward provision, develop mental health urgent response services, and improve access to urgent primary care.	✓	✓	✓		
<b>Development of step down and discharge pathways</b>	To continue to work in partnership with Out of Hospital Services and Place Based Partnerships to deliver effective discharge pathways which promote a return to independence in community settings.	✓	✓			
<b>Enhancing/Improving Access</b>	Identification & resolution of barriers to accessing primary and community services, reducing unwarranted variation and inequity, supporting High Intensity Service Users, and early help and prevention services.	✓	✓	✓		



## Out of Hospital

Our vision is to transform and build Out of Hospital & Community Services to deliver a 'home first' philosophy. Supporting people to stay well and independent for as long as possible, through the provision of high quality and accessible services, tackling inequalities in access and outcomes, whilst ensuring a supported, skilled and fulfilled workforce.

### Strategic Priorities

There are a number of core strategic priorities that will help achieve our Out of Hospital vision centred around promoting greater care in patients homes, increasing the use of virtual wards and investment in remote monitoring. Achieving equitable access to services will only be achieved in collaboration with system partners and with the co-production of seamless pathways with health & social care partners, including third sector to create seamless pathways, which reduce duplication and variation across the Black Country. A priority is to understand the demands on the care home sector and ensure the availability of effective and supported care, for example implementing the Enhanced Care in Care Homes Framework. Underpinning delivery of the plan is of transparency of data to enable outcomes measures to be monitored as well as stakeholder engagement and effective communication to citizens on prevention, education, self care, access and experience & investment into the community workforce to enable the home first philosophy to grow.

### Outcomes to be Achieved

For our Patients:

- Increased independence
- Care Closer to Home
- Equity of Services
- Reducing time spent in hospital
- Reduced readmissions to hospital

For Organisations:

- Increased efficiency/productivity by improved utilisation/standardisation of out of hospital pathways
- More efficient use of resources (workforce, equipment & estates)

For our System:

- Collaboration/Joint Working with wider system partners e.g. Local Authorities, third sector
- Greater integration of pathways/services
- Improved access & health outcomes
- Reduction in health inequalities

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Single Triage Model for Urgent Community Response (UCR) Service</b> To deliver a single integrated model that achieves consistency, removes duplication & embeds collaborative working.		✓	✓			
<b>Recognised Falls Model in the Black Country</b> To implement a consistent standardised falls management approach across the system, minimising risk to patients and reducing the demand for UEC services.		✓	✓			
<b>Continued Development of Remote Monitoring &amp; Virtual Wards</b> The expansion of monitoring in care & at home & virtual wards offer across the Black Country, working in partnership with Local Authority to support roll out of tech enabled schemes.		✓	✓	✓	✓	
<b>Effective Discharge from Hospitals to create flow</b> We will discharge to the most appropriate setting in a timely/ effective way to support the best patient outcomes, ensuring flow for patients requiring acute care, working with partners and neighbouring systems.		✓	✓			
<b>Palliative &amp; End of Life Care</b> Implementation of the Palliative & End of Life Care Strategy		✓	✓	✓		

## Long Term Conditions Management

Our vision is to ensure we reduce the prevalence of people with Long Term Conditions in our population, and that we support those people living with Long Term Conditions to live longer and happier lives through effective processes of prevention, detection and treatment.

### Strategic Priorities

The Black Country is recognised as suffering from one of the highest levels of deprivation across England and many people struggle to access healthcare to diagnose and manage their long-term conditions. It is recognised that long term conditions such as Diabetes and Cardio-Vascular Disease (CVD), are amongst the top five causes of early death in our population. Our priority is to prevent treatable conditions, through effective prevention programmes, active patient engagement and improved health literacy. We will ensure that where patients have long term conditions they are supported to manage them effectively, through self-care and use of digital technologies. We will integrate pathways to manage care in primary and community settings and avoid exacerbation and inappropriate admission to hospital. Our programme of work will support the delivery of local health inequalities initiatives based upon the Core20PLUS5 framework.

### Outcomes to be Achieved

For our Patients:

- Earlier Diagnosis
- Reduce preventable illness
- Improved life expectancy
- Reduced mortality
- Patient empowerment, increase in patient led condition management

For Organisations:

- Reduced pressure in unplanned & urgent care
- More effective utilisation of capacity/resources
- Better use of technologies

For our System:

- Improved health outcomes, reduced health inequalities
- Collaboration/Joint Working with wider system partners e.g. Local Authorities, third sector
- Greater integration of pathways/services
- Leadership through Clinical Learning Networks

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Diabetes</b>						
Delivery of prevention, detection and treatment programmes relating to structured education programme, National Diabetes Prevention Programme, Low Calorie Diet, Extended Continuous Glucose Monitoring, Joint Diabetes & Improving Access to Psychological therapies pilot, Multi Disciplinary Footcare Teams		✓	✓	✓	✓	✓
<b>Post COVID-19 Services</b>						
Ensuring patients continue to receive access to post Covid 19 services in a timely manner		✓	✓			
<b>CVD</b>						
Delivery of initiatives to improve early detection & management of CVD including hypertension case finding, BP at Home Service, delivery of Cardiac Improvement Programme		✓	✓	✓	✓	✓
<b>Respiratory</b>						
Development & delivery of pulmonary rehabilitation five year plan including development of spirometry services, expansion of remote monitoring programme & lung health check programmes		✓	✓	✓	✓	✓



## Children and Young People Services

Our vision is that every child gets the right help, at the right time, by the right service, to ensure they meet their full potential

### Strategic Priorities

To achieve our vision we will develop a Children and Young People's Strategy that will provide focus and clarity on the priorities for improving services and life opportunities for children and young people living in the Black Country. Our strategy will ensure the needs of all CYP cross our diverse population are met, recognising that 53% of our CYP are within the 20% most deprived IMD sectors nationally. In light of our local challenges, the system has committed to delivering the national Transformation Programme for CYP. CYP access care across all sectors and domains of health our Joint Forward Plan recognises this. We will develop robust monitoring mechanisms for use across the system to understand and take action where variation and/or outcomes requires improvement actions. The ambition is to ensure all services provide high quality and equitable services for all, including CYP across the Black Country.

### Outcomes to be Achieved

For our Patients:

- Increase ability to self-manage LTC and increase quality of life (QALY)
- Co-production and ability to inform, challenge and embed service improvements
- Clear service pathways for patients

For Organisations and the System

- Developed joint commissioning, improved service efficiency and effectiveness
- Increased understanding of the need of CYP across the system, embedding all age commissioning
- Improved health outcomes for our most vulnerable including LAC, SEND, most deprived etc
- Development of an integrated specification for CYP, evidencing good partnership working and shared outcomes

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Implement the CYP Transformation Programme</b> An assessment will be undertaken against all elements of the programme and an action plan developed to ensure all standards/deliverables are met, robust care pathways in place and transition guidelines are robust; asthma, epilepsy, diabetes, and obesity.		✓	✓	✓	✓	✓
<b>Establish CYP Joint Commissioning Plan</b> Working collaboratively with partners we will develop a joint commissioning plan that meets the needs of CYP and supports them to achieve their full potential, this will include SEND, mental and physical health, safeguarding and CTP with complex needs.		✓	✓	✓	✓	✓
<b>Implement CYP Voices Model</b> To ensure the voices of CYP are heard during the development, review and delivery of services we will co-produce and embed this model.		✓	✓	✓		
<b>Tackling Health Inequalities</b> Using the national CYP Core20PLUS5 framework we will drive improvement action across CYP services; asthma, diabetes, epilepsy, oral health and mental health.		✓	✓	✓		

## Maternity and Neonatal Services

To deliver high-quality maternity and neonatal services across the Black Country, through co-production with our women, which will be safe, personalised and equitable to ensure every woman and baby receives the best possible care

### Strategic Priorities

There are a number of strategic priorities to address the core challenges for the Local Maternity and Neonatal Service (LMNS), which will transform maternity and neonatal services and meet both locally identified priorities and national expectations. These strategic priorities are Perinatal Quality Surveillance, Maternity Continuity of Carer (CoC), Workforce, Reduced Perinatal Mortality and Morbidity and implementation of the action plan to improve Perinatal Health Inequalities. Our LMNS is well established with all partners engaged in collaborative working and collective learning, supported by a strong Maternity and Neonatal Voices Partnership (MNVP) ensure our service users voices are heard. Reducing health inequalities and fulfilling our Core20PLUS5 requirements is a core element of all work programmes.

### Outcomes to be Achieved

For our Patients:

- Improved safety and outcomes for women and their families
- Improved continuity of care, and experience
- Lower rates of morbidity/mortality

For Organisations:

- Improved monitoring and assurance of safety
- Strengthened workforce resilience, and succession planning

For our System:

- System leadership, supported by MNVP
- Collaboration and peer review/ learning
- Reduced health inequalities

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Perinatal Quality Surveillance Model</b> To enhance the existing model a robust quality assurance process will be implemented, included peer review to achieve assurance of quality and safety, and delivery of Saving Babies Lives Care Bundle v2 & v3.		✓				
<b>Workforce</b> To further build on our progress, we will develop a workforce strategy focusing on consolidating recruitment for cross boundary working, new roles, shared recruitment and succession planning.				✓		
<b>Maternity Continuity of Carer (CoC)</b> To implement our 5-year transformation plan, ensuring our model reflects the needs of our population and focuses on choice of place of birth rather than geography.						✓
<b>Reduce Perinatal Mortality and Morbidity</b> Work collaboratively to identify improvement actions to improve outcomes and reduce health inequalities. Improving access to specialist care where required.				✓		
<b>Perinatal Equity and Equality Strategy and Action Plan</b> Through our dedicated EDI leads we will implement our action plan, ensuring we accelerate work to support those at greatest risk of poor health outcomes.						✓

## Mental Health and People with Learning Disabilities and Autism

Our vision is to ensure our citizens have access to services that are of outstanding quality, and that support people to live their best lives as part of their local community

### Strategic Priorities

We have a comprehensive programme of work to increase access and availability of support across the pathway from helping people to stay mentally well, to urgent and crisis support when needed. Through our programmes we are embedding community focused and trauma informed models of care, with integrated pathways across agencies. We have a strong focus on community advocacy, engagement and inclusion, and are committed to advancing health equity and increasing focus on the wider determinants of health.

### Outcomes to be Achieved

For our Patients:

- Accessible and equitable service provision
- Exceptional experience of care for all
- Increase mental wellbeing and earlier intervention
- Increased support in the community
- Support our Children & Young People to thrive
- Suicide prevention

For Organisations:

- Better understanding of population health and wellbeing
- Improved use of resources across the system
- Greater connectivity to local communities
- Improved workforce resilience and wellbeing

For our System:

- Parity of esteem between physical and mental health
- Successful achievement of national ambitions for MH & LDA
- Benefit from economies of scale and specialism

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Children and Young Peoples Mental Health Services</b> To achieve a shared and coherent vision across our system, to drive forward our transformation programme; including a full review across a number of service elements, alignment of pathways, and expansion of services where needed.					✓	
<b>Community Mental Health Services</b> Implement our new integrated model of CMHS to modernise services and workforce models, delivering holistic care aligned with Primary Care Networks, giving people greater choice and control over their care.			✓			
<b>Urgent and Emergency Care Mental Health Services</b> To ensure that people with MH needs who find themselves within UEC Services have a fair/equitable service, recognising both their physical and MH needs; through an assessment hub outside of A&E environment, a drug and alcohol strategy, High Intensity User support, bed strategy to reduce Out of Area Placements, eg.			✓			
<b>Dementia</b> Improve the lives of people with dementia focusing on prevention, timely diagnosis, crisis prevention, personalised care and support for family/carers.				✓		
<b>Learning Disabilities and Autism</b> Reduce the reliance on inpatient care for people with learning disabilities and address unwarranted variation/gaps in autism care.			✓			
<b>Suicide Prevention</b> Collaborative working to develop an all-age Black Country Suicide Prevention Strategy and implement associated actions including education and awareness, urgent community response model and 24/7 Liaison Teams in A&E.				✓		

## Medicines Management

Our vision is to transform pharmacy and galvanise medicines optimisation so that our population gets the best from their medicines and pharmacy services, leading to improved health outcomes and reduced health inequalities, improved service quality and sustainability.

### Strategic Priorities

Medicines are the most common therapeutic intervention and the second highest area of NHS spending after staffing costs. We invest approximately 13% of the total funding on medicines, therefore prescribing plays a vital role in improving health outcomes and ensuring the most efficient use of NHS resources. It is of vital importance our decision-making processes are clear, transparent and decrease unwarranted variation, whilst ensuring we engage with all stakeholders involved in prescribing and supply of medicines across the Black Country. In addition, we recognise that medicines optimisation is a key enabler to support delivery of our Joint Forward Plan across a number of workstreams.

### Outcomes to be Achieved

For our Patients:

- Early prevention of infections
- Appropriate prescribing and use of antimicrobials
- Effective management of infections/ disease
- Reduced medicine related errors, reducing harm for patients
- Reduced risk of hospitalisation of our most vulnerable people
- Improved detection of conditions such as hypertension

For Organisations:

- Maximise value through medicines supply and use
- Efficient use of resources

For our System:

- Reduced unwarranted variation in prescribing across our system

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Appropriate Use of Antibiotics</b> Implement our strategy and annual work plan to deliver education to all sectors, surveillance of antibiotic usage and reduction of 'watch and reserve' antibiotics.			✓	✓	✓	✓
<b>Medicines Safety</b> Establish a multi-sector network and education programme to reduce high dose opioid prescribing and reduce administration errors.			✓	✓		
<b>Covid Medicines Delivery Unit</b> Ensure accessible services are in place to meet the needs of our population. Equitable access will be achieved through delivering treatment to the patient home.	✓	✓				
<b>Maximise Value</b> A Better Value Medicines Programme will be established to maximise efficiencies across sectors, along with a High Cost Drugs Group to monitor use and spend.	✓	✓				
<b>Reduce Unwarranted Variation in Prescribing</b> Formulary harmonisation across the system will be achieved to reduce differences in the prescribed medication available to patients.	✓					

## Primary Care

Our vision is to implement a transformed Primary Care operating model that delivers equitable access to high quality care that is safe, integrated, consistent and citizen-centred across the care continuum

### Strategic Priorities

Our priorities are to develop the future integrated operating model of primary care, embed the Black Country Primary Care Collaborative as a key vehicle for consensus building and collaboration leading and driving the provision of excellent integrated primary care, and to enable Primary Care Networks to maximise their contribution within resilient communities. Working together we will embark on a 'big conversation' with local people and improve access sustainably through addressing quality, improving the working lives of our staff, adopting digitisation, optimising our estates and communications, whilst embracing the opportunities afforded by best practice, research and national policy, including the Fuller recommendations. We will also ensure we have the infrastructure, capacity, and capability to deliver our delegated responsibilities regarding the commissioning of GP and Pharmaceutical, General Ophthalmic and Dental services (the four pillars of primary care).

### Outcomes to be Achieved

For our Patients:

- Increase GP appointments, improve access, and reduce waiting times
- Increase dental activity
- Increase patient satisfaction and experience
- Increase digital functionality, including telephony

For Organisations/ Our System:

- Grow our workforce, expand new roles
- Implementation of Fuller recommendations
- Deliver our delegated responsibilities (GP & POD)
- Optimised estates and communications
- Establish integrated ways of working
- Deliver the PCC Transformation Programme

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Development/embedding of Primary Care Collaborative</b> – establish the governance, clinical leadership and the required infrastructure to deliver collaborative working			✓			
<b>Establish/develop the primary care workforce and transformation unit (primary care delivery vehicle)</b> – establish new ways of working, deliver OD & work programme focussing on access, LTC & unwarranted variation				✓		
<b>PCC transformation work programme (future operating model)</b> – undertake strategic development and implement the transformation programme						✓
<b>Improving general medical services (GP) access</b> – support PCNs to implement practice based solutions to improve patient access and experience	✓					
<b>PCN Estates Programme</b> – reconfiguration of vacant space, maximise e-booking systems, and deliver the Estates Strategy.						✓
<b>PCN Development Programme</b> – support PCNs to 'maturity' and embed the development programme reflecting the Fuller recommendations				✓		
<b>Increasing Dental Access Programme</b> – Develop a dental strategy & deliver improvement plans						✓
<b>ICS Primary and Community Care Training Hub contract/system workforce development programme</b> – Embed workforce planning & secure the resources to deliver the improvements			✓			

## Social, Economic, and Environmental Development

Our vision is to deliver positive economic, social and environment outcomes locally through collaboration and collective action

### Strategic Priorities

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. Our established Black Country Anchor Institutions Network (BCAIN) will harness their collective assets for economic and social benefits, driving positive change to achieve a more inclusive economy. BCAIN will evolve to become more strategic and engage wider employers to better focus local assets on areas of need/impact. Through the use of insights and economic data we will gain a better understanding of the wider determinants of health factors for our population, thus enabling us to shape the social and economic context in which our services are provided. We will maintain oversight of the 'Economy of Together 2030 Action Plan' building mutual accountability, focusing on leadership and spreading the intentionality of the anchor movement. This will enable us to scale up local initiatives, working with partners, for the benefit of our population.

### Outcomes to be Achieved

For our Patients:

- Fairer more equitable society with equality of opportunity
- Closing the inequality gap
- Education system that provides the same opportunities for all
- A more physically activity and engaged population, with access to safe spaces

For Organisations:

- Careers and employment initiatives that inspire all members of society to fulfil their potential
- Improved workforce resilience, representative of the communities they serve

For our System:

- Diversity in leadership, equipped and informed to act
- A thriving well supported social enterprise sector
- Maximise local employment in our supply chains

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Local Employment Opportunities</b>	To contribute to the local economy by skilling up and employing local people who are unemployed or at risk of unemployment, and committing to inclusive practices and continued professional development for our existing staff.	✓	✓	✓	✓	✓
<b>Enable new procurement / supply chain policies</b>	To source goods/services locally and ensure economies are inclusive. Use contracts to improve social, environment & economic value, including prioritising investment that reduces inequalities, and build this approach into sourcing processes.	✓	✓	✓	✓	✓
<b>Collective Action on Climate Change</b>	Support achievement of Our Greener NHS Plan, through using our assets to pursue projects that take action towards our climate change goals, improve the lives of our population and reduce health inequalities in our communities.	✓	✓	✓	✓	✓
<b>Oversight of the Economy of Together 2030</b>	Strive towards our ambition for a more equitable Black Country, better educated, enterprising with greater social responsibility, and healthier and environmentally friendly.	✓	✓	✓	✓	✓



## Prevention

Our vision is to increase healthy life expectancy so people can live the life that matters to them, preventing illness and improving life expectancy

### Strategic Priorities

Improving the population's health and preventing illness and disease is key to reducing health inequalities and is at the heart of the NHS Long Term Plan. Many conditions which can contribute to shorter healthy life expectancy are preventable. While the factors which can lead to these conditions are many and varied, through prevention our aim is to help people improve their own health, through targeted support to help people reduce their dependency on alcohol or tobacco, to offering weight management services, to cancer screening and through access to the Diabetes Prevention Programme. We will develop our prevention capacity and capability across the Integrated Care Partnership, working to harness our collective assets and embedding preventative approaches as a continuum, ensuring health equity is our golden thread.

Prevention is a key theme across the Joint Forward Plan, please see wider workstreams for further action on prevention, eg Long Terms Conditions, Out of Hospital, Primary Care, etc.

### Outcomes to be Achieved

For our Patients:

- Improved life expectancy,
- Reduce preventable illness
- Reduced morbidity and mortality
- A voice for change, through co-production

For Organisations:

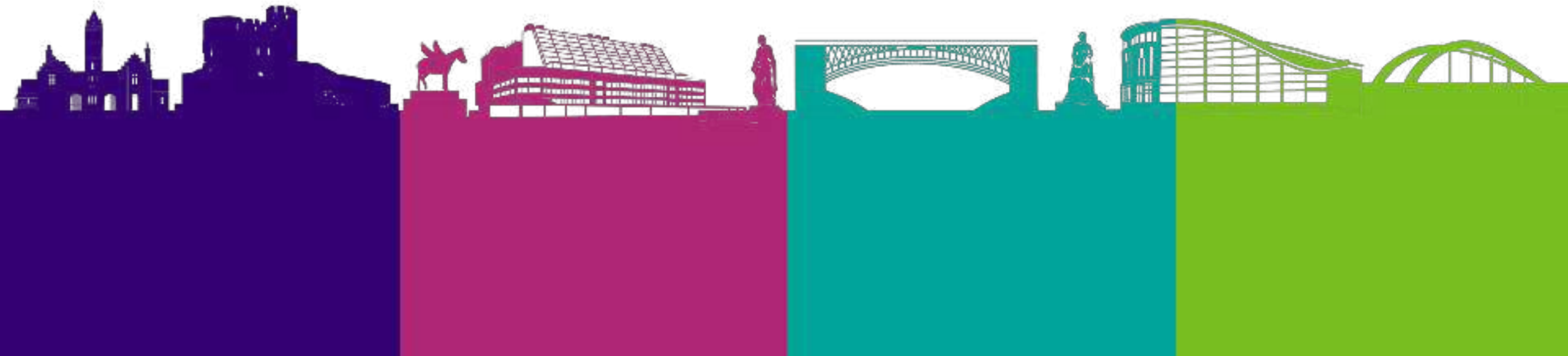
- Improved capacity and capability to accelerate prevention activities
- Reduced dependency on specialist services

For our System:

- Improved health outcomes, reduced health inequalities
- Reduced demand on health and social care services

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Tobacco Dependence</b> To complete the establishment of Tobacco Dependence Services across all inpatient and maternity services. We will identify opportunities to improve pathways and support in the community and primary care. An assurance cycle will be established to enable targeted support, along with an evaluation.		✓				
<b>Healthy Weight</b> To further embed the tier 2 programme through training and awareness across sectors, with targeted support where needed. Performance monitoring will continue and analysis of the 'obesity burden profile'. Further exploration of inequity across tier 3/4 interventions to be undertaken and addressed.		✓	✓			
<b>Alcohol Dependence</b> To evaluate the Alcohol Care Teams established in each hospital to inform future decision making, and test the early intervention and targeted prevention pilot.		✓				

# Place Plans





## Dudley Place

Community where possible; hospital when necessary, by working together, connecting communities, enabling coordinated care for our citizens to live longer, happier and healthier lives.

### Strategic Priorities

Our vision will be delivered through a number of work programmes set out below. Collaboration and integration are critical when designing new and often complex solutions and through strengthening our partnership we will achieve our vision. Our health and wellbeing priorities are addressed throughout our work programme, and as an anchor network we will undertake actions to support social and economic determinants of health and wellbeing.

### Health & Wellbeing Priorities

- Improving school readiness
  - Reducing circulatory disease deaths
  - Improving breast cancer screening coverage
- With a focus on those neighbourhoods with the greatest need

### Outcomes to be Achieved

For our Patients:

- Care close to home with improved outcomes
- Longer healthy life expectancy
- Personalised care and improved patient experience

For Organisations:

- Increase in people attending community services, reducing pressure on hospitals, primary care and social care
- Timely discharge from hospital
- New models of integrated and coordinated healthcare
- Effective anchor network and partnership, providing leadership for change

For our System:

- Thriving VCS with increased collaboration
- Sustainable health and care system
- Improved health and wellbeing for our population
- Sustainable workforce reflective of the population we serve

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Strengthen Partnership Effectiveness</b> We will work to ensure the sustainability of Dudley's thriving voluntary and community sector, to include establishing an Anchor network and Compact.						✓
<b>Transform Citizen Experience (Integrated Care Teams )</b> Through Integrated Care Teams and adoption of Population Health Management approaches we will deliver safe, coordinated and effective care in the community, that meets the needs of our patients.						✓
<b>Shift the Curve of Future Demand</b> To implement our Primary Care Strategy including the following; access, sustainability, population health, MDT, personalisation, collaboration, development and resilience. We will grow and nurture our workforce from our local community.						✓
<b>Health Inequalities</b> Contribute to Dudley's Joint Health, Wellbeing and Inequalities Strategy with a focus on prevention and access. To reduce health inequalities with a specific focus on our health and wellbeing priorities, and addressing wider determinants of health.						✓
<b>Children and Young People</b> Initially we will focus on Family Hubs/ Start for Life which has 6 specific areas of action, to provide seamless support for families and an empowered workforce						✓

## Sandwell Place

People living in Sandwell will receive excellent care and support within their local area, exactly when they need it.

### Strategic Priorities

Our vision will be delivered by a team of people working together in partnership with local citizens. Through our partnership we will support and engage with communities to enable people and families to lead their best possible lives regardless of health status, age, background or ethnicity. Together we will tackle inequalities, supporting people born and living in Sandwell to have opportunities to lead happy, healthy lives.

### Health & Wellbeing Priorities

- We will help people stay healthier for longer
- We will help people stay safe and support communities
- We will work together to join up services
- We will work closely with local people, partners and providers of services

### Outcomes to be Achieved

For our Patients:

- Responsive, coordinate care
- Improved outcomes for people living with long term conditions, empowered to live healthier lives
- Increased GP access, person-centred approach to care
- Improved patient experience, Right care Right Time
- Supported to maintain usual place of residence where able

For Organisations:

- Improved pathways between primary, community and secondary care to avoid duplication and delays
- Reduction in referrals, unplanned demand, and avoidance admissions
- Use of digital technology/ innovations

For our System:

- Utilisation of population health data to support a reduction in health inequalities
- Sustainable workforce
- Provision co-designed with local people

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Healthy Communities</b> - Working in partnership with local communities to empower citizens to lead healthier lives; focused on lifestyle, addictive behaviours, LTCs, CYP, and social isolation.						✓
<b>Primary Care</b> - Facilitate the delivery of the DES, develop a transformational approach to a sustainable future model, ensuring services are developed for local citizens.				✓		
<b>Town Teams</b> - Develop integrated teams in each town, inclusive of community health, social care and mental health; delivering a person-centred approach.				✓	✓	✓
<b>Intermediate Care</b> - Citizens will be supported to live their best possible lives, receiving rehabilitation, reablement & appropriate interventions when required.	✓	✓				
<b>Care Navigation</b> - Facilitate professionals and citizens to get the right service at the right time, through a single point of access, accessing seamless pathways.		✓	✓			
<b>Sustainable Workforce</b> - Grow a productive sustainable workforce that will increase staff satisfaction, and provide opportunities for local people.					✓	✓
<b>Digital</b> - Utilise digital technology to support the delivery of effective services, ensuring the local people receive support to minimise digital inequalities				✓	✓	✓

## Walsall Place

To level up on social and quality of life issues - such as mental wellbeing, uneven life expectancy, excessive elective surgery waiting time, fighting gang crime, encourage healthier lives, and creating a safer environment

### Strategic Priorities

Our plan outlines the intention to invest in the Mental and Physical Wellbeing of residents to continue to build a Borough to be proud of and improve the outcomes for the people of Walsall. Our overall programme reflects our commitments to our health and wellbeing priorities, and addressing wider determinants of health.

### Health & Wellbeing Priorities

- Maximising people's health, wellbeing and safety
- Creating health and sustainable places and communities
- Reducing population health inequalities

### Outcomes to be Achieved

For our Patients:

- Joined up/connected services across primary and community services
- Health & wellbeing centres/ network of specialist care
- Reduced loneliness and social isolation
- Improved health outcomes and patient experience
- Holistic approach to care

For Organisations:

- Outcomes framework to identify opportunities
- Digital technology and innovation
- Integrated services to remove barriers, duplication and provide better value

For our System:

- Reduction in health inequalities
- Increased social capacity and resilience
- Sustainable workforce

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Primary Care Networks (PCN) Development Programme</b> - To support delivery of the DES, establish stronger partnerships and join up care.						✓
<b>Resilient Communities (Tier 0)</b> - Working together to ensure citizens are supported to live healthy lives; Prevention, identification, early intervention & self-care.						✓
<b>Family Hub programme</b> - Focus on Family Hubs/ Start for Life which has 6 specific areas of action, with seamless support for families and an empowered workforce.						✓
<b>Integrated Place Based Teams (Tier 1)</b> - Integrated Primary, Social and Community Services, delivering care at scale through a hub & spoke model across each locality.						✓
<b>Specialist Community Services (Tier 2)</b> - Accessible, high quality care with local hospital teams working in a locality 'Health and Wellbeing Centres'			✓			
<b>Intermediate, Unplanned and Crisis Services (Tier 3)</b> - Network of care delivered from Health and Wellbeing Centres, preventing unnecessary hospital admissions			✓			
<b>Acute and Emergency Services (Tier 4)</b> - Access to high quality acute hospital services for patients needing specialist intervention	✓					
<b>BCH Community Mental Health Transformation</b> - working together to expand working relationships, review current pathways and development opportunities.						✓

## Wolverhampton Place

Partners working together to improve the health and wellbeing of the people who live in Wolverhampton, providing high quality and accessible services and tackling inequalities in access and outcomes.

### Strategic Priorities

Supporting this vision is the development of joint commissioning arrangements for Place, with a programme of work underpinning the vision delivered through the One Wolverhampton partnership and through other programmes of work aligned to the HWB Health Inequalities Strategy.

### Health & Wellbeing Priorities

- Growing Well (Early Years & CYP Mental Wellbeing)
- Living Well (Workforce, City Centre, Prevention)
- Ageing Well (Integrated Care, Dementia Friendly)
- System Leadership

### Outcomes to be Achieved

For our Patients:

- Active daily, live longer happier healthier lives
- Improved GP access, improved patient experience
- Access to responsible and timely interventions, including prevention
- Improved patient outcomes, early detection/screening and management of long term conditions

For Organisations:

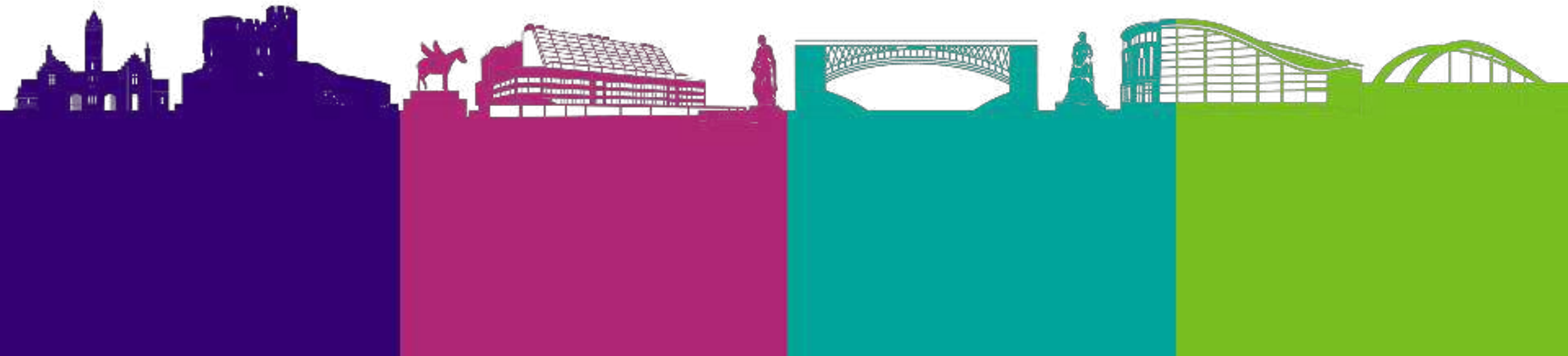
- Admission avoidance and expedited discharge
- Reduced demand for hospital services
- Integrated, joined up services, reducing duplication

For our System:

- Tackle unwarranted variation in service quality
- Reduce health inequalities
- Sustainable workforce

Work Programme	To be delivered by:	Yr1	Yr2	Yr3	Yr4	Yr5
<b>Physical Inactivity Exemplar</b> - Residents supported to have longer, happier and healthier lives, enabled to be active every day including safe spaces, address wider determinants.					✓	✓
<b>Primary Care Development</b> - support delivery of the DES, improve pathways, share good practice and achieve consistent standards.		✓	✓			
<b>Adult Mental Health</b> - delivery of the community transformation programme, understand local need and deliver responsive/enhanced services.		✓	✓			
<b>Children and Young People</b> - support the development of Family Hubs/ Start for Life, integrating services to improve the interface between services and access.		✓	✓	✓		
<b>Living Well</b> - supporting people to live well and as independently as possible within their communities, increasing opportunities for self-help and community resilience, increasing uptake of screening, health checks and diagnosis.		✓	✓	✓		
<b>Out of Hospital</b> - further develop existing services and discharge pathways, ensure a joined up approach, supporting people with complex needs.		✓	✓			
<b>Urgent and Emergency Care</b> - Expansion of the integrated front door model and wider integration with care coordination, improved access to urgent diagnostics.		✓	✓	✓		

# Enabling Workstreams



What?



- As 'one workforce' we're better
- Developing the culture and infrastructure for 'one workforce'
- Adopting NHS England guidance on the ICS people function
- Co-creating a People Plan across the system in collaboration with partners



Why?

Through creating psychologically safe and supportive environments, where all of our diverse colleagues feel belonged, we can provide the architecture for developing a workforce that is sustainable for the future.  
Coordinated workforce planning, education and training to develop an optimised model and drive improvements in health inequalities.

How?

Focus on retaining our people and supporting them to be the best they can be, which in turn optimises our resources

Underpinned with an inclusive talent management approach

Co-produce a system People Plan 2023 – 2028 that describes the priorities, actions and impact to make the Black Country the best place to work.



When?

Develop 2022/23 annual report for the people programme	April 2023
Facilitate two workshops that aim to co-produce the governance framework and people priorities for 2023/24	May 2023
Create people programme delivery plan for 2023/24 and commit investment and resources	June 2023
Co-produce the system People Plan for 2023 – 2028 and engage stakeholders for feedback and sign off	July 2023



During the planning period we aim to achieve financial sustainability as a System. This will be supported by the development of a financial framework, the purpose of which will be:

To set out the financial strategy and approach for the Black Country Integrated Care System to support the delivery of its aims and core strategies. This will include:-

- To outline the strategic context (including “why this is an imperative now”).
- To describe the current financial position in the Black Country.
- To outline options for the improvement to the depth, quality, and reporting of key financial information to all parties.
- To summarise the recent planning guidance and how it might affect the ICS.
- To explore the approach to the development of strategy and resource allocation.
- To describe options for the cross-system management of key issues.
- To outline options for better working and collaboration.

Provide a ‘staging post’ in respect of policy, history and direction of travel.

Support the improvement of organisational relationships and collaboration.

Part of a new way forward to improve services and benefit patients.

# Key Themes with the Financial Framework

- **Principles** agreed by system CFOs to improve joint working, including:-
  - Transparent, system first, compliance with Nolan principles of public office, share risk, collaborate at scale, etc.
- Developing the level of **collaboration** within system finance
- **Statutory financial duties** and supporting metrics
  - All NHS organisations within the ICS have a statutory duty to maintain a balanced financial position (capital and revenue).
  - Supporting metrics include MHIS, cash, Better Care Fund, Running Costs Allowance/Trust corporate costs, agency spend, supplier payment, etc.
- Improving **financial planning**
  - Acknowledge the need to improve our system financial planning arrangements and consider improved methods for the future, e.g., an eight quarters 'rolling' financial plan.
- Developing the **system's financial reporting**
  - Mandated elements, e.g., national and regional reporting to NHSE
  - Local elements,
- **Internal Reporting** (CFO/AO/Productivity and Value Group, partner organisations, system committees, etc.)
- **Additional Reporting** (Benchmarking, productivity, linkages to workforce and activity, etc.)
  - Improved decision making/maximising the use benchmarking information to optimise use of Black Country resources, VFM, etc.
- **Resource distribution**
  - Limited resource in short to medium-term (In 2023/24 - the baseline capital allocation is £79.6m and revenue £2.6 billion)
  - Considerations for distribution (both financial and non-financial)
  - To ensure a fair distribution linked to output, performance, need, etc.
  - Consideration of sector-based approaches to resource distribution.
- Developing **future productivity and efficiency programmes** to ensure long-term financial sustainability
  - Efficiency and increasingly strategic transformation programmes will be essential as we enter a period of financial challenge.
- **Governance and system oversight arrangements**
  - Role of the Productivity and Value Group/proposed oversight arrangements



## Improving Quality

Our quality strategy will focus on embedding the benefits of working as a single strategic commissioner, in supporting an ageing, ethnically diverse population and will aim to ensure services continue to be delivered in the right way, at the right time, in the right place and with the right outcome

The local health economy remains challenged with significant diversity and deprivation, therefore a clear vision for quality improvement is essential. Working in collaboration with health and social care partners we are engaged in ambitious improvement work across the Black Country, to improve outcomes in population health and healthcare. We will continue to learn and develop, adopting new ways of working to further strengthen our resilience, using specialist skills and expertise to deliver a high-quality range of health and social care services fit for the future, delivering opportunities to build on the integration and close working between health and social care. Collaborative clinical leadership will enable us to develop a unified approach to quality improvement fit for the future, and will provide a sound platform to embed a standardised approach across the four Places and avoid unwarranted variation in care. We will use this unified approach to continue to improve quality across all services as we continue to embed a new approach to integrated delivery of services for our population.

### Key Priorities

Our priorities include delivery of the ambitions in the NHS Long Term Plan and other national initiatives, considering system and specific Place-based issues.

Our strategy sets out plans to improve quality across the following domains:

- Addressing the impact of health inequalities
- Improve patient experience, personalised and engagement
- Developing our workforce
- Assuring quality and safety
- Safeguarding children and adults
- Supporting victims of abuse
- Continuous quality improvement, supporting strategic workstreams

### Oversight and Assurance

The Black Country is recognised through its four Place structure, it is important therefore that the quality strategy reflects the local Place agenda and improvement requirements, and maximises the opportunities at system to bring together good practice, understand key themes and trends and align learning and improvement across the system. To enable this, the quality strategy is supported through a series of subcommittees aligned to key portfolio areas of living well, staying safe, prevention, access and response and ageing well. These system oversight boards/groups will be fed through Place-based assurance and improvement activity and reported at system level to ensure consistency across the Black Country ICS.

Assurance via the monthly Black Country ICB Quality & Safety Committee and quality sub-group structure will then be fed into a System Quality Oversight Committee (SQOC). The SQOC will collectively consider and triangulate information to safeguard the quality of care across all services.



Personalisation is about giving back power to people – focusing on placing the individual at the centre of their care, reinforcing that the individual is best placed to know what they need and how those needs can be best met (Carr, 2008). It provides an overarching lens or ethos for the care provided over the whole course of a person's life from birth to end of life and enables people to have choice and control, considering what matters to them and empowering them to have responsibility over their own health. Our Joint Forward Plan describes our commitment to implementing the Comprehensive Model of Personalised Care. The model core components and our strategic actions are set out below, further detail can be found within our wider workstreams regarding the implementation of personalised care across our Joint Forward Plan.

### Shared Decision Making

Shared decision making (SDM) refers to a point in a pathway where a decision needs to be made, people are supported to understand the options available and can make decisions about their preferred course of action.

**Our plans include** delivering SDM training across our workforce, embedding SDM foundations in all pathways, a public awareness campaign and the development of decision support tools.

### Personalised Care and Support Planning

Proactive and personalised care and support planning focuses on the clinical and wider health and wellbeing needs of the individual. Conversations should focus on what matters to the individual.

**Our plans include** establishing care plans and care coordinators across a range of services, embedding Compassionate Communities approach, and expanding roles in primary care to support care planning.

### Enabling Choice, including legal rights to choose

Enabling choice concerns the legal right to choice of provider in respect of first outpatient appointment and suitable alternative provider if people are not able to access services within waiting time standards.

**Our plans include** ensuring that quality information is available to patients, that choice is proactively extended and principles build into models of care and care pathways.

### Social Prescribing & Community Based Support

Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

**Our plans include** expanding the service to meet all communities including CYP, workforce training and development including peer support, and building in creative cultural health opportunities.

### Support Self-Management

This is the way that health and care services encourage, support and empower people to manage their ongoing physical and mental health conditions themselves.

**Our plans include** developing primary based self management education, rolling out health coaching and workforce training with a focus on prevention and self-management approaches.

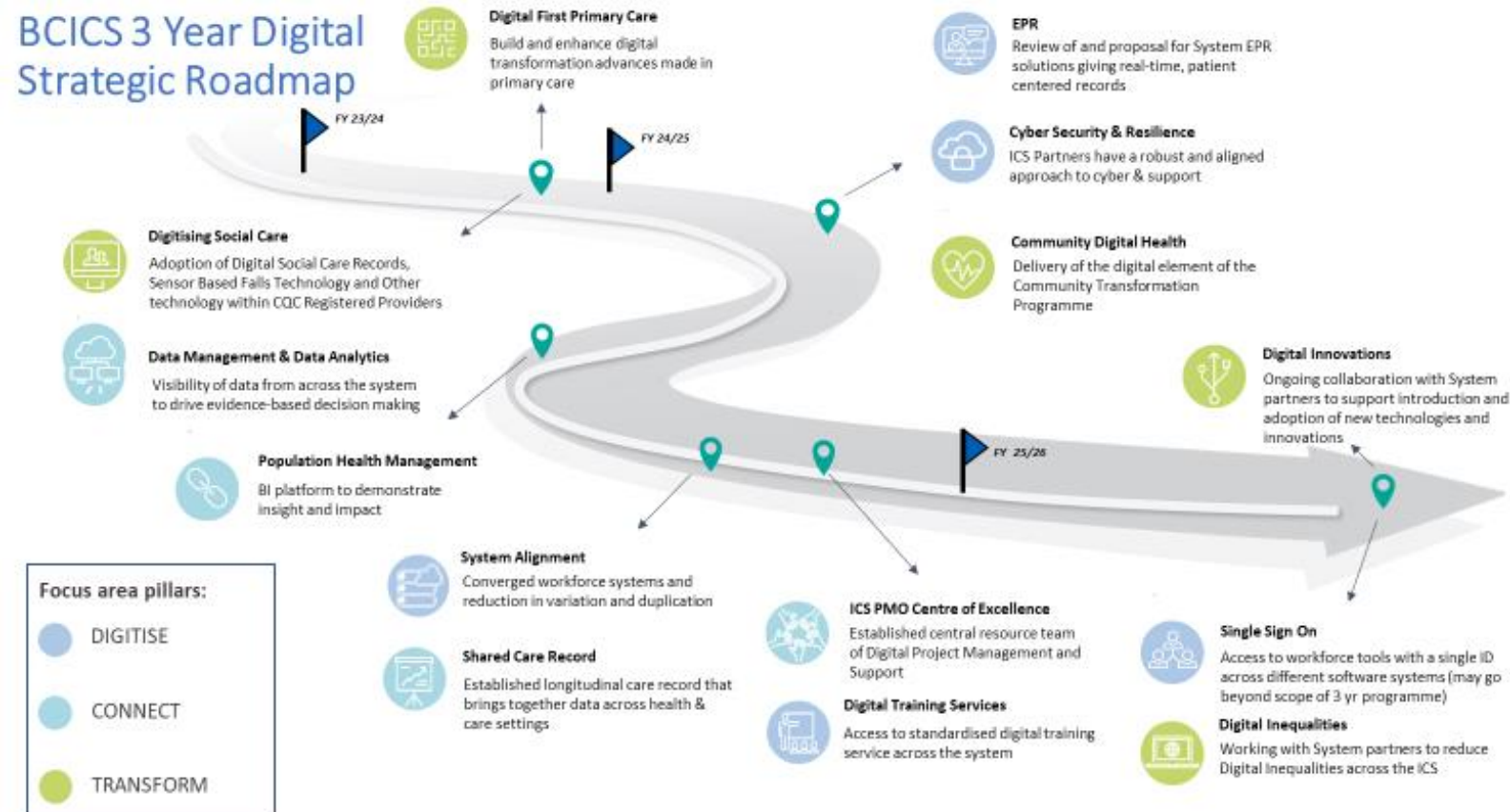
### Personal Health Budgets

A personal health budget supports creation of an individually agreed personalised care and support plan that offers people choice and flexibility over how their assessed health and wellbeing needs are met.

**Our plans include** widening the availability of PHB linked to population health need, further develop the finance and clinical governance framework to support extension, pilot integrated health and care budgets.

Our ambition for a digitally enabled Black Country NHS is to coordinate a system-wide digital programme, ensuring our staff members and partner organisation have access to the digital facilities to not only achieve our strategic priorities but do so in a way in which addresses digital inequalities, maximises innovation in both the organisation and delivery of care, and provides our workforce with an efficient working environment.

The ICS Digital Programme Board has recently agreed the systemwide Digital Strategy and costed milestone delivery plan. This was co-developed between over 80 representative across system partners and patient groups to support and enable all sections of this Joint Forward Plan, a high level roadmap is shown below.



## Climate Change

Our ambition as an ICS is to support the NHS in the Black Country - through our organisations, teams, and individual staff members and in collaboration with our wider partnerships - to drive changes which achieve the NHS net zero targets, support the health and wellbeing of our patients and staff and improve the local environment.

### Greener Clinical Care and Procurement

Through this programme we will consider environmental and social factors when purchasing, including how we can reduce the environmental impact of consumables used in clinical practice, and also implementing a national policy so that all our tenders included a minimum 10% net zero and social value weighting. We will use all available mechanisms within our procurement routes to lower our carbon footprint and deliver improved environmental and social impacts.

### Digital Transformation

This programme seeks to maximise opportunities to deliver services more efficiently and effectively. Though using eConsult and telephone appointments for Primary Care we have reduced travel, similar service models are being used in Secondary Care. In addition remote monitoring technology enables patients to measure blood pressure and undertake ECG at home. We will continue to work with our digital team and wider workstreams/partners to maximise opportunities.

### Estates and Waste Management

This programme will focus on sharing best practice and wider opportunities across system to improve the utilisation of our existing estate and expand services, without extending our estates carbon footprint. We will ensure compliance with green planning regulations and developing greener and more efficient waste management systems.

### Travel and Transport

We are delivering a programme to transition our vehicle fleet to ultra-low emission /zero emission vehicles and encouraging staff to also do this through salary sacrifice schemes. Elective vehicle charging points are available on a number of sites and we are working with public transport to develop initiatives to encourage staff and visitors to use active travel / public transport to get to work or access services.

### Medicines and Anaesthetic Gases

Through this programme we will achieve reductions in the numbers of inhalers that use an aerosol spray more potent than carbon dioxide. We intend to move to lower carbon inhalers without compromising patient care. Our use of desflurane, an anaesthetic gas with a large carbon impact, has been reduced during 2022/23. We are also reviewing our use of nitrous oxide, developing plans to limit the impact use of this produce has on the environment.

## Research and Innovation

Our ambition is to develop, promote and facilitate high quality research that is integral to delivering health and care, for the benefit of our population. We will promote the adoption and spread of innovations that enable the achievement of our system priorities and support the reduction of health inequalities.

### Research

Through a system wide collaborative approach to health and care research, we will achieve our aims to increase participation in research both at organisational and population level, enable equity of access to research opportunities and generate impact in health and care pathways. We will develop a Research Strategy with partners, ensuring all decisions and processes are underpinned by robust evidence based policies and an ethical decision making framework. There is a clear focus on disease/ condition priorities and ensuring alignment of research activities with key system priorities. We will increase the participation of system partners in research studies, and work with research teams to understand and grow the participation by underserved communities, to ensure adequate diversity and inclusion in research. The **Black Country Research Academy** will be critical to the delivery of this.

Through research we will:

- Improve Outcomes – research evidence will inform commissioning decisions to improve patient care, outcomes, and experience
- Tackle Inequalities – research provides us with a better understanding of our local populations and the wider determinants of health, and the steps required to maintain health and narrow health inequalities.
- Enhancing Productivity – we will consider how research is undertaken and delivered, increasing the flexibility of workforce or recruitment, while reducing bureaucracy and improving research productivity and value for money
- Supporting social and economic development – we will create an active research ecosystem, bringing revenue and jobs to the region

### Innovation

Our ICB will develop strong working partnerships across sectors and organisations, including the West Midlands Academic Health Science Network (WMAHSN) and our Voluntary, Community and Social Enterprise (VCSE) groups and community advocates, to promote the adoption and spread of innovations that enable the achievement of our system priorities, support the reduction of health inequalities, and address the needs of inclusion groups in the Core20PLUS5 health inequalities framework. We will develop an ICS Innovation Strategy, describing our ambition to improve cross-sector/organisation partnerships, and introduce the **Black Country Innovation Hub**.

Our objectives include the following:

- Adopt and adapt good innovation practices building on the UK Standards for Public Involvement in research and aligning with our principles for working with people and communities
- Capture and share widely our community, clinical and care and digital knowledge to inform and shape our innovation priorities in clinical and care model design, improve digital clinical safety, ease complex pathways, reduce digital inequalities, enable care integration and care in the community, while encompassing the core clinical and care leadership pillars empowering our workforce to build future capabilities.
- Use our collective knowledge to develop inclusive and sustainable mechanisms e.g. our proposed remuneration and recognition policy, accessibility assessment group and co-production framework to enable the development and adoption of innovations that meet the needs of our communities and workforce.
- Make the Black Country innovation approach accessible to all parts of the system, reaching across places and into neighbourhoods.

# Strategic Risks

There are a number of strategic risks that may impact on delivery of our plan

Risk	Description	Mitigation
Workforce Capacity	Risk that there will be insufficient workforce, resilience & retention of staff to deliver our plan	<ul style="list-style-type: none"> <li>• Ongoing local recruitment continues at place, more collaboration and engagement with local communities and encourage uptake of post from those new to care.</li> <li>• Skills mix reviews at provider level to continue;</li> <li>• Social Care recruitment partnership forum now set up support recruitment into social care – run by WM Consortium.</li> <li>• System retention plan in place focusing on staff over 55; retire and return flexibilities. Reviewing action plans from year 1 retention plan on flexible working for new and existing staff to aid retention &amp; health and wellbeing.</li> <li>• Robust monitoring of sickness absence levels at system level monitored by People Board.</li> <li>• Range of Health &amp; Wellbeing initiatives in place across the system, example include menopause training for managers</li> </ul>
Finance	Challenging financial landscape, requirement to deliver a balanced finance position may impact on ability to invest in services to deliver our plans	<ul style="list-style-type: none"> <li>• System Productivity and Value Group established to drive productivity and efficiency improvements and oversee financial improvement trajectories.</li> <li>• Enhanced expenditure controls to be put in place to maximise the value for money and health impact of every pound spent.</li> </ul>
Seasonal Winter Pressure Challenges	Risk that winter pressures lead to increasing demand for health services including primary (GPs) hospital & emergency services, increase in importing out of area ambulance activity resulting in additional pressure and increased risk to patient safety resulting in ambulance handover delays	<ul style="list-style-type: none"> <li>• Urgent Treatment Centre,</li> <li>• Increased GP appointments available</li> <li>• Ambulance receiving centre &amp; discharge lounges/hubs in across a number of system partners Consistent approach to patient initial triage and streaming by Emergency</li> <li>• Consistency of zoning arrangements within Emergency Departments</li> <li>• Departments, to maximise capacity within departments and ensure patients are accessing care at the correct point of entry</li> </ul>





# Strategic Risks Cont....

Risk	Description	Mitigation
Social Care Capacity	Risk that there will be insufficient workforce, resilience & retention of staff to deliver plan	<ul style="list-style-type: none"> <li>System partners working together via Place Based Partnerships to ensure use of adult social care funding and BCF arrangements helps minimise social care discharge delays</li> </ul>
Independent Sector Capacity	Risk that there may be insufficient Independent Sector capacity to help support delivery of our system elective plan	<ul style="list-style-type: none"> <li>Oversight and monitoring of elective care plan delivery and utilisation of Independent Sector taking place through Elective Care and Diagnostic Strategic Board, remedial actions being agreed where necessary</li> <li>Utilisation of alternative capacity available through use of DMAS or mutual aid</li> </ul>
Physical Capacity	Risk that reliance on sourcing external capital funding to replace equipment estates and facilities will impact on our ability to deliver our plans	<ul style="list-style-type: none"> <li>Prioritisation of capital schemes taking place</li> <li>Estates plan in place to review and maximise physical estates utilisation</li> <li>All opportunities for additional funding being explored</li> </ul>
Government instability	Potential change in government with elections due in 2024 may result in a potential change in government & policy regime	<ul style="list-style-type: none"> <li>Plan will be reviewed and refreshed on annual basis to take into account any emerging changes in policy approach</li> </ul>
Cost of Living/Inflation	Current economic climate is a threat as it contributes towards deprivation and wider determinants of health. The cost of living crisis & fuel poverty are recognised as factors which may impact on health outcomes and exacerbate inequalities	<ul style="list-style-type: none"> <li>Government assistance with fuel payments</li> <li>Council warm spaces</li> </ul>



# Feedback on Plan

Thank you

Email address for comments: [bcicb.strategicplanning@nhs.net](mailto:bcicb.strategicplanning@nhs.net)

Comments to be received by **22<sup>nd</sup> May 2023** please





## **Health and Wellbeing Board**

**Month June 2023**

### **Update Report for the Walsall Local Area SEND Improvement Programme.**

#### **For Assurance**

##### **1. Purpose**

The SEND Local Area Improvement Programme was designed to address the nine areas of concern identified by Ofsted and the Care Quality Commission in the SEND Local Area inspection in February 2019. As a result of the inspection findings, the Walsall Local Area were required to outline how it intended to improve SEND services via a Written Statement of Action (WSOA). The implementation of the WSOA is overseen by the Local Area Improvement Board (LAIB) who monitor progress and provide challenge. As part of the governance arrangements, the LAIB are required to provide updates and assurance to the Health and Wellbeing Board on a regular basis.

The purpose of this report is to provide the latest update and assurance.

##### **2. Recommendations**

- 2.1. That the Health and Wellbeing Board consider the content of this report and acknowledge and comment on the progress made to date in the improvement of SEND services as outlined in the 6 month Accelerated progress Plan (APP) review with DfE and CQC.
- 2.2. That the Committee confirm they are assured that there are robust plans in place to achieve improvement in the two areas of concern that were found not to have yet made sufficient progress at the SEND inspection.

##### **3. Report detail**

###### **Background**

- 3.1. Following the SEND Local Area Inspection of Walsal Council by Ofsted and the CQC it was found that there were 9 areas of concern and that a Written Statement of Action (WSOA) was needed from the Local Area. The Statement of Action was deemed 'fit for purpose' by Ofsted in October 2019 and was published on the council's website: <http://go.walsall.gov.uk/education/sendi>.
- 3.2. The actions within the WSOA had been split across four workstreams: Co-production and Engagement, Improving Outcomes, EHCP Assessment Processes and Joint Commissioning.
- 3.3. A Local Area Improvement Board (LAIB) was established to oversee the implementation of the WSOA. The LAIB was independently chaired by Vicki Whittaker-Stokes – a parent and foster parent of children with SEND who has

SEND needs herself and vice chaired by Louise Hudson, Walsall's SEND Independent Advice Service (SENDIAS) manager. The board is also attended by the workstream leads, the relevant strategic leads from the LA, CCG, schools representatives and the portfolio holder for Education and Skills.

- 3.4. The Local Area also received support and is regularly assessed for progress by advisors from the Department for Education (DfE) and the Care Quality Commission (CQC). Walsall's advisors are Pat Tate (DfE) and Deborah Ward (CQC)
- 3.5. The inspection framework outlined that the Local Area had two years in which to make sufficient progress in improving the nine areas of concern against the actions outlined in the plan. However, the Covid-19 pandemic delayed the re-inspection. In June 2022, Ofsted announced that Walsall's re-inspection would take place.
- 3.6. Inspectors requested a suite of documentary evidence prior to inspection, including the Local Area's self-assessment of their current position in relation to the quality of SEND services, the progress against the nine areas of concern and where improvements were still required. Inspectors were then on site for four days over which they held several focus groups with parents, carers, children and young people, education staff and local authority and health staff.
- 3.7. Following the re-inspection, Walsall was found to have made sufficient progress against seven of the nine areas of concern.
- 3.8. The inspectors acknowledged the way in which Local Area leaders have worked with FACE Walsall to improve communication with parents and carers regarding SEND issues across the local area. FACE Walsall also now sit on the Local Area Improvement Board (LAIB), ensuring that families' voices are clearly heard and understood.
- 3.9. The report also highlighted that the local area has collaborated well to develop Walsall's SENDIASS and this been universally well received with parents and carers welcoming and appreciating the help and guidance this service provides, as well as the guidance with navigating the local area's systems and processes.
- 3.10. Other areas of progress identified by inspectors include the development of groups to gain the views of children and young people in order to shape support going forward and improved support for Autism, including post-diagnosis support for parents and children and specialist training for professionals.
- 3.11. It is encouraging that the report highlights our progress in co-production work with parents and carers, increased usage of the Early Help Children's Hub, our Holiday Activity and Food Programme offer and the improvements in communication that have been made by the service.
- 3.12. The Local Area recognises that there is still room for improvement and we will continue to work collaboratively with our partners and families to ensure that an excellent offer is delivered for families impacted by SEND.

- 3.13. The two areas where sufficient progress was deemed not to have been made were:

Poor-quality EHC plans, which do not accurately reflect children's and young people's special educational needs, and do not adhere to the statutory timescales for completion – Ofsted noted that EHC plan assessments, annual reviews and updates to EHC plans are delayed and that EHC plans do not routinely capture the child or young person's voice, and

The poor quality of the local offer, which does not meet the requirements of the code of practice - Too many parents, carers and other stakeholders do not know that the local offer exists. Those who know of its existence have found it to be of little or no use.

- 3.14. The inspection result was published on 18th August 2022. A communication plan was developed around the publication, including a press release (Ofsted re-inspection finds positive improvements in Walsall's SEND offer) and an interview with Councillor Statham. This resulted in a number of positive news stories:

- BBC: Improvements made for Walsall SEND pupils, watchdog says
- Express and Star: Education services for vulnerable youngsters 'on the road to recovery' in Walsall
- Birmingham Mail: "Parents say they feel involved" - inspectors hail improvements in services for vulnerable children in Walsall

The result was also published on the Local Offer web pages

### **Accelerated Action Plan (APP)**

- 3.15. The Local Area submitted an Accelerated Progress Plan (APP) to the Department for Education (DfE) on 6th October for the two areas of concern against which sufficient progress was not made outlining how improvements will be made over the next 12 months:

As part of the submission we were required to demonstrate:

- The governance and accountability structures and processes that will support our next phase of improvement.
- The actions the Local Area is now taking (and have taken since the inspectors' revisit) to respond to their outstanding concerns.
- The impact measures and milestones to which you are working, being clear on the improvements you will have delivered in the next 3, 6 and 12 months.

- 3.16. There were already improvement plans in place for the two areas of concern which have been developed with input from partners, parents and carers. These were used as a basis to develop the APP with further input from parents, carers and partners across the Local Area prior to submission.

3.17. Progress against the APP was monitored by our DfE advisor, Pat Tate and NHS England advisor Deborah Ward and ww are also monitored locally via the LAIB.

3.18. On 28<sup>th</sup> March 2023 we were informed that the local area was due to have a six-month review meeting to assess progress against our Accelerated Progress Plan (APP). The review took place on 26<sup>th</sup> April. The meeting was attended by Pat Tate (DfE SEND Adviser), Deborah Ward (NHS England Adviser), Kirsty Perry (DfE Case Lead) and Jason Henderson (DfE Senior Case Lead) as the chair.

3.19. During the course of the meeting, they asked to review the documentary evidence that we are using to plan, track and evaluate the impact of our actions, including:

- current APP, with a brief progress update against each item.
- A dashboard of performance measures showing whether targets and milestones are being met in a timely manner; any slippage; evidence of impact and whether the local area is on track to meet the next set of milestones.
- An updated risk register and mitigation plans.
- Evidence of systems being in place for collecting and analysing the impact of actions.
- Any local evidence that we already hold (e.g. through consultations and surveys) that key partners, including children and young people, families and schools are playing an active role in developing the APP and in improving services.
- Clear information about our local accountability and governance structure.
- A brief update on any training that has been brokered for us by our SEND and NHSE Advisers since our revisit, or that we have bought in from elsewhere, and your assessment of its effectiveness.

The advisers also spoke separately to a group of Parents and school SENCO's. Attached as Appendix 1 is the submitted APP Plan Update and Risk Register.

On 15<sup>th</sup> May 2023 we received our feedback letter ( Appendix 2) which stated 'It was clear that the local area is making sustainable improvements to SEND services and to the lives of children and young people. The evidence provided, alongside the feedback from partners, demonstrated the range of actions in place to accelerate improvement. These included updates on the two workstreams linked to the APP, which support continued improvements, along with the presentation shared at the review meeting.'

### **Next Steps – Ongoing SEND Improvement**

3.20. In addition to the two areas of concern against which sufficient progress was not made, it is recognised that although sufficient progress was made against the other areas, and we are making improvements with these 2 areas, this does not mean that there is not still room for improvements. In addition to this, there are other areas within the delivery of SEND services which need to be developed and improved, particularly in light of national changes including the new inspection framework and the legislative changes outlined in the SEND and AP Green Paper.

- 3.21. In order to ensure that Walsall is prepared for these changes and delivering high quality SEND services to children, young people and families in Walsall which meet their needs and improve outcomes, the Local Area will, over the next months be developing a two-to-three-year improvement plan outlining the ambitions for SEND services in Walsall. Using available tools and undertaking an in-depth audit against the Code of Practice, the improvement plan will be developed in co-production with children, young people, parents, carers, education providers and employers, as well as staff from across the Local Authority and Health. LAIB members will be asked to be part of the development of this plan. The aim is to have a finalised, signed off plan by the end of the calendar year.
- 3.22. There will not be another re-inspection in relation to the original nine areas of concern or the remaining two areas of concern. The new inspection framework has been redeveloped by Ofsted and CQC and was launched in April 2023. In March 2023 the DfE published the Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan 'Right Support, Right Place, Right Time' which can be found in Appendix 3. This will be used to shape our SEND improvement plan referred to in 3.21.

### **Governance, review and ongoing monitoring**

- 3.23. The ongoing development and implementation of SEND improvement plans, including the APP, will be led and overseen by the Local Area Improvement Board (LAIB). The LAIB has direct accountability to the Health and Wellbeing Board and 'dotted line' accountability to the Walsall Learning Alliance. The LAIB will seek assurance that improvement plans are progressing and that milestones and deadlines are being achieved. Where there is slippage or risk, the LAIB will provide appropriate challenge and support.
- 3.24. The success and impact of the improvement plans on improving outcomes for children will be monitored through the use of data from across the partnership and a partnership SEND dashboard will be developed to support this.
- 3.25. Oversight will also be held for individual elements of SEND Improvement plan within individual organisations where responsibility for service delivery lies including Children's Services DMT and the ICB SEND Assurance Group.
- 3.26. In addition, the implementation and progress of the APP will be monitored by the DfE and CQC on a regular basis with a formal 12 month review meeting also planned for November 2023.

## **4. Implications for Joint Working arrangements:**

- 4.1. **Financial implications:** Local Area partner organisations are responsible for their own budgets in delivering SEND, however, both the council and CCG have contributed to the additional financial commitments that have been needed to run the improvement programme.
- 4.2. **Legal implications:** The delivery of SEND services within the Local Area is a statutory requirement outlined in the SEND Code of Practice. Failure to deliver

SEND services to the required standard can result in a direction from central government resulting in government intervention to improve the delivery of SEND services.

- 4.3. **Other Resource implications:** Local Area partner organisations are required to continue to provide the relevant resources needed to address the actions outlined in the APP to deliver the improvements operationally and ensure there is appropriate oversight at a strategic level through engagement in and delivery of agreed governance mechanisms.

## 5. Health and Wellbeing Priorities:

- 5.1. Delivery of SEND improvement in Walsall will ensure that children with additional needs have the best start in life and are supported in their transition to adulthood. The work aligns closely with four of the six Marmot objectives:
- **Giving every child the best start in life** – by ensuring that children with additional needs have their needs recognised early and receive the appropriate health, social care and education support they need.
  - **Enabling all children, young people and adults to maximize their capabilities and have control over their lives** – by ensuring that children and young adults with SEND are supported to achieve their potential and that their voices are heard, both in the planning of their own support and the development and improvement of SEND services generally.
  - **Creating fair employment and good work for all** – by ensuring that children and young people with SEND receive the support they need to access employment opportunities in the same way as their peers without SEND where they have the capability and capacity to do so and by ensuring that employers are creating those opportunities.
  - **Ensuring a healthy standard of living for all** – by ensuring that children and youth people with SEND received the diagnosis and support they need to meet their specific health needs and that universal health provision is accessible to those with SEND in a fair and equitable way.

### Background papers

Appendix 1 APP Plan Update and Risk Register

Appendix 2 Walsall APP feedback letter

Appendix 3 Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan 'Right Support, Right Place, Right Time'

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Poor-quality EHC plans, which do not accurately reflect children's and young people's special educational needs, and do not adhere to the statutory timescales for completion.											
Complete statutory tasks	APP 1.1.1	Develop and embed the new structure within the Local Authority EHC Assessment team which operates on a locality basis and provides named Family Link Officers for families and named Senior Link Officers for schools	Have a named link officer who they can contact and who knows their family well and be able to contact the service and receive a same day call-back at a time that is convenient to them.	Head of SEND	Established the locality model and communicated directly to all parents and schools who their link officer is. All vacancies will have been advertised and recruitment processes will be underway.	Recruited permanent staff to vacancies and communicated and embedded the locality model so that it is understood by all.	An established structure of permanent staff and be assured through surveys and feedback loops that parents, schools and other professionals are finding the locality and link officer model helpful and implemented a continual review cycle to maintain effectiveness	June 23 Embedded	Permanent recruitment began in October 2022 for seven Family Link Offices (FLOs). In addition, four existing permanent staff were promoted to Senior Locality Leads. A new permanent EHC team manager starts in April, which will bring security and stability to team.  This was communicated to schools and families though various routes including a termly newsletter called SENCOMS, the SENCO mailing list, a SENCO teams area, a Schools Bulletin and Internal Weekly Directors Briefing.  The coproduction day was attended by the EHC team which enabled families to meet the FLOs and start to build relationships.  The EHC team have a front door system which a main number and email. Parents book in a call back at time which is appropriate for them.	Future recruitment for four new posts will begin in April to expand the team further.  The EHC Handbook, induction plan and training plan will support recruitment and retention and ongoing sessions with parents and families will strengthen relationships.  There will be an area on the Local Offer website with photos and biographies of the FLOs so that parents and families can see who is who in the team.  We are developing a Locality Finder tool where the parents can put in their postcode and it will return who is their FLO and how to contact them and are exploring ways of making the front door more accessible through a booking system available on the local offer.	1.1.1a_EHC Team Structure Chart 1.1.1b_EHC Team Contacts 1.1.1c_EHC Team Communication Duty 1.1.1d_Compliments and Feedback 1.1.1ei_SK Weekly Brief 20-01-23 1.1.1eii_SK Weekly Brief 17-03-23 Final  SENCOMS, FLO advert and blurb for FLO role Staff feedback survey results
	APP 1.1.2	Review and implement a staff recruitment and retention strategy for staff within the EHC Team and EP Service.	Receive support from a stable and experienced workforce.	Head of SEND	Review current recruitment and retention strategy to incorporate feedback from staff health check workforce survey.	Drafted and consulted on an updated Recruitment and Retention Strategy.	Have a signed off Recruitment and Retention Strategy which is being used to maintain stability within the EHC Team and EP service through the identification of key actions and the implementation of a robust action plan.	June 23 Embedded	There is a Walsall wide recruitment and retention strategy based on the Staff Health Check Survey results from 2021-2022.  There is currently a Health Check Survey for 2023-2024.  A Recruitment Action Plan has been written for the EHC team and has been fully implemented with permanent recruitment completed.  A Permanent Senior EP started in October 2022 and developed and has begun to implement the EP Recruitment Action Plan. This has involved reassessing job roles to make them regionally and nationally competitive within the current backdrop of lack of EPs nationwide Recruitment is now underway.	The EHC team action plan is now complete. Four new additional posts for the EHC team to provide additional capacity have been established and will be advertised in April 2023.  The EP recruitment action plan is now operational and adverts are due to go live in April 2023.	1.1.2a_Access and Inclusion Workforce Development and Wellbeing Strategy 1.1.2b_Educational Psychology Service Recruitment and Retention Strategy
	APP 1.1.3	Offer NASEN and IPSY training to all staff in the EHC team	Receive good quality support from well trained staff who have professional, nationally recognised qualifications.	Head of SEND	Plan training programme that is required.	Begun the programme of training with half of the team beginning with the NASEN Training and other half with the IPSEA training.	Enabled all relevant staff to have accessed both sets of training and achieve the associated qualifications and established a programme for ongoing training. Effectiveness of training will be monitored through the QA framework, parental, child and professional feedback and performance monitoring.	Nov 23 Embedded	IPSEA training was provided to all team in January and some additional colleagues from health and the Virtual School and attendance. Altogether 23 people attended the training.  The meeting covered Unit One of SEND legislation and was a whole day event. Feedback from the teams confirmed this had been useful. The senior officers are completing the NASEN Case officer qualification	We plan to repeat the IPSEA training day for colleagues in social care and other relevant teams in the council and are exploring an online training module which will build on knowledge.  We have made the slides and a guide developed from key information from the day available to all staff on the induction area. New staff will have the IPSEA training course as part of their induction.  We have used the standards from the case officer training to create a set of standards for EHC officer as part of their induction and training.	1.1.3a_IPSEA Training SEND Law for LAs

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Ensure there is sufficient capacity and skill within services to co	APP 1.1.4	Ensure that there is sufficient capacity within Health and Mental Health services (including the Community Paediatrics and Therapies teams) to meet the demand in the assessment and delivery of EHC plans.	Receive good quality assessments within statutory timescales and support in a timely manner without having to wait excessive amounts of time due to long waiting lists.	ICB Commissioning Lead	Completed work to understand the gaps and begun to address capacity issues by developing the relevant business cases and identifying new and innovative ways of working to address the gaps.	Completed business cases, begun recruitment based on the levels of approved funding and started to implement other identified changes to ways of working.	Completed recruitment and implementation of additional capacity as per the funding and models agreed within the business cases and implemented new ways of working to maintain sustainability.  Sufficient capacity will be monitored through the QA framework, parental, child and professional feedback and performance monitoring.	Sept 23 In Progress	There is a business case in place to address the staffing gap which will provide long term plan for being able to maintain compliance with EHCP timescales.  An apprentice administrator with EHCP responsibilities is in post for Community Paediatric Therapies. Job planning has been completed in Therapies to ensure that priority tasks have been completed (EHCP priority).  The DCO has met with CAMHS to discuss the pathway.  A Community Paediatric Consultant post has been approved and will be recruited to imminently. Extra EHCP clinics have been funded in Community Paediatrics while waiting for the new Consultant to start.	Service Specification and job planning will build on EHCP assessments as part of clinicians sessions.  Funding will be secured on an ad-hoc basis for mop up EHCP clinics.	
	APP 1.1.5	Hold a cross remit development day with key EHC Assessment Team staff, EPs, and Health operational staff to embed good practice.	Benefit from a local area SEND workforce that understand each other's role in delivering SEND services and is committed to working together to deliver high quality services that improve outcomes.	Head of SEND	Held the first cross remit development day	Used feedback from staff about the usefulness and format of the first cross remit development day to establish a programme of cross remit development days to be held throughout the year.	Have an established, ongoing programme of cross remit development days in place and that induction of new staff across the Local Authority and health services covers expectations in relation to EHC assessments and contributions.	Dec 22 Embedded	A Strategic Development and Coproduction Day was held on 3rd March following delays due to an ILACS inspection and poor weather. There was representation was from health, education and social care, parents and families.  Four sessions across the day explored SEND and inclusion, the parent journey, the local offer and the health gateway (as an example of successful joint working). The final activity looked at the new inspection core statements and all participants scored themselves to create a baseline.  Regular smaller coproduction workshops are held every other Thursday which focus on different elements taken from the main event which have so far covered the Local Offer, Inclusion, Health and Social Care contributions and pathways and decision making	A Strategic Development and Coproduction Day will be held two to three times per year with the intention of making young people are part of the day for future events.  We will increase attendance from across the partnership and invite external speakers.  We are working towards making the Thursday workshops more focused with a themed agenda which is coproduced with families and young people.	1.1.5a_Strategic Co-Production and Development Day 1.1.5bi_Strategic Coproduction Event_LASlides 1.1.5bii_Strategic Coproduction Event_HealthSlides 1.3.6a_Walsall Coproduction and Strategic Meetings Overview
	APP 1.1.6	Implement the national framework pilot which sets out minimum training standards for health professionals working with children with SEND within Walsall Health Trust (WHT)	Receive good quality support from well trained staff who are delivering care and support to recognised national standards.	Designated Clinical Officer	Begun the implementation of the pilot or explored alternative forms of training if there is any delay in the national roll-out.	decided whether to continue with the implementation of the national framework based on the outcome of the pilot and identified an alternative training programme if required.	Fully implemented a training programme using the national framework or the identified alternative.  Effectiveness of training will be monitored through the QA framework, parental, child and professional feedback and performance monitoring.	Sept 23 In Progress	The national training framework pilot that Walsall has expressed interested in joining with NHSE has been delayed. In lieu of the national training framework implementation WHT and BCHFT have rolled out the Oliver McGowen training as minimum expected standards for staff working with children and young people with learning disability and autism.  There are two phases to the training. The first phase is online and staff began to complete this from 01st March 2023. The second phase is face to face and requires a trainer to deliver.  The funding and delivery of this has been raised with the LCB regarding procurement and delivery but does mean that there is some delay to the original timescales for this action.  Staff also complete CDC online training for EHCP awareness and the DCO is discussing with Royal Wolverhampton Trust (RWT) about SEND training that should be mandatory for all staff to bring WHT in line with RWT	Minimum training standards for SEND and/or CDC EHC training will be mandatory for trust. The LCB need to procure the trainer for second phase. Training data will be requested from providers.	1.1.6a_Health Training Summary



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	APP 1.1.7	Take advantage of Sector Led Improvement Partners Support.	Benefit from improved services supported by recognised best practice	Head of SEND	Identified and had an introductory meeting with a potential SLIP partner	Agreed the areas of focus for SLIP Support	Have taken advantage of SLIP Support and begun to implement improvements based on learning from SLIP partners	August 23 In Progress	In discussion with our identified SLIP (Bi-borough of Royal Borough of Kensington and Chelsea and Westminster) we have identified three areas for which support will be provided. These are: Developing a robust EP service, A Roadmap to creating a local offer Placement sufficiency and planning for children and YP with SEND.  Key leads have been identified in each of these areas and meetings are planned for April to begin the work.	We will work with the SLIP partners to explore key areas for development and any ideas which can further support the key focus areas.  The EP support will help address the quality and timeliness of EHCs as this has been an area for development. We also experience barriers when trying to place children and so support in placements and sufficiency will also help to improve timeliness.	1.1.7a_SLIP Support
	APP 1.2.1	Clear outstanding EHC assessments that are over 20 weeks by triaging those that require new Ed Psych assessments and those that do not.	Receive the outcome of their EHC assessments and plans. They will be able to follow the progress of their assessments and contribute directly to their assessments and plans via the EHC Hub.	Head of SEND	Triaged all assessments that do not require an Ed Psych assessment and be making progress in completing the backlog of those that do.	Cleared the outstanding EHC assessments and be actively managing EHC assessment processes so that future backlogs do not occur	Be actively managing EHC assessment processes so that future backlogs do not occur	March 23 Complete	Assesment backlogs have significantly decreased. A weekly meeting is held to look at all open assessments to prioritise and help keep the team focussed on maintaining timeliness.  The average time in the backlog has been reduced to 31 weeks. At the start of the APP, there was 313 cases outside of 20 weeks in a backlog. As of today there are 50 cases left and the majority of these are at placement stage following the drafted plan. We anticipate the backlog being removed in full by the end of April 2023.  Consultations for placements has caused a lot of delays, however the EHC team (following the IPSEA training) feel more able and confident to challenge placement refusals and are now directing schools.  Internal deadlines are aimed for including making decisions to asses by week two and decisions to issue by week 14. This has contrinbuted to a huge increase in the amount of assessments which are meeting statutory deadlines.  EP advices are mostly being delivered through a locum model due to the national demand of EPs. Succinct decision making has led to more organised consultation requests. A new streamlined system of requests was set up on the hub which meant that there was a central coordination point for education psychology, health and social care advices. The team have also looked at evidence submitted as part of the application and requested a triage rather than a full advice for children where appropriate.	A new decision mapping flow will be embedded and published on the local offer for transparency.  We will work with SENCOs to explore challenge and support pre request.  The new team manager will be able to maintain daily oversight of the assessments and focus the scrutiny meetings.  We are drafting a Placement Strategy that will support with Placements and Sufficiency.	1.2.1a_Mutual partner referral agreement_ 1.2.1b_Assessment and Refusal Decision Statements 1.2.1c_EHC Statutory Assessments Requests 1.2.1d_Naming an Independent School in section I of an EHCP Factsheet (ATV1) 1.2.1e_Scheme of delegation_ 1.2.1f_EP context
	APP 1.2.2	Refine and improve processes for request for advices from health, including the implementation of a 'triage' process to ensure that requests are going to the right person first time and the development of a standard operating protocol (SOP)	have their assessments completed within statutory timescales, with input from relevant professionals. They will be able to follow the progress of their assessments and contribute directly to their assessments and plans via the EHC Hub.	Designated Clinical Officer	Implemented the revised processes and established monitoring to track improvements.	Reviewed, through audits and dip samples, whether the new processes have been effective in improving the timeliness and quality of advices and have refined the process if required.	Fully embedded and established the process to ensure the timeliness of advices monitored through a continual cycle of QA and performance monitoring.  Implemented a continual process review cycle to maintain effectiveness	Dec 22 Embedded	Agreed decisions for assessments are sent to health within two weeks for approx. 50% of cases.  A gateway panel meets weekly with representatives from therapies, CAMHS, Community Paediatrics, school health and health visiting to discuss individual applications. Children and young people are triaged to most appropriate health teams for relevant advice for EHC. The team have also discussed wider participation from parties who feel they may benefit from the panel such as epilepsy nurse specialist.  The DCO has oversight of all applications and data is kept on a database, monitored by the DCO to track requests and monitor the completion of health advices. Health advices on average are returned 86% within 6 weeks since January 2023.  Regional neighbours have enquired about this pathway and have requested more information.	Working with the newly appointed DSCO will ensure that Social care and Early Help are fully involved in the pathway with consideration being given to extending the gateway to be inclusive of all services.  Work is taking place with caseworkers to audit whether the APPC and CAMHS template capture the correct information and amendments to final version will be signed off via trust governance processes.	1.2.2a_EHCP Gateway TOR 1.2.2b_EHCP health advice template V0.4_DRAFT 1.2.2c_Draft CAMHS statutory SEND health advice template Draft V1

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Improve the timeliness of EHC Plans and Reviews	APP 1.2.3	Refine and improve processes request for advices from social care to ensure that requests are going to the right person first time and the development of a standard operating protocol (SOP)	have their assessments completed within statutory timescales, with input from relevant professionals. They will be able to follow the progress of their assessments and contribute directly to their assessments and plans via the EHC Hub.	Head of Help, Protection and Support	Agreed the new processes and begun to implement them	Implemented the revised processes and established monitoring to track improvements and begun to review and refine, as necessary.	Fully embedded and established the process to ensure the timeliness of advices monitored through a continual cycle of QA and performance monitoring.  Implemented a continual process review cycle to maintain effectiveness	March 23 In Progress	The health gateway has been a huge success in improving timeliness of advices. Following the coproduction workshops, we are looking at ways in which the health gateway can be expanded to include partners from early help, social care and education.  We have recently confirmed the implementation of a DCSO role to support development and coordination as part of our focus on social care and early help advices and ways of joint working.  Key leads from social care and early help are part of the Operational Partnership Group and also strategic development sessions. These sessions have supported exploring and unblocking operational barriers.  Social care and health contributions guidance was completed in September 2022. Both areas have used this to improve response to requests. We are planning EHC/SEND training in with all colleagues in social care and early help. Our 'big themes' will support focused training and shared knowledge.	Training and information sessions will be held for social care and early help staff on duties and responsibilities within the EHC system.  Social care and early help staff will also be fully involved in future co-production events.	1.3.3a_ Health and Social Care Contributions to the EHC Pathway 1.3.3b_Guidance for completing Psychological Advice for an EHC needs assessment
	APP 1.2.4	Review data and existing processes within the EHC team to identify bottlenecks.	have their assessments completed within statutory timescales, with input from relevant professionals. They will be able to follow the progress of their assessments and contribute directly to their assessments and plans via the EHC Hub.	Performance Team and Head of SEND	Have comprehensively identified where all bottle necks exist and have begun to identify solutions to streamline processes.	Have streamlined and implemented changes to processes and updated all guidance to reflect the changes. Staff will have received training through team meetings and supervision and there will be monitoring in place to track improvements	Embedded all process changes and be able to demonstrate that the EHC assessment process is meeting statutory timescales monitored through a continual cycle of QA and performance monitoring.  Implemented a continual process review cycle to maintain effectiveness	Jan 23 Embedded	Data analysis identified three key bottlenecks within the assessment process which were contributing to delays. Time was being lost in the first six weeks with delays in initial decisins making it difficult to meet timescaes later in the process. Advices were not monitored and not returned within six weeks and some advices were not returned at all delaying assessments, decisions to issue and the drafting of plans. Finally a poor understanding of inclusion in schools created challenges in indeitifying placements resulting in delays while alternative provision was sought rather than directing placements to appropriate local mainstream school.  The twenty week assessment process has been broken down and now includes earlier internal deadlines to improve timeliness including aiming to make decisions to assess within two weeks and decisions to issue by week 14. This has increased the teams capacity and enabled a smoother process.  We have worked closely with EPs, health and social care to improve timeliness of advices and have streamlined the system on the Hub to request advices. Finding placements remains a challenge, however the IPSEA training has helped the team feel more confident to challenge and the planned inclusion agenda with all schools will help to support children being educated in their local mainstream school with their peers.	The new team manager will be able to have greater daily oversight of the assessment process and ensure responses are timely to avoid further backlogs developing.  The assessment flow will be embedded within the Multiagency Quality and Compliance Group	1.2.1b_Assessment and Refusal Decision Statements  1.3.2a_EHC team Development 1.3.2b_Drafting a good EHC Plan 1.3.2c_recommendations and requirements for quality of EHC plans  1.3.4ai_Walsall Quality Assurance Framework and Toolkit 1.3.4aii_Quality assurance template
	APP 1.2.5	Re-establish the Partnership Operational Group to oversee operational processes, unblock issues that impact on timeliness and monitor quality of plans.	Have their assessments completed and EHC plans finalised within statutory timescales to ensure that children and young people can receive timely provision based on their needs.	Designated Clinical Officer	Have re-established the partnership group and agreed membership, terms of reference and priorities for the first 12 months.	Met regularly and established an action plan based to further improve processes and implemented robust oversight of performance and quality through the group.	The ability to evidence through meeting minutes, action plans, audit reports and performance dashboards that the group is achieving its aims and ensured that priorities continue to be updated and reviewed.	March 23 Embedded	Three key strategic groups have been established which support development and joined up working. All groups are attended by representatives from education, health and social care alongside families and parents.  The Strategic Operational Group supports with daily procedures and quickly can address any issues within the system using data and feedback.  The Coproduction and Strategic Workshops look to future practice and ensure ongoing development and implementation of longer term ideas.  The Multiagency Quality and Compliance Group is still being established. This group will look at audits and dip samples of plans and advices to ensure quality is improved and maintained and will also consider any decisions that require multiagency funding.	Attendance will be monitored and widened out as appropriate to ensure that all key partners are included and attendees understand the importance of the groups.  Regularity and consistency of meetings will ensuret that momentum is maintained.	1.2.5a_Partnership Ops group Agenda 16.03.23 1.2.5b_Partnership Ops group Minutes 16.03.23

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	APP 1.2.6	Develop and implement clear guidance which outlines thresholds and expectations for SENCOs who are requesting assessments.	receive all appropriate support from their SENCO with appropriately managed expectations and be assured that any request for an EHC assessment is appropriate and contains the relevant information for the assessment to progress.	Head of SEND	Written and shared the guidance with SENCOs and supported its implementation through training and communication.	Adapted end of assessment EHCP survey to capture parental views about quality of SENCO support, captured relevant data and begun to use findings to develop further refinement to guidance and training plans.	Fully embedded the processes and expectations and be assured that requests for assessment are appropriate and of sufficient quality and that parents feel supported.  Implemented a continual process review cycle to maintain effectiveness	Dec 22 Embedded	<p>The SENCO pathway booklet and guidance documents were refreshed and issued to schools in Autumn 2022. This was followed up with briefing sessions and some one to one meetings.</p> <p>The updates to the assessment and review pathways were communicated through schools bulletin, SENCO teams area and virtual head teachers session. Additional guidance was also sent out to support using the Hub for assessments and reviews.</p> <p>More detailed training and updates and planned through SENCO networks starting after Easter.</p> <p>There is an Early Years Assessment Toolkit which all EY SENCOs use when assessing children with rising needs. PVI's and EY SENCO forum have had focused sessions on making applications for EHCs. SENCO questionnaires have been given to the SENCO working party and the impact of the session has been recorded. There is an ongoing training agenda for SENCOS which follows the 'SEND and Inclusion Big Themes'</p> <p>The SENCO working party are working with the Inclusion Development Partner to explore ways in which school can be supported, given capacity and challenged through a robust inclusion agenda</p>	<p>We are currently writing a SEND and Inclusion Outcomes Framework for all schools. Data from this will collate to form an index and confirm schools strengths and areas for development. This will be completed by May 2023.</p> <p>The results will enable the LA to create inclusion partnerships that offer relevant and credible peer to peer support and challenge in a triad.</p> <p>The Inclusion Development partner is drafting the Ordinarily Available Provision Guide with the SENCO working group which will include a skills audit, standardised SEN support and a provision mapping tool. This will support better quality applications and support for children with rising needs.</p> <p>SENCo network meetings will have a focus on the monthly Big Themes and will sit alongside SENCO Inlcusion Partnership and Critical Friends programme, which will discuss audits, future applications for EHC assessments, sharing best practice, training and the school audit.</p>	<p>1.2.6ai_SENCO guide to Walsall's EHC pathways</p> <p>1.2.6aii_School additional Advice in Assessments APPB</p> <p>1.2.6bi_EYSEND Assessment Toolkit</p> <p>1.2.6bii_EYSEND Assessment Tools Progress Record</p> <p>1.2.6c_Briefing Note Early Years HNF</p> <p>1.2.6di_Inclusion agenda rationale</p> <p>1.2.6dii_Inclusion Development Partner JD</p> <p>1.2.6ei_Training Plan for All Providers 2022-23</p> <p>1.2.6eii_SEND - PVI training dates - 22-23</p> <p>1.2.6eiii_DIARY DATES FOR PVI'S - 22-23</p> <p>1.2.6eiv_SENCO Yearly Schedule training and networking 2023 to 2024</p>
	APP 1.2.7	Develop and strengthen planning and review arrangements for children and young people who are moving towards transition points (including transitions into area)	Receive appropriate support and planning for when they are moving towards key transition points.	Head of SEND	Have fully reviewed and identified gaps in current transition processes and begun to develop redefined pathways.	Continued to implement redefined pathways and processes making any changes as a result of feedback and reviews of the effectiveness of the changes.	Have fully established processes for all children that are moving towards transition that are well understood by parents, carers, and professionals.  Implemented a continual process review cycle to maintain effectiveness	August 23 In Progress	<p>The phase transfer letters were sent out to parents in October 2023.</p> <p>A new Special School Head teachers panels was held which allowed most placements to be agree at the meeting without need for later discussions. This was a significant step forward and will be repeated again next year.</p> <p>We have improved working with the Admissions team. 81% of all year 6 plans were named by the 15th February. 21 pupils still have placement issues but these are in the process of being resolved.</p>	<p>We intend to embed this by using electronic forms which are ready to send to parents after Easter. This will give more time to complete planned placements.</p> <p>In addition, schools will be asked to invite the receiving SENCO to the annual review where any questions about needs or funding can be pre-empted and addressed.</p> <p>The EHC officers will start to attend parents evenings next academic year to be available to help and support families around transitions.</p>	<p>1.2.7a_Walsall LA's Phase Transfer Process - 2022-23</p>
	APP 1.2.8	Develop, strengthen, and embed new annual review processes to ensure that all children receive their reviews in a timely manner and that all EHCPs are on the new plan template.	Have up to date EHCPs which are reviewed in statutory timescales and meet changing needs as children and young people grow.	Head of SEND	Published guidance on the revised review processes, delivered training and awareness to SENCOs and implemented monitoring at school level.	Continue to monitor the effectiveness of the revised review processes and used performance monitoring to manage conversations with individual schools where reviews are not being managed appropriately.	Have ensured all children and young people who are due a review have had one and have current and up to date EHCPs and embedded the processes and expectations so that reviews remain up to date going forward	August 23 In Progress	<p>The new annual review process was launched to schools last autumn and followed up with a guide on how to complete an annual review on the Hub, however, some schools are still resorting to the using the old processes.</p> <p>All EHC plans are transferred to the new template by the team following receipt of the paperwork from schools and so are becoming more relevant and up to date. The team have received positive feedback on the quality of the new EHC plans.</p>	<p>The new annual review system needs to continue to embedded with schools so that reviews can be processed in time. The Inclusion Development Partnerships will begin to ensure that all schools are trained and able to use the new system of completing an annual review.</p> <p>The annual review tracker will have a similar focus as the assessments currently have. There are four new Family Liaison Officers joining the EHC team from April which will support with additional capacity.</p>	<p>1.2.8a_annual review guide to EHC hub</p> <p>1.2.8b_SENCO working party Annual reviews</p>



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Plans, plans and annual reviews	APP 1.3.1	Develop plan templates that reflect personalisation and capture the voice of children, young people, and parents. Parents have been involved in designing new templates.	Have high quality plans that accurately reflect the needs of individual children and young people, capturing their voice and clearly set out what support the children and young people will receive.	Head of SEND	Designed and implemented new plan templates in co-production with parents and carers.	Be consistently using the revised template for new and updated plans and monitor feedback mechanisms from parents, carers, children, and young people to determine whether the templates are reflecting need, personalisation and that voices are heard.	Have fully embedded use of the revised plan template with the majority of children having plans in the agreed format and be assured through feedback and quality assurance that they are capturing personalisation and the voices of children and parents and ensure that there is a continual cycle of review in place.	Dec 22 Embedded	<p>The standard Hub plan template reduced personalisation and was not a solid foundation for quality so we launched a new template in October 2022 which was codesigned with parents and families.</p> <p>Following the launch, we ran a competition with FACE PCF to design a front cover for the 0 to 14 years plan and for the 14 to 25 years plan. Two children won a prize which was presented to them by the Mayor, the chair of Face and a Senior manager from the EHC team.</p> <p>There has been a lot of positive feedback about the new template with parents finding it more accessible and of better quality.</p> <p>There is a stronger focus on parents, child and young person voice throughout the plan and aspirations and outcomes are more embedded and a clearer section F, G and H makes provision easier to access.</p> <p>Plans are now drafted outside the Hub and the team have a set of quality assurance standards that they refer to when drafting. All staff must have 10 plans quality assured before being able to issue. Following that the plans are assured by seniors on a dip sample basis each month.</p>	Continue to use the EHC template for all children and greater personalisation off the Hub.	1.3.1ai_EHCP Template 0 - 14 1.3.1aii_EHCP Template 14 - 25 1.3.1bi_EHC plan writing 1.3.1bii_EHCP Template Training Guide
	APP 1.3.2	Implement regular and ongoing training for staff and robust guides and manuals to ensure that staff understand what a good quality EHC plan looks like and how they should involve children, young people, and parents in the development of their plans.	Tell us that they have been listened to, included in the assessment process, and receive consistently high-quality plans which meet set standards and the needs of children and young people.	Head of SEND	Written guidance and disseminated it to all staff. Established a regular schedule of training through team meetings and dedicated training sessions.	Continue to deliver training and awareness to staff including feedback from audits and continue to refine processes based on learning.	Be assured through quality assurance processes, auditing and parent and child feedback that plans are of high quality and are meeting need.	April 23 Complete	<p>All the team received Good Quality Plan Training in January 2023 and have been given a Good Plan Guide and a Exemplar EHC plan in order to support writing consistent and quality plans.</p> <p>Plans are now drafted outside the Hub and the team have a set of quality assurance standards that they refer to when drafting. All staff must have 10 plans quality assured before being able to issue. Following that the plans are assured by seniors on a dip sample basis each month.</p>	<p>The SEND and Inclusion Big Themes will focus attention to a particular element of the EHC plans and align with the Quality Assurance Framework.</p> <p>All staff will have Plan writing as part of compulsory induction</p>	1.3.2a_EHC team Development 1.3.2b_Drafting a good EHC Plan 1.3.2c_recommendations and requirements for quality of EHC plans
	APP 1.3.3	Implement regular and ongoing training for staff and robust guides and manuals to ensure that staff understand what good quality advices look like.	Tell us that they have been listened to, included in the assessment process, and receive consistently high-quality plans which meet set standards and the needs of children and young people.	Head of SEND Designated Clinical Officer  Head of Help, Protection and Support  With EPs and Therapy Leads	Written guidance and disseminated it to all staff. Established a regular schedule of training and awareness sessions.	Continue to deliver training and awareness to staff including feedback from audits and continue to refine processes based on learning.	Be assured through quality assurance processes, auditing and parent and child feedback that advices are of high quality and are meeting need.	April 23 Complete	<p>Social Care and Health Care guides were published in Autumn 2022 and distributed to all relevant staff.</p> <p>All health staff complete the CDC EHC plan training and the DCO is looking to make this compulsory. Further training is planned for Summer 2023 and will link in with the SEND and Inclusion Big Themes.</p> <p>The Health Gateway currently QA all advices and funding before they come to the EHC team.</p>	<p>Health and social care are working together to implement a APP C and APP D which will summarise advices on one form from a central point. This will be coordinated by the DCO and DSCO.</p> <p>Training for health and social care colleagues on providing good quality advices for EHC plans will continue to be provided.</p> <p>There will be a focus on implementing a similar gateway model to the one implemented by health into social care and early help or potentially or combining the gateways into a single model.</p> <p>We are exploring where Early Help can work more seamlessly within the SEND and EHC pathway supporting contribution and information.</p>	1.3.3a_Health and Social Care Contributions to the EHC Pathway 1.3.3b_Guidance for completing Psychological Advice for an EHC needs assessment

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Improve the quality of EHC assessments	APP 1.3.4	Implement a robust quality assurance framework including regular multi-agency dip sampling and single agency audits for plans, advice quality and reviews.	Be assured through published learning and the receipt of high-quality plans and reviews that we are continually improving the quality of assessments and plans that meet the needs of children and young people.	Head of SEND Designated Clinical Officer  Head of Help, Protection and Support  With input from SENCOs, EPs and Therapy Leads	Have an agreed quality assurance framework with partners and begun to implement regular dip samples and audits.	Continue to roll-out the quality assurance framework and have a robust, ongoing audit plan in place. Have developed a robust action plan based on learning from audits.	Have a fully embedded quality assurance framework in place which underpins an established audit and quality assurance plan. Be assured through ongoing quality assurance, parental feedback and learning from mediations and tribunals, that learning from audits is being implemented and that plan and advice quality is improving as a result.	April 23 Embedded	We have implemented a Quality Assurance Framework that explores accessibility of plans, whether they meet the statutory minimum requirements, how the represent the principles of the SEND Code of practice and how the service worked with the children young people and their families during the assessment process.  The framework works on combining four tiers of quality. The first tier is the EHC coordinators drafting and referring to the guides and toolkits. The second tier is seniors in the team dip sampling the plans at random and providing feedback. There third tier is a multiagency quality and compliance group looking dip sampling against monthly key themes and the final tier is a parental group giving feedback against the same themes.  The Strategic Coproduction group agreed the key themes and have decided that these will be known as the SEND and Inclusion Big Themes.	The Multiagency Quality and Compliance Group is being developed. This group will look at the dip sampling from the Quality Assurance agenda and also consider any decisions that require multiagency funding.  The group will also complete the multiagency audits and look at the quality of advices.  The Strategic Coproduction group have agreed the key themes and have decided that these Key Themes will be known as the SEND and Inclusion Big Themes.  Every month there will be a Big Theme which will be the focus of the QA, EHC team training, SENCO Networks, Local Offer focus, Young Persons in our hands events, Coproduction Themes with FACE PCF and coproduction workshops.	1.3.4ai_Walsall Quality Assurance Framework and Toolkit 1.3.4aii_Quality assurance template 1.3.4aiii_EHC Plan Quality Assurance Thematic Deep Dive Yearly Schedule
	APP 1.3.5	Establish a panel which includes SENCOs to review requests for assessments that are refused, to inform further training around requesting EHC assessments.	be better supported by SENCOs to understand the EHC assessment process and whether any request for an EHC assessment is appropriate.	Head of SEND	Identified SENCOs to be part of the panel, developed a terms of reference and booked in a regular programme of panel meetings and begun to meet.	Developed feedback loops to disseminate learning from the panel and begun established through performance monitoring and quality assurance whether learning is having an impact.	Have a fully established panel with robust feedback loops and be assured through learning from quality assurance, performance monitoring and parent and SENCOs feedback that assessment requests are appropriate, and parents are supported.	Dec 22 Complete	The SENCOs met to begin looking at the assessment applications but through feedback and joint working, it was felt that the SENCO moderation group was not the right way forward and alternatives were discussed.  Discussions around EHC applications in general were very powerful and led to clear ideas and directions for how to support schools.  An interim Inclusion Development Partner has been recruited and is looking at creating an Inclusion Audit and Ordinarily Available Provision Guide.  These tools will support with better applications and fewer applications being made or needing to be rejected.  Seniors within the EHC team are able to make robust statutory assessment decisions following the IPSEA training and as a result more applications are being refused with recommendations being made to schools regarding early inclusion.	A strong inclusion agenda now takes precedent and will lead to better quality applications.  Triad training for all SENCOs on good quality applications, triage slots to discuss applications will also support improvements.	1.3.5ai_SENCO working group agenda 24-1-23 1.3.5aii_SENCO working group agenda 14-2-23 1.3.5aiii_SENCO working group agenda 21-3-23
	APP 1.3.6	Establish a multi-agency panel to meet prior to plan issue to agree funding and support levels and how this should be reflected in the EHC plan.	Receive EHC plans which clearly outline support which will meet their needs and have agreed funding in place.	Head of SEND Designated Clinical Officer  Head of Help, Protection and Support	Identified professionals to be part of the panel, have an agreed terms of reference and booked in a regular programme of panel meetings.	Continued to meet and begun to implement review mechanisms to determine the robustness of decision making and its impact.	Have an established panel in place that can demonstrate effective decision making, evidenced through quality assurance processes and ensured that the terms of reference continues to be updated and reviewed.	March 23 Coomplete	The Multiagency Quality and Compliance Group is being developed. This group will look at the dip sampling from the Quality Assurance agenda and also consider any decisions that require multiagency funding.  The group will also complete the multiagency audits and look at the quality of advices.  The framework and draft TOR are in place and the group will formally beginn to meet in April 2023.  The Health Gateway is operational and is successful in improving the timeliness and quality of advices. We intend to look at this as a blue print and consider how Early Help, Social Care and Education may mirror or join this to create a seamless coordinated approach to decisions and funding.	A regular multiagency group where decisions are made regarding funding and placement and EHC plans are quality assured will provide assurance.  The TOR will be published on the Local offer to be accessible and transparent.	1.3.6a_Walsall Coproduction and Strategic Meetings Overview 1.3.6b_SEND Operational Group Draft Terms of Reference

Walsall APP Update  
March 2023

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Improve communication with parents, young people, and professionals	APP 1.4.1	Develop, implement, and establish a robust communication and engagement plan including updates on the Local Offer and half termly newsletters for parents, SENCOs, and other professionals.	Report that they feel informed about the SEND offer in Walsall and are aware of changes, developments, and available services.	Head of Performance , Improvement and Quality  With comms leads from each organisation.	A communication and engagement plan that has been drafted with parents, carers and partners and have begun to develop an action plan to implement it.	Have fully established communication routes outlined in the plan and set up feedback mechanisms to assess whether it is having an impact.	Have a fully embedded communication and engagement strategy and be assured through feedback mechanisms that parents, carers, children, young people, and professionals feel informed.  Maintain the strategy through the continual identification of key actions and the maintenance of a robust action plan.	April 23 Complete	Following the Coproduction event, coproduction is now starting to be recognised as a way of working rather than a tick box exercise.  This is improving relationships with families as services start to work together in genuine collaboration. Services recognise the importance of the experiences of children and families.  A draft strategy is in progress and will be further developed with the In Our Hands parent and carer and children and young people groups.  Coproduction workshops held by Changing Our Lives on the 14th Feb and 14th March have further enhanced this with Health Colleagues.  Parents attend all Operational and Strategic Groups and have an important input into strategic decisions.  You said We Did is a planned monthly session, with feedback being distributed to teams.  Families receive a termly newsletter updating any changes within the SEND systems and introductions to new staff.	The SEND comms and engagement plan will have buy in from all partners across the local area and be part of a wider co-production and engagement strategy across the partnership.  Communication and engagemenbt will continue through the In our Hands sessions and larger strategic co-production events.  Newsletters and You Said We Did will be published on the Local offer.	1.4.1ai_sencomms june22 1.4.1aii_sencomms dec 2022 1.4.1bi_WHT Coproduction Proposal 1.4.1bii_Co-Production Changing our lives workshop. Attendance 1.4.1biii_Co-production and engagement log 2023	
	APP 1.4.2	Work with the local Parent Carer Forum and other parent groups to enable parents to feedback and be involved in the co-production of plan template and guides.	Report they have had their voices heard and been given the opportunity to be involved in co-producing service improvements.	Head of SEND Designated Clinical Officer  Head of Help, Protection and Support	Have involved parents and carers in the development of new templates and guides and established mechanisms and processes for this to happen routinely.	Implemented feedback loops to provide assurance that parents are feeling heard and have opportunities to be involved in service development work.	Be assured that parental involvement is embedded in service improvement work through feedback.	Dec 22 Embedded	The EHC plan and all guides have been coproduced with families and with FACE PCF and there have been discussions around how these can be improved for the future.  Through the Coproduction Workshops, Operational Groups and Multiagency Compliance Group, we now have the correct platforms and opportunities for coproduction to become central to our way of working.	Coproduction will become a central to our way of working across all services.  Any guides and communication will be fully codesigned.	1.4.2ai_You said we did feedback 13.01.23 1.4.2aii_You said we did feedback 16.02.2023	
	APP 1.4.3	Develop links with children and young people's groups to enable them to feedback and be involved in the co-production of guides and templates.	Report they have had their voices heard and been given the opportunity to be involved in co-producing service improvements.	Local Offer Co-ordinator	Have involved children and young people in the development of new templates and guides and established mechanisms and processes for this to happen routinely.	Implemented feedback loops and co-production opportunities to provide assurance that children and young people are feeling heard and have opportunities to be involved in service development work.	Be assured that child and young person involvement is embedded in service improvement work through feedback.	April 23 Complete	The young persons group meets monthly and play games shares food and gives feedback.  So far the meetings have been about developing the group but from Easter they will start to focus on the Local Offer, how it feels it be a young person in Walsall and having a voice and input into the Big Themes	The young person feedback will be used as a summary focusing on monthly You Said, We Did and supporting any training and improvements.	2.1.3a_Young Persons Group Includes feedback, You Said, We Did and 12 month plan  2.1.3b_Young Person's Group TOR	

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The poor quality of the local offer, which does not meet the requirements of the code of practice												
	APP 2.1.1	Establish a Local Offer steering group with representation from the five key partners across the Local Area (PCF, SENDIASS, Schools, Health, Local Authority), to drive the development of the Local Offer.	Report that they feel that the local offer is easy to use and contains relevant and up to date information and is meeting their needs.	Local Offer Co-ordinator	Have identified people to members of the steering group, met at least once and have an agreed terms of reference.	Have established a clear action plan that is owned by the steering group and that has started to be implemented. Established feedback mechanisms and data analysis to understand how the local offer is being used.	A steering group which is established, stable and working well together to develop the local offer which will continue. Be able to demonstrate clear changes, as led by the group, and be assured that these have led to improvements through feedback and increased usage of the Local Offer.	Dec 22 Embedded	<p>The Local Offer Steering Group started in December 2022, however, we have now recognised that this needs to be refreshed in line with our improved strategic approach to developing the Local Offer.</p> <p>This group will be led by the HoS for SEND and membership will be reviewed to invite more parents and a wider range of partners with identified service leads to take responsibility for their elements of the offer.</p> <p>We also have also developed a Local Offer Strategic Plan which includes identified roles and responsibilities of those outlined within the Steering Group.</p> <p>We have identified the steering group as mechanism for keeping the Local Offer up to date and are working with another Local Authority with an outstanding website to create a road map to move to completion with coproduction at the centre of the plan.</p>	Ensure that the Strategic plan is shared with all new members of the refreshed Local Offer Steering Group which will have clearly outlined roles and responsibilities.	2.1.1a_Local Offer Strategy 2.1.1b_Local Offer Steering Group TOR 2.1.1c_Local Offer Steering Group Action Log	
	APP 2.1.2	Increase the opportunities for parents and carers to co-produce improvements and developments to SEND processes and services through engagement at parent carer group meetings and co-production events.	Report that they feel that their voices have been heard and that they have had the opportunity to influence and be involved in service development.	Local Offer Co-ordinator	Begun to regularly attend parents' groups and other events which provide an opportunity to engage. Planned and delivered a series of engagement events.	Be regularly and consistently engaging with parents and have developed a regular programme of engagement events. Established feedback mechanisms from parents to establish whether they feel their voices are being heard.	Have a fully established, regularly reviewed, programme of engagement and meaningful co-production which is enabling parental voices to be heard and be assured of this through parental feedback.	April 23 Embedded	<p>The parent carer working group began in July 2022 and is now well established, meeting every four weeks and allowing for positive working relationships to be formed.</p> <p>There have been various coproduction events across the Borough, along with the Strategic Co-production and Development day where parents shared their family journey with professionals from health, education and social care.</p> <p>Local Authority and health staff have regularly attended the FACE breakfast clubs and coffee mornings at various schools across the Borough, organised with SENCO's as well as attending SEND Fayres to raise awareness of the Local Offer and allow for parents to have to opportunity to join the parent working group.</p> <p>SEND parents have to opportunity to attend SEND HAF coffee mornings to allow for the coproduction of the SEND offer for HAF. There is also a FACE representative at the HAF steering group.</p>	<p>Further induction of parents for the working group due to the varying capacity of the current parents will provide resilience.</p> <p>There will be consistent involvement of parents within strategic meetings across the Local Authority in relation to SEND.</p> <p>Coproduction events will continue at a minimum of twice a year following the Local Offer Website Relaunch.</p>	2.1.2a_In Our Hands Parents Group 2.1.2b Parent Carer working group TOR 2.1.2c_Local Offer Parent notes and Action log	



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Increase Co-production with parents, carers, children, and young people in relation to the Local Offer	APP 2.1.3	Establish a children and young people's group to extend their opportunities to share their views and engage in co-production.	Report that they feel that their voices have been heard and that they have had the opportunity to influence and be involved in service development.	Local Offer Co-ordinator	Established a group (or groups) for children and young people to provide feedback and enable opportunities to be involved in co-production.	Be regularly and consistently engaging and co-producing with children and young people and have developed a regular programme of engagement and co-production opportunities. Established feedback mechanisms from children and young people to establish whether they feel their voices are being heard	Have a fully established, regularly reviewed, programme of engagement and meaningful co-production which is enabling children and young people's voices to be heard and be assured of this through their feedback.	April 23 Complete	<p>The Young Person's Group has been running since January 2023. There are currently six young people on the register.</p> <p>The first session was 'getting to know you' icebreaker games and relationship building. The following session was used to introduce the Local Offer website to the young people and they shared their views about what they thought about it.</p> <p>A 'Top tips for working with us' was created.</p> <p>You said we did has been completed for Jan - March and will be shared with the young people during the April session.</p> <p>Points discussed within the group will also be shared with Local Offer steering group to ensure professionals and parents are able to hear the authentic voice of the children and young people.</p> <p>Links with Walsall College have been made to promote the group and potentially look at attending college to speak with young people there about the work being completed for the Local Offer and to raise the profile of the Local Offer website.</p>	<p>Further identification of young people to join the group, taking into consideration the capacity of the young people.</p> <p>Attending Walsall collage and other further education provisions to enable more young people to have the opportunity to have a voice.</p>	<p>2.1.3a_ Young Persons Group Includes feedback, You Said, We Did and 12 month plan</p> <p>2.1.3b_ Young Person's Group TOR</p>
	APP 2.1.4	Develop and implement a robust communication and engagement strategy to ensure that parents, carers, children, young people, and professionals are aware of the local offer and can access feedback about improvements including 'You Said, We Did' and other survey results.	Report that they know where to go for information about SEND services in Walsall and that they are informed about changes and developments.	Head of Performance , Improvement and Quality  With comms leads from each organisation.	A communication and engagement strategy that has been drafted with parents, carers and partners and have begun to implement it.	Have fully established communication routes outlined in the strategy and set up feedback mechanisms to assess whether it is having an impact.	Have a fully embedded communication and engagement strategy and be assured through feedback mechanisms that parents, carers, children, young people, and professionals feel informed.  Maintain the strategy through the continual identification of key actions and the maintenance of a robust action plan.	April 23 Complete	<p>A twelve month agenda has been created starting from April which will align with the Big priorities.</p> <p>The Communication, Coproduction, Engagement and Participation Strategy has begun to be coproduced with parents and young people.</p> <p>All partners recognise that this should have been completed at the beginning of our journey, however there needed to be an element of relationship building completed prior to this to ensure that the strategy would be effective.</p> <p>We will continue to produce the Strategy over the coming weeks with full parent coproduction and consultation with young people during our young persons group. □</p>	<p>The communication, coproduction, engagement and participation strategies to be completed with full coproduction with parents and consultation with young people.</p> <p>This will then be shared across all partners working in the Local Offer steering group. Coproduction champions from across the Borough in all areas. In Our Hands Local Offer Live sessions.</p>	<p>2.1.4 Communication Coproduction Engagement and Participation Strategy</p>



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	APP 2.1.5	Ensure the Local Offer is accessible to people from diverse, multi-cultural backgrounds and hard to reach groups, including those that do not have access to digital means.	Report that they know where to go for information about SEND services and can access the information that is published on the local offer.	Local Offer Co-ordinator	Have begun to identify how the local offer can be made accessible for people from multi-cultural backgrounds and hard to reach groups, including those that do not have access to digital means, through conversations with parents from different communities and research of other local offers.	Have established protocols for ensuring that the local offer and new content is accessible to multi-cultural communities and hard to reach groups, including those that do not have access to digital means, and begun to implement changes for existing content.	Have a local offer which is accessible to parents, carers, children, and young people from multi-cultural backgrounds and hard to reach groups, including those that do not have access to digital means,	Sept 23 In Progress	<p>We are aware through consultation that parents carers and young people appreciate diversity in the local offer website, particularly around pictures and illustrations and this will form part of our conversation during our website improvement day.</p> <p>We now have a translate button at the top of the Local Offer webpages which allows users to change to many different languages.</p> <p>We also have an accessibility element within Local Offer Strategy having consulted with the council accessibility specialist and are exploring Web accessibility standards to ensure that we are meeting the requirements of our community.</p> <p>We are also exploring creating a paper version of the Local Offer, and this will be discussed during our Local Offer Improvement day on 19th.</p> <p>We have visited schools within our hard to reach and multicultural and diverse communities, building relationships with a new member of the parent working group from our Muslim community. She has invited us to attend Mosque to introduce them to the Local Offer.</p> <p>We have also made links with and have been promoting the Digital Inequalities Programme who are offering parents and carers with a child with a disability that do not have access to digital equipment to obtain a Geobook Laptop and internet.</p> <p>The communication, coproduction, engagement and participation strategy will include details around ensuring accessibility.</p>	<p>Website Improvement Day on 19th April will help to support the voice of the parents and carers in our multicultural and heard to reach areas, and continue the work on the Local Offer in these areas.</p> <p>Local Offer flyers in different languages to be printed and distributed to all schools, community centres, health centres GP s.</p> <p>We will continue to work with the Accessibility Specialist within the Local Authority to ensure we are meeting the requirements on the new Local Offer.</p> <p>Hard copy of the Local Offer to be agreed, designed, printed and distributed,</p>	
Work, content, and navigation of the Local Offer website	APP 2.2.1	Redevelop the webpages for the Local Offer, in co-production with parents and carers, to ensure that they are user friendly and easy to navigate and that all links work correctly.	Report that they can find and access the information they need in relation to SEND support and services in an easy to navigate and understand format.	Head of Performance, Improvement and Quality  With corporate web team	Identified resources for developing the webpages and begun to implement a robust and accelerated project plan.	Developed the new look and feel and tested it with parents and carers for appeal and usability.	Established the updated website and have in place mechanisms to respond to feedback about its usability. Understand who is using the website and which pages are working well and which may need further development through user feedback and website analytics.	August 23 In Progress	<p>The Parent Working Group, Young Person's Group and the coproduction sessions have started to give us feedback to begin to build our structure for our Local Offer redesign.</p> <p>We are in the process of developing templates to gather information from partners and stakeholders, ensuring information meets the SEN code of practice, and meets the needs of the children young people and their families.</p> <p>We have a Local Offer Website improvement day on the 19th April currently with 17 parents attending where we will continue to consult with parents about what they would like on the Local Offer, from non-negotiables to aspirational..</p> <p>An audit of the Local Offer information has been completed against the SEND regulations highlighting what meets the requirements and what needs to be added onto the template for the rewrite.</p>	<p>Local Offer website improvement day follow up will include further sessions (virtual and face to face) where we will update parents and carers on the progress of the Local Offer website.</p> <p>Members of the parent working group will continue to represent those parents as we coproduce the website with the digital team. FACE members have agreed to feedback to parents with updates.</p> <p>Parents will continue to be members of the Local Offer steering Group and working group.</p>	2.1.1a_Local Offer Strategy 2.1.1b_Local Offer Steering Group TOR 2.1.1c_Local Offer Steering Group Action Log 2.2.1 Walsall Local Offer SEND Regulations Audit - March 2023
	APP 2.2.2	Update current information on the Local Offer to ensure that information is correct and that it meets the requirements set out in the code of practice including information about key therapeutic services such as OT and SALT	Report that they can find and access current and correct information about SEND Services in Walsall	Local Offer Co-ordinator  with identified leads from partner organisations	Removed any out-of-date information and checked and updated existing information to ensure that it is accurate. Updated our gap analysis of required local offer information as per the code of practice.	Begun to address the gaps in the Local Offer by uploading the minimum required information as per the code of practice.	Fully developed the local offer content, to meet all of the standards outlined in the code of practice as well as other key information identified locally by parents, carers, children, and young people as things they would like to see.	Dec 22 Overdue but in progress	<p>All information on the Local Offer is up to date, and broken and unnecessary links have been removed.</p> <p>We have completed an audit of the Local Offer webpages against the SEND Regulations to enable us to ensure that the information added when the rewrite is completed and the information transferred over, meets the requirements.</p> <p>We are currently creating a template for obtaining information from services including therapeutic services. Partners from these services are members of the Local Offer Steering Group, including the lead for speech and language and occupational health.</p>	<p>The local Offer steering group will be ongoing and we will continually review the information on the Local Offer following the rewrite. This will include parents and carers and young people will be given the opportunity to attend once they feel confident to do so.</p> <p>In order for the Local Offer partnership to continue, communication with stakeholder is essential.</p>	2.1.1a_Local Offer Strategy 2.1.1b_Local Offer Steering Group TOR 2.1.1c_Local Offer Steering Group Action Log 2.2.1 Walsall Local Offer SEND Regulations Audit - March 2023

Key	Not Yet started	In Progress	Delayed / at risk	Overdue	Complete	Embedded					
Project Title	Ref	During the next 12 months we will....	Our children, young people and families will.....	Lead	After 3 months we will have....	After 6 months we will have....	After 12 months we will have....	RAG	Progress so far	How will we embed this	Evidence of Impact
Improve the Local Offer	APP 2.2.3	Establish mechanisms for maintaining the Local Offer and keeping relevant information up to date and rationalise information sources, with clear expectations in place for local partners about their role in maintaining information.	Report that they can find and access current and correct information about SEND Services in Walsall	Local Offer Co-ordinator with identified leads from partner organisations	Established a list of contacts who are responsible for updating information on the Local Offer and begun to develop processes to ensure information is maintained.	Fully implemented process to maintain information on the Local Offer and established a quality checking process to ensure that standards are maintained.	Begun to identify how information sources across the Local Area for parents (e.g., SEND Local Offer, Early Help Local Offer, FIS) can be aligned and rationalised.	April 23 In Progress	<p>The Local Offer will be continuously reviewed via the Local Offer Steering Group, where attendees will be given the opportunity to discuss or share and updates or changes to information which will then be actioned by the Local Offer coordinator.</p> <p>Any new information will need to be discussed and agreed by the attendees prior to being actioned.</p> <p>The Local Offer website will be fully reviewed annually and these results will be displayed on the Local Offer website and shared through the In Our Hands working coproduction events.</p> <p>There will be an expectation that the service leads will review their specific area prior to the annual review to confirm that the information is correct and up to date. If this information should no longer apply then it is the expectation that the service lead will note the correct information and share this with the Local Offer coordinator.</p>	<p>The Local Offer steering group will continue to review the website pages as well as the services offered.</p> <p>The Local Offer coordinator should attend all appropriate strategic meetings to ensure that partners are invested in the Local Offer and following their responsibilities.</p> <p>The 'In Our Hands' Coproduction events will need to become bigger with the idea to have 'In Our Hands, Local Offer Live' sessions, where parents can come and share their views but also meet the services that are within the Local Offer.</p>	<p>2.1.1a_Local Offer Strategy</p> <p>2.1.1b_Local Offer Steering Group TOR</p> <p>2.1.1c_Local Offer Steering Group Action Log</p> <p>2.2.1 Walsall Local Offer SEND Regulations Audit - March 2023</p> <p>2.2.3_Local Offer Promotion.pptx</p>



[illegible]



	No	Task	Operational Lead	ANTICIPATED COMPLETION	Current Status	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023
	APP 1.2.6	Develop and implement clear guidance which outlines thresholds and expectations for SENCOs who are requesting assessments.	Rachael Beards	Dec-22	Embedded								
	APP 1.2.7	Develop and strengthen planning and review arrangements for children and young people who are moving towards transition points (including transitions into area)	Jude	Aug-23	In progress								
	APP 1.2.8	Develop, strengthen, and embed new annual review processes to ensure that all children receive their reviews in a timely manner and that all EHCPs are on the new plan template.	Jude	Aug-23	In progress								
	APP 1.3.1	Develop plan templates that reflect personalisation and capture the voice of children, young people, and parents. Parents have been involved in designing new templates.	Jude	Dec-22	Embedded								
	APP 1.3.2	Implement regular and ongoing training for staff and robust guides and manuals to ensure that staff understand what a good quality EHC plan looks like and how they should involve children, young people, and parents in the development of their plans.	Jude	Apr-23	Completed								
	APP 1.3.3	Implement regular and ongoing training for staff and robust guides and manuals to ensure that staff understand what good quality advices look like.	Jude	Apr-23	Completed								
	APP 1.3.4	Implement a robust quality assurance framework including regular multi-agency dip sampling and single agency audits for plans, advice quality and reviews.	Jude	Apr-23	Embedded								
	APP 1.3.5	Establish a panel which includes SENCOs to review requests for assessments that are refused, to inform further training around requesting EHC assessments.	Rachael Beards	Dec-22	In progress								
	APP 1.3.6	Establish a multi-agency panel to meet prior to plan issue to agree funding and support levels and how this should be reflected in the EHC plan.	Jude	Mar-23	Completed								
	APP 1.4.1	Develop, implement, and establish a robust communication and engagement plan including updates on the Local Offer and half termly newsletters for parents, SENCOs, and other professionals.	Amy	Apr-23	Completed								
	APP 1.4.2	Work with the local Parent Carer Forum and other parent groups to enable parents to feedback and be involved in the co-production of plan template and guides.	Amy	Dec-22	Embedded								
	APP 1.4.3	Develop links with children and young people's groups to enable them to feedback and be involved in the co-production of guides and templates.	Amy	Apr-23	Completed								
	<b>APP 2 The poor quality of the local offer, which does not meet the requirements of the code of practice</b>												
	APP 2.1.1	Establish a Local Offer steering group with representation from the five key partners across the Local Area (PCF, SENDIASS, Schools, Health, Local Authority), to drive the development of the Local Offer.	Amy	Dec-22	Embedded								
	APP 2.1.2	Increase the opportunities for parents and carers to co-produce improvements and developments to SEND processes and services through engagement at parent carer group meetings and co-production events.	Jude	Apr-23	Embedded								
	APP 2.1.3	Establish a children and young people's group to extend their opportunities to share their views and engage in co-production.	Amy	Apr-23	Completed								
	APP 2.1.4	Develop and implement a robust communication and engagement strategy to ensure that parents, carers, children, young people, and professionals are aware of the local offer and can access feedback about improvements including 'You Said, We Did' and other survey results.	Amy	Apr-23	Completed								

	No	Task	Operational Lead	ANTICIPATED COMPLETION	Current Status	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023
	APP 2.1.5	Ensure the Local Offer is accessible to people from diverse, multi-cultural backgrounds and hard to reach groups, including those that do not have access to digital means.	Amy	Sep-23	In progress								
	APP 2.2.1	Redevelop the webpages for the Local Offer, in co-production with parents and carers, to ensure that they are user friendly and easy to navigate and that all links work correctly.	Amy	Aug-23	In progress								
	APP 2.2.2	Update current information on the Local Offer to ensure that information is correct and that it meets the requirements set out in the code of practice including information about key therapeutic services such as OT and SALT	Amy	Dec-22	In progress								
	APP 2.2.3	Establish mechanisms for maintaining the Local Offer and keeping relevant information up to date and rationalise information sources, with clear expectations in place for local partners about their role in maintaining information.	Amy	Apr-23	In progress								



Risks that are aligned to the Accelerated Action Plan						
Date	Imp Plan Ref	Risk	Severity / Impact	Mitigation	RAG	Update
Oct-22	APP 1.1.1 – 1.1.6	That permanent staff are not able to recruited or existing staff leave resulting in insufficient staffing levels to meet demand of the service across the Local Area. (Local Authority and Health Agencies)	<p>Reduced and insufficient capacity to deliver high quality services which are effective and delivered at the right time and in the right place, resulting in statutory EHC assessments not being completed within timescales, compromising the 20-week statutory target for assessments.</p> <p>Fewer people choosing careers in relevant professions (e.g., Ed Psych, OT) and more people leaving the relevant professions mean that there is a smaller pool of candidates available nationally.</p> <p>Higher paid opportunities through a robust private market puts added pressure on Local Area budgets.</p>	<p>Use of agency staff to address capacity issues.</p> <p>Recruitment and retention strategy to be developed as part of the Improvement Plan.</p> <p>Advertising and recruitment of substantive posts ongoing across the Local Area (EHC Team, EP's, CAMHs and SLT).</p> <p>Establishment of new SEND lead post in healthy Child Programme 0-19 Service Health Visiting and School Nursing.</p> <p>Recruitment and retention activities in place across children's related pathways.</p> <p>Improving processes and systems mitigates some of the risk of insufficient capacity.</p>		The EHC team are no longer reliant on interim staff after undergoing a significant recruitment strategy in Autumn 2022. A renton plan is underway and supports internal team development and training.
Oct-22	APP 1.1.1 – 1.1.6	<p>Funding is not agreed to increase capacity or if funding is agreed, sufficient staff cannot be recruited</p> <p>Associated risks are held within the Health Care Trusts and will be disaggregated and discussed in more detail as risk register is developed.</p> <p>(Local Authority and all Health Agencies)</p>	<p>Statutory EHC advices cannot be completed within timescales compromising the 20-week statutory target for assessments and families wait too long for assessments and targeted interventions</p>	<p>STP business case in place for increased capacity within the EHC assessment team.</p> <p>Business case in early stage of development to secure funding for additional Walsall Health Care Trust staff specialising in SEND and capacity reviews are underway in other areas.</p> <p>As part of the improvement plan, alternative and innovative ways of working will be explored to minimise additional funding requirements and mitigate any lack of funding available to increase staff capacity.</p>		The EHC team will be increased in size in April 2023. Additional funding is with health colleagues for specialist staffing
Oct-22	APP 1.2.1	<p>Capacity within teams across the local area is compromised through addressing the backlog of advices and assessments.</p> <p>(Local Authority and all Health Agencies)</p>	<p>Advices and assessments continue to be out of timescales and plans cannot be updated in a timely manner following review.</p>	<p>Additional staff are currently in place within the Local Authority with robust plans in place to clear the back log of assessments over the next three months.</p> <p>Teams across health have plans in place to clear outstanding advices and assessment waiting lists.</p>		The backlog is within last few weeks of being permanently cleared. The Health gateway is well established and health advice is consistently returned in a timely manner. Social care colleagues are working closer together now to begin to replicate the gateway across their services
Oct-22	APP 1.3.6	<p>That there is not enough funding available through the high needs block to meet increasing demand and increasing complexity of need.</p> <p>(Local Authority and Health Agencies)</p>	<p>Sufficient support is not available to meet demand and to implement support outlined in EHC Plans</p>	<p>Robustly implement the graduated approach to SEND services in Walsall as outlined in our Getting it Right for SEND strategy so that children are supported at the right level.</p> <p>Ensure services that are available are of good quality and provide value for money through robust commissioning.</p> <p>Funding decisions are made jointly with the Local Area funding support needs fairly across agencies as identified in plans.</p>		An inclusion development partner is in place and working with SENCOs to improve capacity and support. This will ensure the Graduated Approach is implemented fully. A Ordinarily Available provision is also in design alongwith a standardised SENCO support plan. These actions will reduce demand on EHC through better planning, support and provision at earlier stages. Decision groups are in planning and will be operational in April 2023
Oct-22	APP 2.2.1	<p>There is a lack of technical skill and capacity available to update the local offer webpages</p>	<p>Local Offer remains difficult to navigate and update and parents and carers continue to feel that it is not a useful tool.</p>	<p>Work with LA corporate web team to ensure resources and support is in place.</p>		The Local Offer Group is established and a startegy plan in place to work through in order to establish outcomes in time. This is still a risk and continues to be a focus on the APP through April
#####	APP 1.2.8	<p>Schools are not submitting annual review documents in the correct format. Some schools do not send paperwork in at all. This causes additional work and demand on the EHC team. We do not have sifficent capacity to support and challenge schools at this time</p>	<p>Children and young people who do not have updated AR papers from school or an updated EHC plan leading to out of date provision and impacting on key transitions. EHC plans not updated on the new template</p>	<p>The Inclusion Development partner to develop SENCO networks. This information will be shared regularly at these locality and area meetings. The working SENCO group will also support dissmeinating information</p>		The IDP is in role and establishing the SENCO networks. With better management of Assessments, will reduce demand and increase capapcity to pick up and focus on the Annual Reviews

Sally Rowe, Director of Children's Services  
Sally Roberts, Chief Nursing Officer and SRO for SEND, Black Country ICB

15<sup>th</sup> May 2023

## **SIX MONTH PROGRESS REVIEW AGAINST YOUR ACCELERATED PROGRESS PLAN (APP)**

Dear Colleagues,

Thank you for meeting with DfE SEND and NHS England officials on 27<sup>th</sup> April to review the progress you have made against your APP over the last six months. We are particularly grateful for the contributions from your parent carer forum (PCF) and SENCOs. It was clear that the local area is making sustainable improvements to SEND services and to the lives of children and young people.

The evidence provided, alongside the feedback from partners, demonstrated the range of actions in place to accelerate improvement. These included updates on the two workstreams linked to the APP, which support continued improvements, along with the presentation shared at the review meeting.

We are grateful to parent representatives for confirming they feel good foundations are being built. There is evidence that the PCF is embedded in the work being undertaken in the APP along with other SEND developments and the PCF has representation in the improvements you are making.

We are also grateful to your SENCOs for their insight and it is reassuring to learn that they feel informed and have an opportunity to participate in developments regarding the annual review process.

Progress is being made across the actions set out in your APP and it is encouraging that:

- You have redeveloped and embedded a new structure within the EHC team which is now permanent and continues to be invested in through quality training and support. We note the challenges you faced following high staff turnover and the impact this had on timeliness. We commend efforts to clear the backlog of assessments.
- The quality of EHCPs is improving and a new, co-produced template is being used which has increased personalisation and improved the quality of content.
- A tiered quality assurance framework has been implemented.

- Relationships with parents and carers is vastly improved and is leading to improvements being made in a truly co-produced way.
- The Development Day on the 2nd March was successful in bringing together colleagues, partners and parents/carers together to share Walsall's ambitions for SEND improvement and promote co-production.
- Although in the early stages, work on the Local Offer is progressing and a Local Offer Co-ordinator has been employed to help lead the work to completion.
- There is evidence of strong foundations of partnership working.

We will continue to monitor the APP and meet with you in 6 months for an update on:

- Progress with development of your Local Offer both from a content and technical perspective. We note that progress in this area has been slower than you would have liked.
- The continued development of the EHCP QA framework and EHCP timeliness data.
- Social care's approach to adopting and building upon the health EHCP panel/gateway that supports a co-ordinated approach for health advice requests.
- Engagement with schools regarding the new annual review process and how the work of the Inclusion Development Partner has promoted better management of assessments.
- Your move from a locum-based way of working for your educational psychologist team.

In addition to the above, DfE and NHS England look forward to hearing and seeing impact of the improvements you are making.

Your next six-month review meeting will take place in October 2023.

In the meantime, SEND and NHS England Advisers, Pat Tate, Deborah Ward, and Kirsty Perry as your DfE Case Lead, will continue to provide you with support and challenge. If you have any questions or need any further support, please contact Pat, Debbie or Kirsty in the first instance.

We are copying this letter to Mike Bird (Leader of the Council), Sharon Kelly (Director of Access and Inclusion) Judith Nash (Head of Service SEND and Inclusion), Andre Imich (DfE Lead Professional Adviser), Pat Tate (DfE Adviser), Kirsty Perry (DfE Case Lead), Katrina McCormick (Senior Programme Manager: SEND for Black Country ICB), Deborah Ward (NHS England Adviser).

Yours sincerely,



Jason Henderson  
West Midlands Regional Lead



Vulnerable Children's Unit- West Midlands Regions Group  
Department for Education (DfE)



HM Government

# Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan

Right Support, Right Place, Right Time

March 2023



CP 800



# **Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan**

**Right Support, Right Place, Right Time**

**Presented to Parliament  
by the Secretary of State for Education  
by Command of His Majesty**

**March 2023**



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## Ministerial Foreword

Children only get one childhood. They deserve to get the support they need to thrive and prepare for happy, healthy and productive adulthoods. For children and young people with special educational needs and disabilities (SEND), or in alternative provision, this is especially vital.



There is much to celebrate about the SEND system: many children and young people with SEND, from birth to 25, receive excellent support from thousands of dedicated education, health and care staff. 89% of state-funded special schools and 87% of state-funded alternative provision schools are graded outstanding or good by Ofsted<sup>1</sup>.

However, we know from listening to children, young people and families that significant issues remain. We know that some families feel frustrated by the system and feel they need to battle to access specialist education, health or care services including from mental health services. We know that providers and services are facing delivery pressures.

It is time to deliver a more dignified experience for children and young people with SEND and to restore families' confidence in the system.

The SEND and Alternative Provision Green Paper, published in March 2022 alongside the Schools White Paper, set out bold proposals to deliver a generational change for a more inclusive system.

With earlier identification and evidence-based provision, delivered through new National Standards, more children and young people with SEND will fulfil their potential and be set up for long-term success.

Throughout the consultation, we heard from thousands of children and young people, families, those working in education, health, social care, and local government, as well as the voluntary and community sector. Thank you for taking the time to share your views.

In many cases, the proposals set out in the green paper were welcomed. Typically, people agreed with our assessment of the current challenges in the system. There was broad support for the proposal for a new national SEND and alternative provision system that delivers timely, high-quality services and support in mainstream settings, alongside swift access to more local state specialist settings, where required.

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<sup>1</sup> State-funded schools inspections and outcomes as at 31 August 2022, Ofsted, November 2022

We also heard, particularly from parents, some concerns about whether proposals could make it harder to meet the individual needs of children and young people. Our ambition for this set of proposals is to create a sustainable SEND and alternative provision system that is easier for families to navigate. We want parents to have confidence that their child's needs will be met consistently and effectively as a result of earlier identification and evidence-based support.

This Improvement Plan draws on the rich feedback we heard from children and young people with SEND, their families and others. It is aligned with other reform programmes that we are taking forward to improve outcomes and experiences for all children and young people across education and care, including the Children's Social Care Implementation Strategy and the upcoming Academies Regulation and Commissioning Review.

Concerted action is needed, including a period of designing and testing proposals to ensure they deliver for children and families. There are also steps we can all take in the short term to support and stabilise the system and address the immediate issues that exist, especially in the challenging economic climate we currently face.

Our Plan will be overseen by our respective departments through a new National SEND and Alternative Provision Implementation Board jointly chaired by the Minister for Children, Families and Wellbeing and the Parliamentary Under Secretary of State for Mental Health and Women's Health Strategy.

The steps in this Plan cannot be delivered by government alone and local system leaders can start now in learning from and adopting good practice from elsewhere. We ask that you join with us to rise to the challenge, and we look forward to working with you to deliver a single national system that delivers consistently for every child and young person with SEND and in alternative provision.



Gillian Keegan  
Secretary of State for Education



Steve Barclay  
Secretary of State for Health and Social Care



## Executive Summary

1. The SEND and Alternative Provision Green Paper explored the issues present within the current SEND system. It set out the government's proposals to improve outcomes for children and young people; improve experiences for families, reducing the current adversity and frustration they face; and deliver financial sustainability. It also considered the specific issues facing the alternative provision sector. This is because 82% of children and young people in state-place funded alternative provision have identified special educational needs (SEN)<sup>2</sup>, and it is increasingly being used to supplement local SEND systems.
2. The publication of the green paper marked the start of an extensive 16-week consultation (see Annex A). We attended 175 events, hearing from over 4,500 people including children, young people and families. We received around 6,000 responses to the online consultation, in addition to submissions from organisations and respondents received directly through email.

## Delivering for children and families

3. What we heard through the consultation – particularly from parents and families - gives us confidence to establish a new national SEND and alternative provision system with the mission to:
  - **fulfil children's potential:** children and young people with SEND (or attending alternative provision) enjoy their childhood, achieve good outcomes and are well prepared for adulthood and employment;
  - **build parents' trust:** parents and carers experience a fairer, easily navigable system (across education, health and care) that restores their confidence that their children will get the right support, in the right place, at the right time;
  - **provide financial sustainability:** local leaders make the best use of record investment in the high needs budget to meet children and young people's needs and improve outcomes, while placing local authorities on a stable financial footing.
4. The foundation for the new nationally consistent SEND and alternative provision system will be new evidenced-based National Standards. Standards will improve early identification of needs and intervention, and set out clear expectations for the types of support that should be ordinarily available in mainstream settings. This will give families and providers clarity, consistency and confidence in the support that is ordinarily available, in order to be responsive to children's needs. With these expectations, and improved mainstream provision, more children and young people will receive the

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<sup>2</sup> Special educational needs in England, Department for Education, 2022

support they need through ordinarily available provision in their local setting. Fewer will therefore need to access support through an Education, Health and Care Plan (EHCP).

5. For those children and young people with SEND who do require an EHCP and specialist provision, we want to ensure that parents experience a less adversarial system and restore their trust that their children will get prompt access to the support they need. We have heard parental concerns about the complexity they need to navigate in trying to get decisions made and provision agreed, and the frustration they feel whilst they wait for information to be confirmed and letters to be answered. Standardised EHCPs will reduce bureaucracy in the system; and alongside this publication, we are approving a tranche of applications from local authorities to open new special free schools in their area. We will shortly launch competitions to seek high-quality proposer groups to run these schools. This is in addition to 92 open special free schools and a further 49 which are in the delivery pipeline. This will mean that more children and young people have timely access to sufficient local special school places.
6. We are committed to delivering alternative provision that is fully integrated with the wider SEND system. Consultation feedback supported this integration and the vision of alternative provision we set out in the green paper. Respondents recognised the vital role that alternative provision can play in supporting children and young people to remain in mainstream education by offering early, targeted support; and in offering time-limited or transitional places in alternative provision schools for pupils who need more intensive support. The vast majority of pupils receiving alternative provision also have SEND, and these services need to be aligned throughout local planning and delivery. This is why we refer to measures about the 'SEND and alternative provision system' throughout this Plan, with specific reforms to alternative provision embedded within individual chapters.
7. We also heard about the growing challenges facing the system. Despite significant investment, local authority spending continues to outstrip funding. That is why we have already announced investment to support delivery of this Plan: £400 million of the £2 billion additional funding for schools, announced in the Autumn Statement, will be allocated to local authorities' high needs budgets in 2023-24. In 2023-24, high needs funding will be rising to £10.1 billion - an increase of over 50% from the 2019-20 allocations.
8. This extra funding will help local authorities and schools with the increasing costs of supporting children and young people with SEND. It is clear, though, that more needs to be done to support and stabilise the system, as we deliver systemic changes to ensure we have a sustainable and effective system that delivers better outcomes for children and young people and improved services for families. As this Plan is implemented, we will carefully monitor the pace of progress towards the mission for the new national system, to ensure that reforms are working as intended for children and young people, their parents and families, and all those that work with them.

## **Creating a more inclusive society through a new national SEND and alternative provision system**

9. To fully realise our mission for the new national system, we agree with those respondents who called for us to seize this moment to reimagine what a more positive experience for children and young people with SEND and their families should look like in England (see Annex B). Our vision is to create a more inclusive society that celebrates and enables success in all forms, with the cultures, attitudes and environments to offer every child and young person the support that they need to participate fully, thrive and fulfil their potential. We want the process of identifying needs and accessing support to be early, dignified and affirmative, focusing on a child or young person's achievements, talents, and strengths. We also want the process to be easier to navigate, with parents being clear on what support they can expect for their child and where they can turn for help, including how to make use of support through the SEND Local Offer and SEND Information, Advice and Support Services (SENDIASS).
10. This vision aligns with other key reforms underway across government. The recently published Children's Social Care Implementation Strategy envisages that every child and family who need it will have access to high-quality help no matter where they live. We have worked closely to ensure that the reforms across both SEND and Children's Social Care align, in recognition of the important overlap between these groups of children and young people and the services and systems designed to support them. The upcoming Academies Regulation and Commissioning Review will set out plans to spread the impact of high-quality multi-academy trusts and incentivise improvement for all children in all parts of the country, including support for children and young people with SEND who attend mainstream settings. In addition, a new Disability Action Plan will be consulted on and published in 2023, setting out the practical action ministers across government will take over the next two years to improve disabled people's lives.

## **Delivering National SEND and Alternative Provision Standards**

11. In the green paper, we proposed that the new single national SEND and alternative provision system should deliver consistent, clear and early support for children and young people with SEND. Through the consultation, we heard that a national system must give greater clarity to parents about the timely and accurate identification of needs, and how decisions around support are made from early years to post-16. Support should be put in place, based on a child or young person's needs, not where they happen to live, in line with this government's commitment to levelling up.
12. The national system, delivered through the collective impact of the policies set out in this Plan, will provide greater clarity on evidence-based support, share examples of best practice, and minimise perverse incentives that can prevent inclusion:

- For children and young people, this means that they will be able to access and regularly attend the most appropriate early years setting, school or college for their needs – be this mainstream or specialist.
- For parents and carers, a national system will provide clarity about what support their children should be receiving without a fight to secure what is appropriate, and without needing to navigate a complex system. This will increase confidence and, in turn, minimise disputes.
- For providers, it will give them clarity on the support they should be providing, who should be working together, and will enable government to hold delivery partners to account and intervene where expectations are not met. It will also provide clarity on the resources available to deliver the right provision, for example, by ensuring that the new National SEND and Alternative Provision Standards are clear on which budgets should be used to provide different types of support.

13. Critically, we agree with what we heard during the consultation: that the national system should be co-produced with families, children and young people, so we can build their confidence that the system will meet their needs quickly and effectively. We are actively engaging with children, young people and families from the earliest stages of development of the new system.

#### **14. National Special Educational Needs and Alternative Provision Standards**

(*'National Standards'*) will set clear and ambitious expectations for what good looks like in identifying and meeting needs, and clarify who is responsible for delivering provision and from which budgets, across the 0-25 system.

15. With the right resources and accountability in place, our intention as we deliver the new national system is for children's needs to be identified earlier and met more effectively. National Standards will place a greater emphasis on the important role mainstream settings play in providing quality first teaching and evidence-based SEN Support to meet the needs of the majority of pupils with SEND, so that all settings provide consistently high-quality provision. By improving early identification and the quality of SEN Support, we expect to reduce the need for EHCPs because the needs of more children and young people will be met without them, through ordinarily available provision. We are committed to working closely with children, young people and their families when writing the National Standards to ensure that the system is responsive to individual needs – and based on the latest evidence of what works – within a fair, consistent and sustainable national system.

16. The delivery of National Standards will be supported by new SEND and alternative provision practice guides for frontline professionals and an amended SEND Code of Practice for all system partners (which we will consult on). These will set out the wider processes and systems to ensure children and young people get the right support, in the right place, at the right time.

17. By the end of 2025, we will publish the first three practice guides focused on advice for mainstream settings. We will build on existing best practice, such as the Nuffield Early Language Intervention, the work of the Autism Education Trust, and the government's guidance on promoting children and young people's mental health and wellbeing. This will target the greatest areas of need in primary and secondary, as well as supporting the cross-government focus on improving the mental health of children and young people. We will identify any gaps in best practice to help build a stronger evidence base in the long term.
18. As we deliver the new national system, our objective is to ensure that all children's additional needs are met effectively and quickly within affordable provision, reducing the need for an EHCP and, where an EHCP is needed, to ensure that parents do not endure lengthy, adversarial and costly processes. We will judge our success, in part, by the extent to which we reduce parental complaints about their experiences of the system and the volume of cases parents take to Tribunal because of the better services we will deliver through the new national system. This will include swifter, better responses to parental concerns such as through our proposals for mediation and new guidance for local authority SEND casework teams, who play a vital role in supporting families to navigate the system and ensuring they have good experiences.
19. As we develop the National Standards, we will use these as a basis for developing a **national approach to delivering funding bands and tariffs** to support commissioners and providers to meet the expectations set out in the National Standards.

## **Delivering a single national SEND and alternative provision system**

20. This Plan sets out how an effective single national system based on the new National Standards will be delivered locally, through new local partnerships and an improved EHCP process to ensure that the experience of seeking support at every stage is less bureaucratic and less adversarial for families and providers alike.

### **A national system underpinned by National Standards**

21. We will:

- set up **engagement across education, health, and care** during spring 2023 to **develop National Standards**. This will include parents, carers, children and young people, strategic leaders, frontline professionals, voluntary sector representatives, local authorities and cross-government civil servants. This will ensure we consider a wide range of perspectives, including those with expertise across a broad range of needs, and in specific settings such as alternative provision, early years, youth justice and further education.

- by the end of 2023, start testing some elements of the **National Standards** with Regional Expert Partnerships (who will help us co-produce, test and refine key reforms via the Change Programme).
- **publish**, by the end of 2025, a significant proportion of the **National Standards** with a focus on those that are most deliverable in the current system.
- **introduce local SEND and alternative provision partnerships** that bring together partners to plan and commission support for children and young people with SEND and in alternative provision, meeting the National Standards.
- **expect local SEND and alternative provision partnerships to create evidence-based local inclusion plans** that will set out how the needs of children and young people in the local area will be met in line with National Standards.
- **develop and spread best practice of partnerships and plans** through our Change Programme, starting with the Regional Expert Partnership areas from spring 2023.
- invest **£2.6 billion** between 2022 and 2025 to fund **new places and improve existing provision** for children and young people with SEND or who require alternative provision. We are **approving a tranche of applications** from local authorities to open new special free schools in their area. We will shortly launch competitions to seek high-quality proposer groups to run these schools. This is in addition to 92 open special free schools and a further 49 which are in the delivery pipeline.
- **develop innovative approaches for short breaks** for children, young people and their families with **£30 million in funding** being allocated to new projects over three years.
- **review social care legislation relating to disabled children** so we can improve clarity for families about the support they are legally entitled to.
- **work with stakeholders to deliver a standard EHCP template, with supporting processes and guidance from 2025.** This will include testing the impact of a consistent approach to supporting local authority decision-making through the use of multi-agency panels.
- **develop digital requirements for EHCP systems** to improve experiences for parents, carers and professionals, reduce bureaucracy and improve our ability to monitor the health of the SEND system.
- require local authorities to **improve information available to families** and provide a **tailored list of suitable settings informed by the local inclusion plan.** We will continue to listen to children, young people, families, SEND sector professionals and system leaders as we develop and test delivery options through the Change Programme.

- **create a three-tier alternative provision system**, focusing on targeted early support within mainstream school, time-limited intensive placements in an alternative provision setting, and longer-term placements to support return to mainstream or a sustainable post-16 destination.

## **Successful transitions and preparation for adulthood**

22. Our ambition to enable children and young people to fulfil their potential means we need to place a far greater emphasis on preparation for adulthood. We want to have high aspirations for children and young people with SEND and in alternative provision, with smooth transitions into their next step, including further and higher education and employment.

23. We will:

- **publish guidance to support effective transitions** between all stages of education, and into employment and adult services.
- **conduct a pilot** to consider the evidence required to access flexibilities to standard **English and mathematics requirements for apprenticeships**.
- **invest £18 million** between 2022 and 2025 to **double the capacity of the Supported Internships Programme**.
- continue to support the Department for Work and Pensions' **Adjustments Passport pilot** to smooth the transition into employment.
- **improve the Disabled Students' Allowance process** by continuing to work with the Student Loans Company to reduce the time for support to be agreed.

## **Delivering a single national system through three key enablers**

24. We agree with the feedback we heard that National Standards, and the single national system, will not deliver real change for parents and carers on their own. To deliver for children, young people and their parents, we need a stronger emphasis on improving the underpinning drivers that will make a national system a reality: a strong and robust workforce; strengthened accountabilities; and sustainable and fair resourcing. This Improvement Plan sets out our roadmap for implementing a single, national system and achieving real change in practice so that every child and young person can thrive.

## **A skilled workforce and excellent leadership**

25. We will:

- introduce a **new leadership level SENCo** (Special Educational Needs Co-ordinator) **NPQ** (National Professional Qualification) for schools.
- review the **Initial Teacher Training and Early Career Frameworks** (commencing early this year).

- **fund up to 5,000 early years staff** to gain an **accredited Level 3 early years SENCo qualification** to support the early years sector, with training running until August 2024.
- increase the **capacity of specialists**, including by investing a further £21 million to train two more cohorts of educational psychologists in the academic years 2024 and 2025; and, in partnership with NHS England, as part of our £70 million Change Programme, pioneering innovative practice through running Early Language and Support For Every Child (ELSEC) pathfinders to improve access to **speech and language therapy** for those who need it.
- work together to take a **joint Department for Education and Department of Health and Social Care approach to SEND workforce planning**, including establishing a steering group in 2023 to oversee this work, which we aim to complete by 2025.
- publish the first **three practice guides** for frontline professionals, building on existing best practice, including the Nuffield Early Language Intervention, the work of the Autism Education Trust, and the government's guidance on promoting children and young people's mental health and wellbeing.
- propose **new guidance** on delivering a responsive and supportive SEND **casework service** to families when consulting on the SEND Code of Practice.
- develop a **longer-term approach for teaching assistants** to ensure their impact is consistent across the system, starting with a **research project** to develop our evidence base on current school approaches, demand and best practice.
- **strongly encourage the adoption of the DSCO (Designated Social Care Officer) role** in each local area, including by proposing an amendment to the SEND Code of Practice.
- **extend funding** until March 2025 of the **alternative provision specialist taskforce (APST) pilot programme**, which is testing co-location of a diverse specialist workforce in pilot alternative provision schools.

## **Strengthened accountabilities and clear routes of redress**

26. We will:

- **publish a local and national inclusion dashboard** from autumn 2023 to support the development of local inclusion plans, giving parents improved transparency of local performance, informing decision-making and driving self-improvement across the system with ongoing updates and iterations in response to user feedback.
- **deliver updated Ofsted and Care Quality Commission (CQC) Area SEND inspections** from 2023 with a greater focus on the outcomes and experience of children and young people with SEND and in alternative provision.



- create a **ladder of intervention for local areas** from 2023, **greater powers for the Secretary of State for Health** through the Health and Care Act 2022, and robust action for all where statutory duties for children and young people with SEND and in alternative provision are not met, to **strengthen accountabilities** across all parts of the system.
- require every Integrated Care Board to have a **named Executive Board member lead accountable for SEND**.
- **facilitate a more joined-up response between the Department for Education and NHS England** to improve outcomes and experiences for children and young people with SEND, including social, emotional and mental health issues, and tackle systemic failings leading to significant concerns.
- **strengthen redress for individual disagreements** by clarifying who is responsible for resolving complaints and undertaking further testing of effective mediation approaches.
- set up an **expert group** to support the development of a **bespoke national alternative provision performance framework**.
- work with local authority, trust and school leaders to review processes and develop options for **ensuring transparent and effective movement of pupils** without EHCPs, such as those requiring alternative provision, to address behavioural needs.

## **A financially sustainable system delivering improved outcomes**

27. We will:

- increase **core school funding by £3.5 billion** in 2023-24 compared to the year before, of which almost £1 billion of that increase will go towards high needs. This means high needs funding will be £10.1 billion in 2023-24.
- support **local authorities** through the Delivering Better Value and the Safety Valve programmes and share the best practice from local areas with inclusive and sustainable high needs provision more widely.
- develop a **system of funding bands and tariffs** so that consistent National Standards are backed by more consistent funding across the country.
- publish a response to the **consultation on the schools National Funding Formula** in 2023 which includes proposals on funding for SEND, including the notional SEND budget, and a mechanism for transferring funding to high needs budgets.
- develop **new approaches to funding alternative provision** aligned to their focus on preventative work with, and reintegration of pupils into, mainstream schools. We will do this in consultation with mainstream schools, the alternative provision sector and local authorities.
- re-examine the state's **relationship with independent special schools** to ensure we set comparable expectations for all state-funded specialist providers.

## A sustainable system set up for long-term success

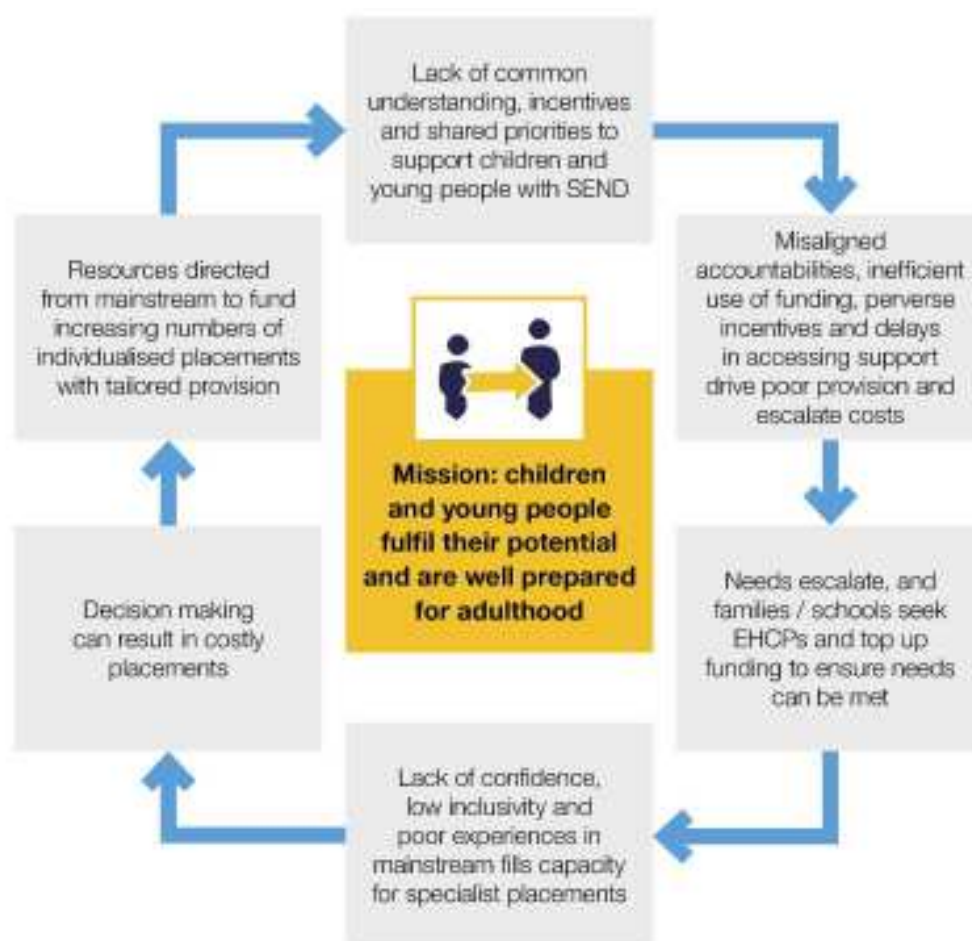
28. Our vision is that, once these reforms have been implemented, we will have achieved the following (see Annex C):

- The new **national SEND and alternative provision system will be well established** and bring national consistency to the identification of need and provision of support as set out in the evidence-based National Standards.
- The system will be **financially sustainable** for local authorities with needs routinely being met effectively where they arise.
- **Parents have confidence** that high-quality teaching and targeted evidence-based support will be available as a matter of course in mainstream settings when a need is identified, to avoid needs escalating.
- **Children and young people can access additional support** through a **fair and consistent process** where children, young people, families and professionals work together to put in place the right value-for-money support to meet their needs.
- Longer-term proposals, such as options for the tailored list, have been tested, co-produced and delivered.
- Evidence will emerge from **Regional Expert Partnerships** to support the co-production of careful and effective improvements to the statutory framework in the next Parliament.

29. The National SEND and Alternative Provision Implementation Board will publish updates on progress in delivery against this Plan for children, young people and parents.

## Chapter 1: Introduction

1. The SEND and Alternative Provision Green Paper identified 3 key challenges facing the system:
  - **The system is failing to deliver improved outcomes for children and young people with SEND.** Children and young people with SEND are not consistently being helped to fulfil their potential.
  - **Parents' confidence in the system is in decline.** Too many parents have lost faith in a system that is not sufficiently responsive to them, which is increasingly adversarial, and in which they face long waiting times to access information and support for their children, including accessing therapists and mental health support.
  - **Despite substantial additional investment,** the system has become financially unsustainable. The government has increased investment in high needs by over 50% from 2019-20 to 2023-24, with no marked improvement in outcomes or experiences.
2. The green paper highlighted that there is a vicious cycle of late intervention, low confidence and inefficient resource allocation that drives these challenges across the system. This cycle starts in early years and mainstream settings, where early identification of needs and provision of support does not happen consistently, despite the best efforts of the workforce. Children and young people's needs are identified late or incorrectly, with needs escalating and becoming more entrenched. The inconsistency across the system means that parents, carers and providers do not know what to reasonably expect from their local settings, resulting in low confidence in the ability of mainstream settings to effectively meet the needs of children and young people with SEND.
3. Due to this low confidence, parents, carers and providers feel they need to secure EHCPs and, in some cases, specialist provision as a means of guaranteeing support. This results in further challenges across the system. Parents feel that they have to navigate long, difficult processes to access information and support. As more children and young people receive EHCPs to be supported in mainstream and attend specialist settings, more resource and capacity is pulled to the specialist end of the system. There is then less resource available to deliver early intervention and effective, timely support in mainstream settings. As a result, the vicious cycle continues. The unprecedented investment into the high needs system has not been felt, especially by families, because outcomes and experiences do not improve.



**Figure 1: A vicious cycle of late intervention, low confidence and inefficient resource allocation**

**4. The green paper proposed to improve outcomes and experiences within a fair and financially sustainable system in five ways:**

- Creating a single, national SEND and alternative provision system, underpinned by National SEND and Alternative Provision Standards for identifying and meeting need from early years to further education, regardless of place or needs.
- Improving capacity and expertise in mainstream education from early years to post-16. This is so that all those working with children and young people with SEND have the confidence and expertise to do so and can identify additional needs and access targeted support when this is needed.
- Ensuring there is appropriate, high-quality specialist provision for those who need it, with a clear vision for alternative provision in delivering early intervention.
- Identifying clear roles and responsibilities across the system, with strengthened accountabilities and funding reform to deliver National Standards effectively.
- Focusing on effective delivery from the very start and supporting the system to respond to immediate challenges whilst preparing for longer-term reform.

**Through the green paper consultation, we listened carefully to the views of many, including children and young people with SEND or in alternative provision**

5. Through the consultation, we wanted to understand whether our proposals would deliver a system across education, health and care that would deliver improved outcomes for children and young people, and better experiences for them and their families. We wanted to understand if the proposals would give families confidence that their children's needs would be met more consistently and effectively, through earlier identification and evidence-based support. We thank everyone who took the time to share their views with us. We have especially listened to the views of children and young people with SEND and in alternative provision, and their families.
6. The publication of the green paper marked the start of an extensive and accessible 16-week consultation period:
  - We attended 175 events, hearing from over 4,500 people, including children, young people and families.
  - We received around 6,000 responses to the online consultation questions. These included 21 specific questions, and a final question that allowed respondents to share general reflections.
  - We also received submissions from organisations and respondents directly through email.
7. An independent report on the consultation feedback, taking account of responses to the online consultation and feedback received via submissions and emails, has been produced. This Improvement Plan reflects the feedback that we received through events, through the online consultation, and through submissions from organisations and emails.

**The sequencing of our proposed reforms is based on consultation feedback**

8. We intend to move most quickly on the proposals where consultation feedback gives us confidence that they have the greatest potential to improve experiences for children, young people and families, with the lowest risk of unintended consequences.
9. Through our £70 million Change Programme, we will establish up to nine Regional Expert Partnerships who will help us co-produce, test and refine key reforms. This will include the establishment of new local SEND and alternative provision partnerships, agreed local inclusion plans, strengthened accountabilities and new inclusion dashboards.
10. We will take the time to consider how to deliver those proposals which parents and those representing children were most concerned about. This is so that children, young people and their families can be confident that their needs and feedback are at the heart of any changes. We remain committed to delivering a tailored list of placements and proposals for mandatory mediation, as well as developing a national system of

funding bands and tariffs. However, we recognise the challenges and risks involved in such a move and will review and test these policies carefully through the Change Programme to ensure that they work and do not create unintended consequences for families.

11. We will use the findings from the Change Programme to inform future legislation to deliver these reforms. This would include new burdens assessments and consideration of the capacity required to manage the delivery of the reforms.

### **Delivering improved outcomes in a financially sustainable system**

12. Our goal is to achieve an inclusive system that enables children and young people to fulfil their potential, has parental trust and is financially sustainable. This will be a system in which local partners work together effectively with families to deliver for children and young people, with each partner accountable for playing their part. The right balance will be struck, so that more resources can be dedicated to providing timely, effective support early and as a matter of course in mainstream settings. This will reduce the need for as many parents to have to navigate lengthy statutory EHCP assessment processes.
13. This Improvement Plan sets out the next steps in a multi-year programme to deliver this improved system. This includes plans to design and test reforms, through our Change Programme, to inform future choices about delivery and put the system on a more efficient and financially sustainable footing. We will ensure that the system delivers effectively throughout this period, and we are taking action now to ensure that it does. The government has made substantial investment to secure the sustainability of the system, with the high needs budget rising by more than 50% over 5 years from 2019-20: it will increase to £10.1 billion in 2023-24.
14. Despite this substantial investment, a significant proportion of local authorities have accumulated Dedicated Schools Grant (DSG) deficits due to high needs block overspends. The government has recently extended a 'statutory override'<sup>3</sup> on local authority DSG deficits for a one-off period of three years (up to March 2026), to give local authorities the flexibility they need to implement sustainable change.
15. We will continue to work with local authority leaders to ensure that we are all doing everything possible to ensure high-quality and sustainable systems which are delivering good value for money. It is important that, when the 'statutory override' comes to an end in 2026, local authorities are delivering high-quality SEND services for children, young people, and their families, as well as being in a position to manage their high needs DSG spending and eliminate accumulated deficits. We will continue to

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<sup>3</sup> The statutory override treats DSG funding as separate from the general funding of local authorities, and any deficit an authority may have on its DSG account is kept separate from the authority's revenue account and placed in a separate account established solely for that purpose. This has recently been extended for a one-off period of three years up to and including the 2025-26 financial year.

support the sector through spreading best practice and disseminating practical lessons from those authorities that are improving their local service including moving to a more sustainable position. We will also continue to work with the sector to assess progress and, if the system is not on track to achieve such financial sustainability, take further action to ensure that local authorities can and do bring their high needs budgets back into balance.

## 16. We have three approaches to delivery:

- 1 – Support and stabilise:** We will support and stabilise the system, getting local areas working in the best possible way within the current system to ensure that the needs of children and young people are met, without escalating costs, and to ensure that local authority deficits are brought under control. This includes supporting local authorities with financial deficits through the **Delivering Better Value** and the **Safety Valve** programmes. Further information on these programmes is set out in chapter 6.
- 2 – Delivering capacity to address supply issues:** In the short to medium term, we will take action to address supply issues – ensuring that there is sufficient support available for children and young people when they need it, in the most efficient way. This includes **investing £2.6 billion** between 2022 and 2025 to deliver **new places and improve existing provision** for children and young people with SEND or who require alternative provision, reducing the need for costly independent provision.
- 3 – Design and test for systemic reform:** Our £70 million Change Programme will create up to nine Regional Expert Partnerships that will test and refine longer-term, systemic reforms including developing and testing National Standards, strategic partnerships and inclusion plans, the proposed alternative provision service and tailored lists. This will help guard against unintended consequences and build a strong evidence base to inform future funding and legislation.

## We will monitor progress towards delivering our mission

17. To understand whether the system is delivering on our mission, we would expect to see the following shifts:

- **Fulfil children's potential:** Better outcomes driven by earlier identification of needs and evidence-based targeted support to meet needs promptly, including mental health support. Higher levels of attendance for those with SEN both in more inclusive mainstream settings and in alternative provision. Improvements in attainment, with more children identified with SEN and in alternative provision reaching the expected standard in reading, writing and mathematics at the end of primary education<sup>4</sup> and improved GCSE grades in English language and

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<sup>4</sup> 18% of pupils with SEN reached the expected standard in reading, writing and mathematics in 2021/22, compared to 69% of those with no identified SEN, National curriculum assessments at key stage 2, Department for Education, 2022

mathematics<sup>5</sup>. For the very small number of children and young people for whom reaching the expected standard may not be an appropriate aim, we would expect to see an increase in the progress they make. Better preparation for adulthood at every age and stage means that those with SEND and in alternative provision are able to live more fulfilling and independent adult lives with improved employment outcomes.

- **Build parents' trust:** Families find it easier to navigate the system and access support. They have greater confidence in it, reporting better experiences of a system which is based on dignity and affirmation. Mainstream settings are seen as being high-quality and inclusive, valuing those with SEND. Specialist provision is seen to be delivering effectively and is available locally to those needing it without lengthy processes that are difficult to navigate.
- **Provide financial sustainability:** Local systems deploy their resources effectively such that spending shifts towards early intervention and away from costly specialist provision, where this is not required. Local authorities operate within their budgets and achieve value for money so that record investment in the high needs budget is used effectively and with evidenced outcomes that are financially sustainable. As a result, local authorities will be able to deliver high-quality services within budgets.

18. The actions we are taking now set a path towards delivering on our mission and we will monitor progress. As we design and test for systemic reform, using the Change Programme to help us, we will develop proposals further so that the objectives above can be achieved. As we do so, we will continue to work with children, young people, and families so that the proposals are responsive to children's needs, build confidence, and deliver positive change. In particular, for proposals that require primary legislation, we will set out further detail for consultation, supported by evidence from the Change Programme. We want to make sure that with every step we take to implement this Improvement Plan, we are building confidence that it will work, learning from experience and hearing the voices of children, young people and families.

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<sup>5</sup> In 2021/22, 32% of pupils with SEN achieved grades 4 or above in English and mathematics GCSEs, compared to 76% of those with no identified SEN, GCSE and equivalent attainment by pupil characteristics, Department for Education, 2022



## Chapter 2: A national system underpinned by National Standards

1. In the SEND and Alternative Provision Green Paper, the government outlined a vision for an inclusive education system with excellent mainstream and specialist provision that puts children and young people first. Through the consultation, we heard that this approach was welcomed, but we needed to be clearer about what we meant by inclusion and what it would look like in practice. We also heard, particularly from parents and organisations supporting families, that we should be more ambitious in reimagining a society that is inclusive at every level. A society with cultures and environments that are designed to offer every child and young person the support they need to fulfil their potential, both within the classroom and beyond.

### We will:

- set up **engagement across education, health and care** during spring 2023 to **develop National Standards**. This will include parents, carers, children and young people, strategic leaders, frontline professionals, voluntary sector representatives, local authorities and cross-government civil servants. This will ensure we consider a wide range of perspectives, including those with expertise across a broad range of needs, and in specific settings such as alternative provision, early years, youth justice and further education.
- by the end of 2023, start testing some elements of the **National Standards** with Regional Expert Partnerships (who will help us co-produce, test and refine key reforms via the Change Programme).
- **publish**, by the end of 2025, a significant proportion of the **National Standards** with a focus on those that are most deliverable in the current system.
- **introduce local SEND and alternative provision partnerships** that bring together partners to plan and commission support for children and young people with SEND and in alternative provision, meeting the National Standards.
- **expect local SEND and alternative provision partnerships to create evidence-based local inclusion plans** that will set out how the needs of children and young people in the local area will be met in line with National Standards.
- **develop and spread best practice of partnerships and plans** through our Change Programme, starting with the Regional Expert Partnership areas from spring 2023.
- invest **£2.6 billion** between 2022 and 2025 to fund **new places and improve existing provision** for children and young people with SEND or who require alternative provision. We are **approving a tranche of applications** from local authorities to open new special free schools in their area. We will shortly launch competitions to seek high-quality proposer groups to run these schools. This is in addition to 92 open special free schools and a further 49 which are in the delivery pipeline.
- **develop innovative approaches for short breaks** for children, young people and their families with **£30 million in funding** being allocated to new projects over three years.

- **review social care legislation relating to disabled children** so we can improve clarity for families about the support they are legally entitled to.
- **work with stakeholders to deliver a standard EHCP template, with supporting processes and guidance from 2025.** This will include testing the impact of a consistent approach to supporting local authority decision-making through the use of multi-agency panels.
- **develop digital requirements for EHCP systems** to improve experiences for parents, carers and professionals, reduce bureaucracy and improve our ability to monitor the health of the SEND system.
- require local authorities to **improve information available to families** and provide a **tailored list of suitable settings informed by the local inclusion plan.** We will continue to listen to children, young people, families, SEND sector professionals and system leaders as we develop and test delivery options through the Change Programme.
- **create a three-tier alternative provision system,** focusing on targeted early support within mainstream school, time-limited intensive placements in an alternative provision setting, and longer-term placements to support return to mainstream or a sustainable post-16 destination.

## **A vision for a society where every child and young person can succeed**

### **A society that celebrates and affirms success**

2. Our ambition is to create a society that celebrates, encourages and enables the success of all children and young people, including those with SEND or in alternative provision. A society where we hold high aspirations for all children and young people, recognising that although success looks different for everyone, it is no less worthy of celebration. A society where navigating systems and accessing support across education, health and care is dignified, involves children and young people in decision-making about their own support, and recognises the broad array of strengths held by children and young people with SEND or in alternative provision. This is a significant societal change. To achieve this will take time and effort across many aspects of society, but we are clear that the rewards are significant.

### **An inclusive system where everyone can thrive**

3. Delivering an inclusive society will require improved, high-quality mainstream provision where children and young people have their needs identified early and can access prompt, evidence-based, targeted support. This will mean that more children and young people can have their needs met through ordinarily available provision, without the need to rely on an EHCP to access the support they need. An inclusive system also depends upon improved access to timely, high-quality specialist provision, where this is appropriate for the child or young person, so that every child and young person has

access to the resources, information and opportunities that enable them to thrive and feel a strong sense of belonging. For some children and young people who are falling behind their peers, high-quality teaching, alongside short-term classroom-based support will be sufficient to meet their needs without a SEND diagnosis.

4. The Schools White Paper, published in March 2022, set clear expectations about what high-quality and inclusive mainstream provision entails and its value in supporting all children and young people to reach their full potential, alongside removing any barriers that prevent them from engaging in their learning. Across the 0-25 SEND system, such provision involves fair access, effective central leadership teams, high aspirations for every child and young person and the use of evidence-based curriculum design and implementation to facilitate high-quality teaching within calm, safe and supportive settings. We are continuing this approach and building on the reform set out in the Schools White Paper through our upcoming plan to increase primary attainment, which will be published in 2023.
5. In a 0-25 SEND system, we recognise the important role of the early years sector in the early identification of needs and in building up effective working relationships with parents about their child's needs. In practical terms, improved mainstream provision will enable more of the children and young people with SEND in early years, schools and further education to fully participate within mainstream settings and receive the additional support they need through ordinarily available provision. The further education (FE) sector is the launching point into adult life for many young people with SEND. Staff in FE settings play a crucial role in making sure that young people are prepared for adulthood and supported to transition to their next stage – whether that's employment, higher education, or adult services. Children and young people with SEND and in alternative provision will receive the adaptations and support they need to attend and engage in early years settings, at school or in college to access the same benefits of improved attainment and wellbeing as those who do not face the same barriers to education.
6. The system will provide earlier, more accurate and more consistent identification of need, targeted support to address those needs and timely access to specialist services and support, including specialist placements where appropriate. This ambition is based on evidence that greater inclusion in mainstream settings can improve the academic achievement for children and young people with SEND and has neutral or small positive effects on the outcomes of those without SEND. A whole-setting inclusive ethos improves the sense of belonging for those with SEND and has been found to increase acceptance of difference amongst peers<sup>6</sup>.

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<sup>6</sup> Gray, P., Norwich, B., Webster, R. (2021) A review of the evidence on the impact of inclusion on pupils with SEND and their mainstream peers; Kart, A., & Kart, M. (2021). Academic and social effects of inclusion on students without disabilities: A review of the literature. *Education Sciences*, 11(1), 16

### **Case study – King Ecgbert School, Sheffield**

King Ecgbert School in Sheffield is a mainstream secondary school and part of the Mercia Learning Trust. The school aims to be warm, welcoming and inclusive in all senses of the word, including for its pupils with SEND. It sets inclusion as “everyone’s job” – both staff and pupils.

The school has high expectations for all pupils and strives to ensure that all reach their potential. Consistent quality-first teaching, as the first step to supporting pupils with SEND, helps all classrooms at King Ecgbert School to be inclusive and the current continuous professional development programme for staff is focused on this. The percentage of pupils at the school with EHCPs is higher than the national average for state-funded mainstream secondary schools<sup>7</sup> and the school’s Progress 8 score is above the national average<sup>8</sup>.

Some of the school’s pupils with EHCPs are attached to its integrated resource for pupils with autism. The aim is for those pupils to be supported into the mainstream classroom and able to access the broad curriculum for most of the time (at least 80% of the time) but also access a parallel curriculum to help them with life skills and emotional regulation.

Tom in the integrated resource, who is going to sit 9 GCSEs this summer and plans to go on to sixth form to study A levels, said, “the integrated resource has helped me in a variety of ways. It has supported my mental wellbeing and it also helps me pursue my educational desires and hopes. The resource is a great place for students like me and I am glad I’ve been able to access it.”

### **An integrated SEND and alternative provision system**

7. Alternative provision is an important aspect of our reforms and will be used as an intervention, not a destination. High-quality alternative provision, including for social, emotional and mental health needs, will create additional capacity for mainstream school leaders and staff to address challenging behaviour earlier and re-engage pupils in education. Interventions will be based on a three-tier model with a focus on targeted support whilst children are in mainstream school, to deal with needs early and reduce preventable exclusion. Time-limited or transitional placements into an alternative provision setting will provide more intensive intervention or longer-term support where it is needed, before these young people return to a new mainstream setting or progress to a sustainable post-16 destination.

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<sup>7</sup> Absence and pupil population - King Ecgbert School, Department for Education, 2022

<sup>8</sup> Secondary - King Ecgbert School, Department for Education, 2022. Due to the uneven impact of the pandemic on school and college performance comparisons between schools and colleagues and national averages should be interpreted with caution.

## A three-tier model for alternative provision

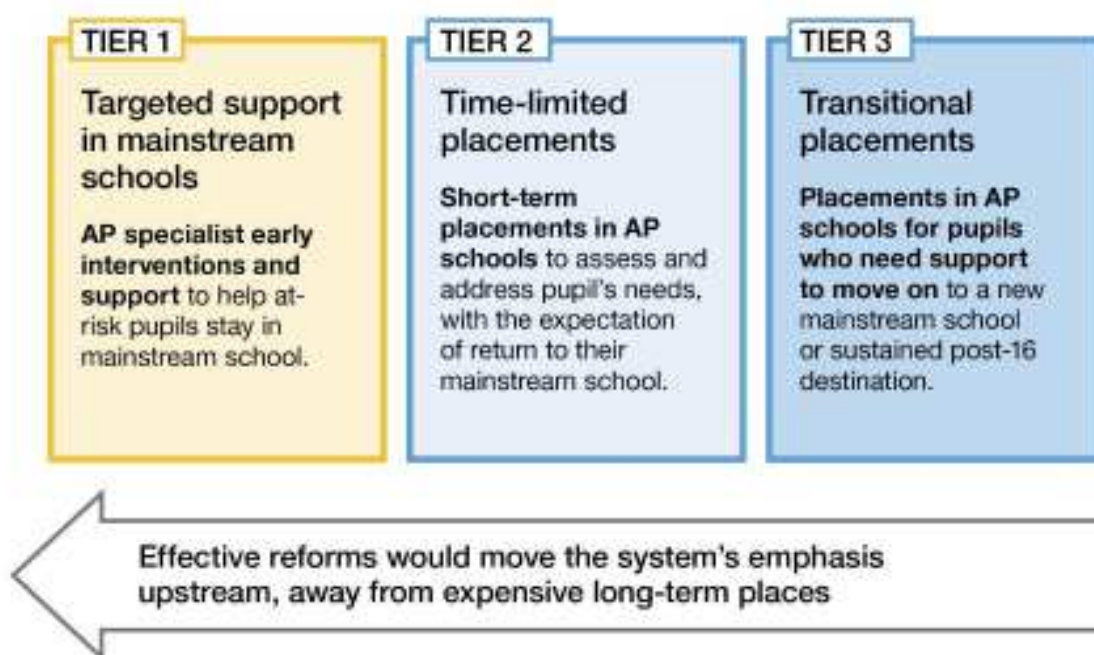


Figure 2: A three-tier model for alternative provision

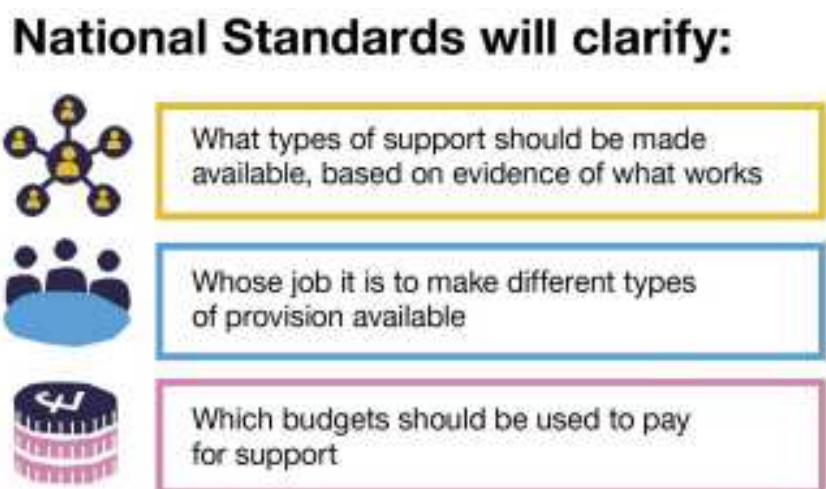
### A supportive system for children and families

8. Our vision is echoed in the Children's Social Care Implementation Strategy, which envisages that every child and family who need it will have access to high-quality help no matter where they live. Many respondents to the green paper highlighted that the SEND reforms must also align with reforms to the wider children's social care system and share a focus on providing help to families early and at the right time. Families reported barriers to accessing support and experiencing safeguarding-focused assessments which made them feel criticised and undermined. The Children's Social Care Implementation Strategy includes a commitment to strengthen the focus on disabled children's needs in the statutory guidance Working Together to Safeguard Children. The proposed update to this guidance will also focus on the role of education settings, further strengthening links between education and social care for children and young people with SEND.
9. Although some families with disabled children are fully supported by universal services, many children with SEND, and their families, benefit from expert help and support when it is first needed. For help to be effective, it must be offered without stigma or criticism, in recognition of the fact that parenting a disabled child can be challenging and families may need additional support to access services which enable them to thrive. We know that there are areas where we need to do more to ensure there is coherency so that reforms make the children's social care and SEND systems easier to navigate for children and families. We will work with all partners in the system, including children, young people and their families, and across government, to ensure

that at every level there is sustained and considered join up between children's social care and the SEND system.

## National SEND and Alternative Provision Standards

10. The consultation feedback is clear that while respondents supported a more inclusive and consistent mainstream system that worked for all children and young people, with a dedicated role for alternative provision, aspects of the current system need to change for that vision to be fully realised. We need to address the 'postcode lottery' of SEND and alternative provision support that exists currently. Children, young people and their families do not know what to reasonably expect, settings are ill-equipped to support needs and needs are identified late or incorrectly.
11. We heard during the consultation that respondents wanted more detail on what the standards are, who they are for and how they will work in practice. This included greater clarity on what should be ordinarily available in every nursery, school, and college, as well as from health and social care. Children and young people told us that it would be good for schools to know what they must deliver. We have used this feedback to develop the next layer of detail for the National SEND and Alternative Provision Standards ('National Standards').



**Figure 3: National Standards**

12. To deliver our vision of an inclusive society for all, the National Standards will set clear and ambitious expectations for what good looks like in identifying and meeting a range of needs. They will provide clarity for children, young people and their families on what provision should be available through ordinarily available provision and for those with EHCPs. National Standards will clarify what good evidence-based provision looks like, who is responsible for securing it and from which budgets. This will help families, practitioners and providers understand what support every child or young person should be receiving from early years through to further education, no matter where they live or what their needs are. This section details our plan to develop these standards, including how we will work with partners in the system such as children, young people



and their families and test proposals through the Change Programme's Regional Expert Partnerships.

13. The National Standards will set out what provision system leaders, such as multi-academy trust leaders, governing bodies, headteachers, college principals and chief executive officers (CEOs), directors of children's services and Integrated Care Boards, need to make available for all children with SEND in every local area, nursery, school and college. We intend to underpin the standards with legislation for education at the earliest opportunity to facilitate intervention in education settings if standards are not met. This will allow us to set out the provision, resources, policies and training that must be available across local areas and in education settings. As we develop the standards, we will undertake new work to consider how to design accountability mechanisms to ensure the government's expectations are met, including considering the role of Ofsted and the Care Quality Commission (CQC). When National Standards are delivered, this will mean every child and young person will have access to consistently high-quality and evidence-led support.
14. National Standards will cover the evidence-based approaches to identification and intervention for those with SEN Support and for those with EHCPs. For example, standards will set out how nurseries, schools and colleges must adapt the physical and sensory environment of the setting to enable children and young people with SEND to learn alongside their peers and the role of the local authority in supporting this. This will build on existing best practice, such as Portsmouth City Council's Ordinarily Available Provision, which sets out expectations of the support that should be made available for children and young people with SEND in early years, schools and colleges. This will help children, young people and their families understand what support they can expect to receive. Clear standards for universal and SEN Support provision will enable better accountability at this stage, whilst ensuring that those who need it receive high-quality specialist support. This will help children, young people, and their families understand what support they can expect to receive.
15. During the consultation, organisations raised concerns that the individual needs of a child or young person could be overlooked in the move towards a single, national system. National Standards will help ensure every child and young person, regardless of where they live, receives consistent high-quality support, at both SEN Support level and for those with EHCPs. We recognise that every child or young person with SEND or in alternative provision will have unique needs and these will depend on their personal circumstances and backgrounds. We are committed to working closely with children, young people and their families when writing the National Standards to find a balance between national consistency and individual needs.

16. In the green paper, we committed to producing an amended version of the SEND Code of Practice. We will ensure the National Standards and amended SEND Code of Practice support one another, so that any new legislation is explained in a clear and accessible way for all. We will consult on an amended version of the SEND Code of Practice and work with individuals and organisations across the system to prepare recommendations for the update, including considering how we reflect wider reforms to alternative provision.
17. To equip frontline professionals, such as teachers and early years practitioners, with the skills and expertise to make best use of provision and to identify needs early, accurately and consistently, we will produce a suite of SEND and alternative provision practice guides. We have set out our plans to develop practice guides in chapter 4 as part of our commitment to building SEND skills and knowledge, prioritising areas such as speech and language development, autism and social, emotional and mental health.
18. Together, the National Standards, practice guides and amended version of the SEND Code of Practice will set clear and consistent expectations for what should be ordinarily available for all children, young people and their families, from early years to further education.
19. When the National Standards are delivered effectively, every leader will be brought into a shared vision for how needs should be identified and supported, whether at the universal, targeted, or specialist level and there will be clarity on how support should be paid for, supporting financial sustainability. This will include a clear role for alternative provision across three tiers of support, with a focus on early intervention and inclusion in mainstream settings where appropriate. Parents, carers and families will have clarity on the roles of individual system leaders and the standards they must meet. When delivered successfully, these standards will enable all children and young people to access an inclusive, high-quality education alongside their peers and will prepare them for happy, healthy and productive adulthoods.

## **Developing the National Standards**

20. Throughout the consultation, we heard from a number of respondents about the importance of co-production in developing and delivering the green paper proposals. Specifically, we heard that the process for developing the National Standards needs to involve a wide range of key partners, including children, young people and families.
21. We have reflected this feedback in our plans to develop the National Standards with a wide range of stakeholders, including professional experts across education, health and care, as well as children, young people and their families. We will involve these partners at the earliest opportunity, with a focus on understanding the views of children, young people and their families. Working with leaders and professionals across different areas and sectors will ensure the standards reflect evidence of the best practice already in the system, the unique needs of early years and further education settings as well as the



impact of these reforms. The case study below from Lincolnshire is a valuable example of how co-production can be built in throughout policy development.

### Case Study – Lincolnshire Young Voices

Lincolnshire Young Voices (LYV) is a participation group set up to improve service delivery for young people with SEND. The group's members are young people with SEND in the area, who bring their voices and experiences to the forefront of their work. The group encourages and welcomes new members and is funded and supported by Lincolnshire County Council and Lincolnshire Integrated Care Board.

LYV works strategically with partners across Lincolnshire to:

- research and improve issues young people with SEND face in the community.
- raise awareness of members' SEND experiences and of LYV in organisations, with professionals, councillors and the wider public.
- inspire young people with SEND to have a voice.

In 2022 LYV developed an online learning resource called 'A Rough Guide to not Putting Your Foot in it', for professionals such as GPs to improve their confidence when communicating with people with SEND. The group led the project, including drafting the course content and recording the video scripts. Their presentation on the resource has been delivered nationally and LYV have been asked to support other areas around the country in developing similar resources and participation groups.

LYV won the NASEN (National Association for Special Educational Needs) Award for co-production in 2022.

22. During spring 2023, we will set up a steering group of cross-sector representatives to oversee the development of standards. We will regularly test our work with a wide range of stakeholders across education, health and social care, including children, young people and their families. We will embed development of standards in the work of the Change Programme to ensure the standards can be tested, iterated and set up for success. We will also build on the findings from the Alternative Provision Specialist Taskforce (APST) pilot (see chapter 4) to reflect existing best practice. Sign-off from the Department for Education will play an important role in ensuring the standards are evidence-based, deliverable and support financial sustainability.

23. We know that it will take time to develop a complete set of standards and to set the system up to implement these successfully. To allow time for genuine co-production and testing, we will develop the standards in stages:

- **During spring 2023**, we will establish the National Standards Steering Group and identify experts to begin developing the content of the standards.
- **By the end of 2023**, we will have some elements of the National Standards ready for testing by the Regional Expert Partnerships.

- **By the end of 2025**, we will publish a significant proportion of the National Standards, with a focus on those that are most deliverable in the current system.
- **At the earliest opportunity**, we will underpin the National Standards with legislation and, ahead of legislating, we will publish the National Standards in full for consultation.

24. Throughout this process, we will use the best available evidence on what works to support a range of needs, from universal support, through SEN Support, to the more specialist support provided via EHCPs. This will build on existing successful programmes, such as the £17 million Nuffield Early Language Intervention that targets children needing extra support with their speech and language development and is proven to help them make around three months of additional progress. We will identify any gaps in evidence and explore opportunities to build a stronger evidence base in the long-term, including commissioning new research as necessary.
25. Publishing the National Standards will signal the government's expectations of what high-quality and evidence-based support should be available across universal, targeted and specialist support. In turn, this should shape commissioning behaviour at a local area and whole school or college level by influencing the content of local inclusion plans, the commissioning practices of system leaders and the support that individual children and young people receive.
26. We received consultation feedback on the importance of the National Standards for health and care as well as education. The Department for Education, the Department of Health and Social Care and NHS England have agreed to engage health and social care bodies at set points and on specific standards. They will be closely involved in the development of the National Standards, which will ensure strategic oversight and input from frontline health professionals. We will develop National Standards that recognise the role of health and social care and the interdependencies, while operating within the existing statutory framework for health and adult social care.
27. In parallel to these reforms to the SEND and alternative provision system, the government is also delivering an ambitious plan for reform of children's social care. Alignment between the two programmes will ensure that social care needs are more effectively addressed. Government is taking forward the recommendation of the Independent Review of Children's Social Care to introduce a Children's Social Care National Framework that sets the direction for practice and is supported by practice guides that bring together evidence-based advice and information. The Children's Social Care National Framework was published on 2 February 2023, alongside the government's formal response to the Independent Review of Children's Social Care, which is now open to consultation.

## **Delivering National Standards**

28. We heard that delivering the National Standards in practice is critical if we are to genuinely improve experiences and outcomes for children, young people and their families and we agree that accountability is essential for successful implementation. Others told us that the standards need to strike a balance between supporting and challenging the system if they are to deliver real culture change. Local government organisations and unions stressed the need for funding to incentivise delivery against the standards. They also highlighted that improving skills and capacity across the workforce is vital to delivering the right provision for children and young people.
29. We recognise that publishing National Standards will not deliver change on their own. Standards will only be translated into reality through efficient funding, effective accountability and an appropriately resourced and skilled workforce. The remainder of this Plan sets out the underpinning drivers that are necessary for implementing National Standards in practice. We know that such large-scale change across education, health and care will take time as we test and refine key proposals, but we remain committed to achieving this shared ambition in the months and years to come.

## **Local SEND and alternative provision partnerships and local inclusion plans**

30. The SEND and Alternative Provision Green Paper consulted on the proposal to establish statutory local SEND and alternative provision partnerships. These partnerships would bring together partners across education, health (including mental health) and care and enable local authorities to work collaboratively with each other, with parents and other extended partners such as youth justice, to meet their statutory responsibilities for children and young people with SEND and those who need alternative provision. We set out that partnerships will be responsible for undertaking a joint needs assessment and producing a strategic local inclusion plan (LIP) for local delivery including setting out the provision and services that should be commissioned in line with the National Standards. The LIP will inform the existing statutory local offer of SEND services and provision, as well as clarifying the graduated SEN Support offer, so parents and practitioners can clearly see what they can expect in their area. In due course, this will also form the basis for providing parents and carers with a tailored list of settings.
31. Throughout the consultation we heard broad support for these proposals. Stakeholders agree that bringing key partners together at the right level to make strategic decisions is essential. Whilst there are excellent examples of effective partnership working in some areas currently, it is not happening consistently across the system. As a result, decisions are not always ultimately made in the best interests of children and young people.

32. We also heard that the views of parents, carers, children and young people are vital in successful partnerships. Consultation respondents welcomed local SEND and alternative provision partnerships as a way of facilitating effective representation of children, young people and their families, ensuring co-production is at the centre of decision-making, improving transparency and communications with parents. We also heard the importance of structures to facilitate regional collaboration, particularly for post-16 and the commissioning of provision for children and young people with the most complex needs where providers regularly face challenges working across a number of local authorities. We will seek to address this in the guidance for partnerships and plans.
33. Many consultation responses highlighted how the need for specialist provision exceeds the available places because the system is not managed well enough. Children and young people whose needs could be met in a well-supported mainstream setting are instead in special schools or alternative provision, while those who need a specialist placement may not be offered one, or able to find one close to home. Children and young people with particularly complex SEN and disabilities often have to be placed a considerable distance from their families and community. In its recent report, the National Safeguarding Panel found that the 108 children placed at three children's residential care settings formerly run by the Hesley Group were placed an average of 95 miles from home<sup>9</sup>. A strong LIP, grounded in an evidence-based understanding of the services and placements which children and young people will need in the future, will allow local authorities, Integrated Care Systems, schools and colleges to change what they offer so that it meets evolving needs. We want to amplify best practice and support areas to maximise effective partnership working. To achieve this, we are planning to approach delivery in three phases across financial years 2023 – 2025 and beyond.

Phase one (2023)	Phase two (2024)	Phase three (2025 onwards)
<ul style="list-style-type: none"> <li>The SEND and Alternative Provision Change Programme's Regional Expert Partners will support areas to design and test their partnerships and LIPs, beginning in spring 2023.</li> <li>Non-statutory guidance will be issued in autumn 2023, outlining the full detail of the expectations for local SEND</li> </ul>	<ul style="list-style-type: none"> <li>The SEND and Alternative Provision Change Programme's Regional Taskforce Teams will target support to areas most in need/least mature to develop their partnership structures and develop LIPs.</li> </ul>	<ul style="list-style-type: none"> <li>Seek to introduce primary legislation at the next available opportunity to put partnerships on a statutory footing and mandate collaborative working.</li> <li>Support the future introduction of tailored lists of settings.</li> </ul>

<sup>9</sup> Safeguarding children with disabilities and complex health needs in residential settings, Child Safeguarding Practice Review Panel, 2022

<p>and alternative provision partnerships including clear roles and responsibilities for the partnership collectively and the partners individually.</p> <ul style="list-style-type: none"> <li>• Guidance will set out the requirements for LIPs including the requirements for co-production with children and their families.</li> <li>• This will be underpinned by a maturity matrix self-assessment tool to support local areas to evolve partnerships and move towards new model of plans.</li> </ul>	<ul style="list-style-type: none"> <li>• The Department for Education's Regions Group will work with local SEND and alternative provision partnerships to develop and agree LIPs by end of 2024.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to work with Ofsted to make sure framework reflects updated arrangements.</li> </ul>
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## Capital investment in new specialist placements and alternative provision

34. Many respondents reported that the need for specialist provision exceeds the available places. We have committed to invest £2.6 billion over the next three years to deliver new places and improve existing provision for children and young people with SEND aged between 0 and 25, or who require alternative provision.
35. On 29 March 2022, we announced High Needs Provision Capital Allocations amounting to over £1.4 billion of new investment. This funding will support local authorities to deliver new places, across the 0–25 system, for academic years 2023/24 and 2024/25 and improve existing provision for children and young people with SEND or who need alternative provision.
36. On 10 June 2022, we published our 'how to apply' guidance for the latest special and alternative provision free school application waves. We are approving a tranche of applications from local authorities to open new special free schools in their area. We will shortly launch competitions to seek high-quality proposer groups to run these schools. This is in addition to 92 open special free schools and a further 49 which are in the delivery pipeline. Applications for partnerships to open new alternative provision free schools closed on the 17 February 2023. We are currently in the process of assessing those applications and we expect to announce the outcome of both application waves in autumn 2023.
37. Starting from summer 2023, we plan to collect data from local authorities on the capacity of special schools and SEN units/resourced provision in mainstream schools, as well as forecasts of the numbers of specialist placements local authorities expect to

make in SEN units/resourced provision, special schools (of all types) and alternative provision. We expect this to be an annual data collection, forming part of the existing School Capacity Survey (SCAP) which will support local authorities in managing their specialist provision. We will explore options for improving and broadening the data we collect in future years. We are working closely with local authorities and other sector stakeholders to ensure the data we collect best supports the needs of users across the 0-25 system. Guidance on completing the SCAP survey, including tools to support local authorities in assessing the capacity of special schools, will be published in the spring.

### **Case Study – Unity Schools Partnership**

Unity Schools Partnership is a multi-academy trust (MAT) consisting of primary, middle, secondary and special schools in Suffolk, on the Essex and Cambridgeshire borders and in East London. The trust has an inclusive ethos centred around providing education that caters for all children in the community. There are three tiers of SEND support within the trust: special schools, high-quality inclusive teaching in mainstream schools and specialist units at mainstream schools.

In all of its schools, high-quality teaching for children with SEND is the first response to meeting their needs and the SENCo ensures teaching staff have guidance and support. Unity Schools Partnership schools have high aspirations of and expectations for all learners, aiming to enable all pupils to take part in lessons effectively and participate fully in school life.

Looking at its more specialist provision, specialist units were opened in five schools in the trust in September 2020 as part of a local authority capital programme in Suffolk to create new specialist education places. Each unit caters for different age ranges from key stage 1 to 4 and different types of need.

The specialist units allow children and young people to be part of a dedicated class which supports their individual needs, while also having access to the mainstream school community, for example:

### **The Arch at Castle Manor Academy**

The Arch at Castle Manor Academy supports 22 pupils in key stages 3 and 4 with cognition and learning needs. Pupils follow a personalised curriculum and integrate within the mainstream setting at a level that is appropriate to their needs, with the support of teaching assistants. Where possible, pupils 'shadow' the mainstream expectations, values and curriculum themes so they can participate with the wider school when they are ready. Pupils in The Arch take part in a wide range of curriculum and extra-curricular activities. They enjoy many activities including collecting badges for their work in living the school values, school trips with their peers and all play a musical instrument. Staff have noted that strong friendships have been made both within and outside of The Arch.

## **Specialist post-16 provision**

38. Several respondents highlighted a lack of strategic planning for specialist post-16 provision both locally and regionally, which they felt led to missed opportunities to make the most of such provision, particularly for young people with complex needs. We received strong calls from specialist post-16 institutions and their representatives that the sector is not given the right recognition. Too often this provision is considered as sitting outside, rather than an integral part of the further education sector.
39. We propose to work with the sector to review the way the Department for Education defines and manages specialist further education and to consider what changes could be made to reinforce that integrated position within the wider further education sector.

## **Wraparound support for families**

40. There will be improved access to wraparound services for families and more timely access to specialist support from health and social care partners where a child or young person requires this. The Children's Social Care Implementation Strategy committed to including a stronger focus on support for children with a disability as part of proposed updates to Working Together to Safeguard Children. Through the rollout of family hubs, we are seeking to improve access to a range of services and have set specific requirements for local authorities receiving family hubs funding around helping families who have children with SEND.

## **Short Breaks Innovation Fund**

41. Short breaks provide children, young people and their families with opportunities to enjoy extra-curricular activities, respite and space to develop skills beyond their everyday school and home contexts. They aim to strengthen student resilience and family capacity, therefore de-escalating the interventions that might be required for pupils at risk of moving from mainstream to specialist settings, or into care. The green paper committed £30 million to the Short Breaks Innovation Fund to develop national policy for short breaks by funding innovative, integrated and inclusive approaches to short breaks to address the concern that the policy is under-developed and inconsistently applied.
42. In the first year of the programme (financial year 22-23), we are funding 7 local authority projects to deliver innovative approaches to short breaks in addition to their normal provision, across the 0-25 age range. For year two of the programme, we have taken on board feedback that bids should be co-produced with families and set a requirement that all bids must be supported by the local parent carer forum. £10 million is available for grants of up to £1 million to 10-15 local authorities for year two and successful bidders will be announced shortly.



43. Three years of developing innovative approaches will give us a stronger evidence base on what works well. As part of our reforms to children's social care, we will ensure that we draw on the innovative and inclusive approaches emerging from the Short Breaks Innovation Fund to influence our own approach to structural reform and service design.

### **Case Study – Short Breaks Innovation Fund in Sunderland**

Sunderland City Council is one of the local authorities taking part in the Short Breaks Innovation Fund programme. One of its offers is Breathing Space, a whole-family model of short breaks both after school and during school holidays. It is designed to offer joined-up support and create positive opportunities for families with children who have social, emotional or mental health needs or autism and who are at risk of suspension or permanent exclusion from school. The aim is to improve behaviour over the longer term to improve and/or maintain children's attendance at school.

Breathing Space has different hubs, including:

- a family hub centre which delivers specialist emotional support sessions for children.
- a group for non-verbal children with autism, providing sensory and crafts sessions.
- an alternative provision school providing after-school extra-curricular activities, such as cooking and trips to the theatre.

Overall, the Breathing Space short breaks provision has helped with:

- an improvement in pupils' attendance.
- an improvement in pupils' behaviour in school, linked to improved attitudes to learning.
- a decrease in suspensions.

### **Supporting Families**

44. As part of the Supporting Families programme, a £450,000 pilot project will be established to test approaches to establishing more robust links between SEND and the early help system in each area. Local authorities will be invited to bid for funding to test models of strengthening the join-up between systems locally. This could include, for example, ensuring that any family whose child is undergoing an EHC assessment is offered an early help conversation so that the needs of all members of the family can be understood and support provided. Some areas may also develop projects to increase the involvement of school staff, who already know and understand children with SEND in their settings, to lead on or contribute to early help assessments, ensuring that families with children with SEND are identified and offered support. This increased focus on non-stigmatising access to help is also central to our Family Help reform proposals, which will improve the experience and outcomes for disabled children and their families.

45. We have committed through the Independent Review of Children's Social Care to track the experiences of children with a disability through the care system and will incorporate a strong focus on specific support for children with a disability and their families in our pathfinder testing. In response to the recommendations in the Independent Review of



Children's Social Care, we will establish pathfinders in up to 12 local areas, to test elements of the Family Help reforms. The Support and Protection pathfinders will help us effectively deliver reforms around eligibility for Family Help, access to services via the 'front door' so that it is more needs-based and welcoming, the Family Help workforce working with families in need (under section 17 of the Children Act 1989) and the tailoring of support to meet specific needs, including SEND. An important area for us to test will be how a multidisciplinary team of Family Help workers hold section 17 cases in a way that reduces handovers that are unhelpful for families and avoids the stigma which some families with a child with SEND currently experience.

46. In line with the recommendation made by the Independent Review of Children's Social Care, we have asked the Law Commission to review existing social care legislation relating to disabled children so we can improve clarity for families about the support they are legally entitled to, ensuring that families know how to access support and local authorities know what they are expected to provide.
47. We will convene a joint children's social care/SEND roundtable discussion on disability this year, to work with sector experts to make these commitments a reality.
48. The Department for Work and Pensions launched the Reducing Parental Conflict (RPC) programme in 2018 to encourage local authorities across England to embed parental conflict support in their local service provision for families. Up to £19 million is available to local authorities to progress this work during this Spending Review. This is particularly important for parents of children with SEND, as this can be a key driver of conflict between parents.

## A reformed, nationally consistent EHCP process

49. The green paper set out a vision for EHCPs where there was greater consistency between local authorities' processes, to ensure that those who need more specialist support can get it faster and in a more joined-up way. The green paper restated our commitment to the principle of co-production: that children, young people and their families and services work together as equal partners to support children and young people to achieve their goals. To improve the experience and quality of these plans, we proposed to:
  - **standardise** the templates and processes around EHCPs to improve consistency and best practice, improving experiences for families and children and young people seeking plans.
  - **digitise** EHCPs, to reduce the burden of administrative process in the system, improve the experience and satisfaction of parents, carers and professionals and improve our ability to monitor the health of the SEND system.
  - **introduce the use of local multi-agency panels** to improve parental confidence in the Education, Health and Care (EHC) needs assessment process.

50. These measures were broadly popular across all respondent groups who reported that the EHCP process would benefit from being standardised, simplified, accessible and available digitally. However, while there is agreement that these are the right measures to pursue, it is also clear that local authorities' arrangements have evolved over time to reflect their different circumstances and the needs of their local communities. Therefore, any changes to EHCP processes will need to be worked through carefully to deliver the improvements we all want to see.
51. We said in the green paper that we would consult separately on changing the timescale for the issuing of draft EHCPs following annual reviews. We have considered the responses to the subsequent consultation alongside those to the green paper, given that both consultations relate to reform of the EHCP system. We will shortly be publishing the government response.

## **Standardisation of templates**

52. Although many agreed that standardising EHCP templates is the right thing to do, there was also agreement that plans for this diverse group of children and young people were often complex for good reason, and that standardised paperwork should not result in standardised provision. Most of those who responded to this proposal felt that section F (special educational provision) particularly needed reform. Some respondents felt plans were not revised often enough to reflect the needs of the child or young person as they progressed. Children and young people wanted their plans to be co-produced with them and reflect their goals, ambitions and the full breadth of their lives – their friends and interests as well as their education and employment. They wanted their plans to enable others to understand their strengths as well as the things they found difficult.
53. We will now start work on a national EHCP template, supported by guidance, in partnership with relevant bodies, including parents, children and young people. We will encourage all local authorities to adopt the template and consider the case for mandating its use through legislation.

## **Digitised EHCPs and digital requirements for EHCPs**

54. We think the case is clear for all SEND services to move to digital systems for EHCPs. Digital systems can deliver better experiences for both families and professionals and enable them to continuously improve their services – focusing staff time on working with families rather than managing bureaucracy. These improvements could also help realise the benefits of anonymous data collection, taking account of data protection laws considerations and information sharing protocols, to track indicators such as progress made towards outcomes, trends in the prevalence of need and the provision that is made available. This timely picture of the health of the SEND system could help build the evidence base for National Standards and be a feature of the national and local inclusion dashboard.

55. We are pleased that so many local authorities have already implemented digital EHCP systems and would like all local authorities to move quickly to digitise to gain the benefits outlined.
56. This is an evolving market. We recognise that local authorities are at very different stages of their digital journey and that this Improvement Plan contains significant, long-term reforms to the SEND system which digital EHCP systems will need to accommodate. We have spoken to local authority SEND teams and recognise the need for local collaboration and leadership to drive these improvements forward. Any digital EHCP system should also be implemented to recognise and comply with additional data collection asks, such as the SEN2 annual survey.
57. Therefore, in parallel to local digitisation, the Department for Education will work to develop digital requirements for local authorities to adapt to over time. We will continue to work with local authorities and suppliers to best support this shift towards digitisation and move towards consistent standards of digital EHCP systems.
58. We will work to develop and deliver digital requirements for EHCP processes by:

Phase one (2023)	Phase two (2024)	Phase three (2025)
<ul style="list-style-type: none"> <li>Working with local authorities, suppliers and families to further test how digital solutions might best improve their experiences of the EHC process.</li> </ul>	<ul style="list-style-type: none"> <li>Designing digital solutions and testing drafts with local authorities and suppliers.</li> </ul>	<ul style="list-style-type: none"> <li>Dependent on digital solutions tested and agreed upon, begin rollout of requirements across local authorities.</li> </ul>

## Multi-agency panels

59. Respondents agreed that having a wider group of relevant professionals and partners to advise the local authority at key decision points through the EHC process – at the application, planning and review stages – could add value. However, they felt that government needed to be precise about the scope, status and membership of these panels for them to be effective.
60. We know that many local authorities have established multi-agency panels who meet regularly. We recognise that there are other panels (such as multi-agency safeguarding hubs, Local Inclusion Group members or advisory panels of expert practitioners) that already provide support and challenge and we do not want to increase bureaucracy in the system. However, the main source of independent scrutiny of local authority decisions specifically related to the statutory SEND system is currently the First-tier Tribunal. We think enabling a more holistic conversation between local partners about

a child or young person's needs and plan, where those partners can support and challenge each other, would promote good local authority decision-making and facilitate timely help and access to services for children and young people with SEND.

61. We believe there is a potential role for panels to bring together partners who can provide services more quickly and easily, drawing on the expected provision outlined in the National Standards for educational support, and linking up with health-commissioned services and family help, including short breaks. The panels could help to ensure families are offered services, going beyond signposting and helping families to navigate the system across education, health (including mental health) and care. Offering the right services at this early stage will help to reduce escalation of need and reassure parents that their child is being effectively supported to thrive through ordinarily available services, providing consistency around when an EHC assessment can add most value. Where a child does require more intensive and coordinated support, the panel can support the local authority in the decision to carry out an EHC assessment, whilst also looking to offer support promptly.
62. We will work with a small number of local authorities to develop and test a standard for multi-agency advisory panels, to assess the most effective size, membership and remit of a group, and whether the standard EHCP form is effective. We will take this forward alongside the Children's Social Care Implementation Strategy's commitment to strengthen the role of education settings as part of proposed updates to the statutory guidance on Working Together to Safeguard Children.

## **Tailored Lists**

63. As this Plan makes clear, we must ensure that children and young people receive the support that is right for them and that decisions about placements are backed by evidence of what will set them up for success.
64. We outline in this chapter how new local inclusion plans overseen by the new local SEND and alternative provision partnerships will set out how the needs of children and young people in the area will be met in line with the new National Standards. We will ensure this informs the existing statutory local offer of SEND services and provision, as well as clarifying the graduated SEN Support offer, so parents can clearly see what they can expect in their area.
65. In response to the green paper many families, local authorities and those working in education agreed that greater clarity is needed around what support and placements are available so that children and young people get the right support in the right setting. We have heard agreement that a tailored list of settings would provide parents and carers with clearer information, supporting them to express an informed preference for a placement.

66. We want to improve families' experiences, by helping them to understand and assess the available options. A tailored list would allow local authorities to give clear choices to families and better meet the needs of children and young people, while supporting them to manage placements in a way that ensures financial sustainability for the future. To ensure we can deliver these goals, we will first test this proposal through the Change Programme in a limited number of areas to gain feedback on the best way to support families. In the areas we test this proposal, there will be no change to the existing statutory framework and parents and young people's existing rights will be unaffected.
67. We have also heard some of the significant concerns, particularly from groups representing parents, carers and children and young people, about the introduction of the tailored list. Many were concerned that this would reduce choice, and that meeting the needs of the child or young person would not be the central consideration in drawing up the list. Others wanted to see further detail on this proposal.
68. We will continue to listen to children, young people, their families and SEND sector professionals as we develop and test delivery options for amending the process for naming a place within an EHCP by providing parents and carers with a tailored list of settings. These will include mainstream, specialist and independent placements where appropriate, informed by local inclusion plans that will be produced through engagement with children, young people and their families. We are committed to ensuring parents, children and young people continue to be involved in the decision-making process and will have the right to request a mainstream setting for their child, even when they are eligible for a specialist setting.
69. Development of the tailored list will be sequenced alongside wider system reforms, particularly the introduction of National Standards, improved accountability and better local planning. Tailored lists will only be introduced in an area once the local inclusion plan has been quality assured and signed off by the Department for Education's Regions Group as being in accordance with the National Standards.

## **Testing and delivering change through a £70 million Change Programme**

70. We have heard frequently that the primary reason why the high aspirations of the 2014 reforms have not yet been achieved is because insufficient attention was paid to implementation. That is why we committed in the green paper to support delivery of these reforms through a £70 million SEND and alternative provision Change Programme. This will test and refine key reform proposals and support local SEND and alternative provision systems across the country to manage local improvement.

71. The emphasis we have placed on delivery and implementation for this reform programme has been welcomed. We have heard that lessons must be learned from the past to prevent unintended consequences, such as a drift away from inclusion in mainstream education and over-emphasis on securing an EHCP in order to access support in the future. Some consultation feedback focused on the need to develop a programme that delivers effective support for children, young people and families whilst enabling professionals within the system to deliver their duties and implement significant reforms.
72. Many respondents wanted to see further information about the proposed pace and timing of reforms. Some highlighted the need for fast and effective delivery in the short term, with clear direction for longer term changes.
73. We are clear that we need to support local SEND systems across the country to manage current pressures and local improvements. We need to do this whilst also testing and refining some of the more complex key areas of reform so we can be confident that they will deliver on our ambitions, without introducing unintended consequences. This will enable our understanding of the overall impact of reforms on the system. The £70 million Change Programme will serve as the delivery vehicle for this work by creating up to 9 Regional Expert Partnerships. These Partnerships will consist of a cluster of 3-4 local authorities in each region, including at least one lead local authority. These will help test and refine the key reforms over the next two years, with oversight from the National SEND and Alternative Provision Implementation Board. The programme will:
- test, deliver and iterate the key reforms to achieve our ambitions for children and young people with SEND or who are supported by alternative provision. This will ensure we allow services to deliver to a high standard. It will also ensure that we deliver the systemic improvements needed to improve outcomes and can intervene to secure improvement where needed. Testing will provide an early indication of progress against our reform mission. It will build the required evidence base to determine the advantages, and understand the potential disadvantages, of the reforms in the SEND and alternative provision system.
  - spread this learning and provide bespoke targeted support in areas that are struggling the most, by creating and deploying an expert 'taskforce' to support change in each region. The taskforces will draw on expertise from the Regional Expert Partnerships and the Delivery Partner's SEND, alternative provision and system transformation expertise. The taskforces will build capacity and proficiency and implement best practice in these areas, complementing any improvement support already being received. They will do this by supporting local areas to harness, innovate, scale and support the spread of effective practice on the ground. This will drive high standards and excellence in the basics, help to stabilise the system and prepare the sector for delivery of the SEND and alternative provision reforms to improve outcomes for children and young people with SEND or who are in alternative provision.

74. The proposed model builds on consultation feedback that we need to focus on improving mainstream settings to ensure more timely support is available, whilst sharing effective practice on the ground. The model creates a consortium of expertise in each Region, with a clear rationale for identifying those providing support, those being supported and the focus of that support. Delivery in local areas will be overseen by local strategic partnerships to give fast and effective support.
75. Data on outcomes and experiences of the SEND system highlights some disparities in relation to certain characteristics such as place, gender and race. The government has committed to addressing these disparities more broadly, including through the Inclusive Britain report, published in March 2022. In testing and delivering proposals for the SEND and alternative provision system, we want to ensure that the voices of all children and young people with SEND or in alternative provision and their families are effectively heard and no group is disadvantaged in securing timely access to the right provision – irrespective of place, disadvantage, race or gender. Through the evaluation of the Regional Expert Partnerships, we will assess the extent to which our reforms are enabling this ambition and refine our plans accordingly.

## Chapter 3: Successful transitions and preparation for adulthood

1. Our vision is of a SEND and alternative provision system which supports children and young people to successfully move through education and into adulthood, regardless of whether they have an EHCP, through the wide variety of routes available.
2. Although each child and young person's journey will be different, destination planning should be built in from the earliest stages and should continue through their education, centred around the aspirations, interests, and needs of the child or young person. Provision should support children and young people to develop independence, contribute to their community, develop positive friendships, be as healthy as possible, and, for the majority of young people, prepare them for higher education and/or employment.
3. The Department for Education's skills reforms will provide a ladder of opportunity to help young people access excellent education and skills training and continue learning through adulthood, to secure good jobs and progress in their careers.

### We will:

- **publish guidance to support effective transitions** between all stages of education, and into employment and adult services.
- **conduct a pilot** to consider the evidence required to access flexibilities to standard **English and mathematics requirements for apprenticeships**.
- **invest £18 million** between 2022 and 2025 to **double the capacity of the Supported Internships Programme**.
- continue to support the Department for Work and Pensions' **Adjustments Passport pilot** to smooth the transition into employment.
- **improve the Disabled Students' Allowance process**, by continuing to work with the Student Loans Company to reduce the time for support to be agreed.

## Supporting effective transitions

4. Successful transitions must be well-planned. Late planning and decision-making for a child or young person's next stage and poor support around transitions were clear themes in the consultation feedback, particularly in relation to post-16. Many felt that support is not in place at the point of transition as information about students' needs is not shared readily, easily or early enough. For students with an EHCP, local authorities must specify the post-16 provision and name a setting by 31 March for students leaving school, but this deadline is regularly missed. For those without an EHCP, there is no consistent approach for sharing this information between schools and post-16 settings.



5. To address this, the Department for Education is developing good practice guidance to support consistent, timely, high-quality transitions for children and young people with SEND and in alternative provision. This will ultimately look at transitions between all stages of education from early years and will focus initially on transitions into and out of post-16 settings. This includes transitions into employment, adult services and for young people leaving alternative provision at the end of key stage 4, building on learning from the recent Alternative Provision Transition Fund.
6. We are working with the Department for Work and Pensions and key partners from the SEND and post-16 sectors, including the Association of Colleges and Natspec, to develop the project. We are working with young people with different types of need, including those with and without EHCPs, to co-produce the guidance to ensure it improves experiences and outcomes. We will also involve parents and carers. This guidance will feed into the National Standards and practice guides as they are developed. We will consider how this is reflected when amending the SEND Code of Practice. As set out in chapter 5, we are strengthening accountabilities across the 0-25 system, to ensure children, young people, and their families receive the support they need, including at key transition points.
7. We are also conducting research to understand current user journeys of young people applying and enrolling in post-16 education, to improve the sharing of information.
8. The Department for Education and the Department for Work and Pensions are working closely together to underpin successful and supported transitions into employment: the Minister for Children, Families and Wellbeing, the Minister for Disabled People and the Minister for Social Mobility, Youth and Progression will meet regularly to drive forward cross-departmental activity to support those transitions.

### **Case Study – George’s\* experience in further education at City College Norwich**

\*The name of the student in this case study has been changed

George joined the agriculture and land-based college at City College Norwich and has additional needs of autism; social emotional and mental health needs; dyspraxia and hypermobility.

The college planned George’s transition into college well, involving his parents and the college’s specialist EHCP team. Through visits, George was able to orientate his way around the site and reduce his anxiety. George flourished which soon meant that the support he needed reduced. By the end of the year, George had grown in confidence and independence which enabled him to give peer support to other learners.

George said, “I feel I’ve made some friends on my course. I have friends from high school who I keep in contact with. I feel I’m on the right course and training to be what I want to be. I am slowly getting to talk to more of the class. I’m good at practical things and a decent amount of theory.”

His parents have noted that George is joining in and speaking more. They feel this is a combination of realising that he has to ask for help, and that he is enjoying the lessons as they all relate to what he wants to do in the future.

## Transitions to Adult Services

9. We recognise that transitioning between child and adult services, including into adult social care, can be challenging. The Department for Education is working with the Department of Health and Social Care and NHS England to identify how we can improve these transitions, with the aim to include this in the transitions guidance mentioned above. The work set out in chapter 5 to improve accountability across the 0-25 system will also support this. We are working together with the Department of Health and Social Care to update the Statutory guidance for local authorities and NHS organisations to support implementation of the adult autism strategy, which includes a chapter on transitions. We will also explore good practice to smooth the transition into adult services for young people whose needs are very complex and who may never be able to undertake paid work, to ensure they have options which enable them to flourish and live life to the full.

## Higher Education

10. We expect all professionals working with children and young people with SEND to have high aspirations for them, and this includes striving for them to access higher education (HE). We heard through consultation events that a proportion of young people do not feel effectively supported to transition into HE, with some reporting delays in receiving support through Disabled Students' Allowance (DSA), and that there are significant differences in the levels and types of support available at different Higher Education Providers (HEPs). Some consultation responses suggested extending EHCPs to support people in HE, to address these issues.
11. In preparation for the 2014 SEND reforms, there was significant discussion with stakeholders followed by debate in Parliament about whether the statutory SEND system (including EHCPs) should extend to HE. It was decided that it should not, as the HE sector already has a number of systems in place to support young people with disabilities. However, we recognise that more can be done to strengthen these systems.
12. The Department for Education and the Welsh Government are working with the Student Loans Company to reduce the length of time it takes for a student to progress from making their DSA application to having their DSA support agreed. We will also seek to set expectations through our transitions guidance on how students should be supported to transition into HE, including how they should be supported to apply for DSA.

13. The Department for Education agrees with the recommendation from the Disabled Students' Commission that university staff need guidance on how to support disabled students. This is so university staff understand the barriers students face and so they can improve students' experiences in HE. This recommendation is likely to be included in the 'Commitment' the Disabled Students' Commission is due to launch in March 2023, asking HEPs to commit to a range of recommended good practice in supporting disabled students.

## Qualifications reform

14. The government is committed to supporting students with their future and career planning by improving the quality of qualifications and streamlining their number. Since 2013, we have reformed the national curriculum, GCSEs and A levels to set world-class standards across all subjects. These reforms were substantial and have made a lasting improvement to qualifications, ensuring they reflect the knowledge and skills all pupils need to progress. Our gold-standard qualifications system gives all young people, including those with SEND, the opportunity to achieve their full potential and prepare for a huge range of careers. It does this by offering them a wide choice of different high-quality, evidence-informed academic and technical pathways.
15. Alongside this, our reforms to post-16 level 2 and below qualifications will help to deliver an improved landscape for students. This will enable learners to benefit from high-quality provision that better equips them for progression into work or further study at a higher level. In the government response to the post-16 level 2 and below qualifications review consultation, we set out the groups of qualifications that we intend to fund in the future, grouping the qualifications by level and by purpose, i.e. whether they support progression to employment or to higher levels of study. We are committed to having flexibilities in place to ensure students with SEND can access these qualification groups, and there will be a range of options at all levels which create pathways through the system. We will also regularly review the mix and balance of qualifications approved and engage with SEND stakeholders to ensure we are meeting the needs of all learners.
16. We are also developing a set of National Standards for Personal, Social and Employability Skills Qualifications. These qualifications provide knowledge and skills to support the transition into employment and are particularly important for some students with SEND. We will design these with experts from the education sector and industry, drawing on their extensive knowledge and expertise to shape standards that flexibly meet student needs and deliver relevant knowledge, skills and content in accessible ways.

## Preparation for employment

17. We know that with the right preparation and support, the overwhelming majority of young people with SEND are capable of sustained, paid employment. Throughout the consultation, we heard repeatedly that children, young people and their families want to be confident that their education is preparing them for work, and that the people working with them share those high ambitions. They want to know what options and pathways are available to them, and what support and adjustments can help them succeed.
18. We expect Careers Leaders to work closely with the relevant teachers and professionals in their school or college, including the SEND lead, to identify the careers guidance needs of all pupils, in order to help children, young people and their families understand the full range of relevant education, training and employment opportunities available and to support them to achieve their ambitions. To support them with this:
- **The Careers & Enterprise Company (CEC)** provides training and support to design and deliver careers education programmes tailored to the needs of young people with SEND regardless of their educational setting. CEC also encourages employers to provide opportunities for young people with SEND to gain experiences of workplaces, employer encounters and employment.
  - **The Career Development Institute** provides professional development for careers advisers working with young people with SEND.
19. Over 600,000 primary school pupils will benefit from a new £2.6 million careers programme that will deliver targeted, age-appropriate careers support in over 2,200 primary schools, to encourage children to think about future jobs and raise aspirations. The programme is a commitment in the Schools White Paper that will be run by CEC and which aims to challenge stereotypes, including about people with disabilities.

## Transitions into employment

20. In addition to providing careers support, we are working with the Department for Work and Pensions to smooth young people's transition into employment, for example through the pilot of an Adjustments Passport. The Passport aims to raise awareness of in-work support and empower young people to have more structured conversations with employers about their support needs. We have been supporting the Passport pilots in three HEPs. Evaluation reports show strong agreement from the more than 200 HE students taking part in the pilots that the Passport will help them get adjustments in the workplace. We are working with Supported Internship and Apprenticeship providers to trial the Passport with supported interns and apprentices and will consider whether it could be trialled in different settings.
21. To ensure disabled people can access the support they need in work, the Department for Work and Pensions provides Access to Work funding. This is a demand-led, discretionary grant that contributes to the disability-related extra costs of working faced by disabled people and those with a health condition in the workplace which go beyond

standard reasonable adjustments, but it does not replace an employer's duty under the Equality Act to make reasonable adjustments. The grant can provide personalised support, including workplace assessments, travel to/in work, support workers, specialist aids and equipment to enable disabled people to move into or retain employment. Young people on supported internships can claim Access to Work funding to support them in their work placement, where needed.

22. We recognise that some young people will need ongoing support to help them secure and sustain employment in adulthood, and we work closely with the Department for Work and Pensions to ensure our programmes are complementary. The Department for Work and Pension's Local Supported Employment (LSE) scheme started in November 2022 and will run until March 2025, helping people with learning difficulties and / or autism to find and retain work. The aim of LSE is to develop a sustainable model for delivering Supported Employment that can help increase the number of supported jobs delivered by local authorities, providing individuals with significant barriers to work with intensive one-to-one support. LSE is being delivered in 28 local authorities across England and Wales and will support around 2,000 people.
23. In 2020/21, the Department for Work and Pensions tested an Autism Accreditation scheme in 15 of its local offices. This scheme developed a service delivery framework to improve the services that job centres deliver to autistic people, by building the knowledge and skills of work coaches and improving processes and systems to better support autistic jobseekers. Although aimed at jobseekers on the autism spectrum, the service delivery framework will also have benefits for other customers with additional needs. The test was a success, and the Department for Work and Pensions are now exploring how to roll-out Autism Accreditation across the whole Jobcentre network.
24. Through the Disability Confident scheme, the Department for Work and Pensions are working with employers to provide them with the knowledge, skills, and confidence they need to attract, recruit, retain and develop disabled people and those with long-term health conditions in the workplace. The scheme encourages employers to think differently about disability and to take positive action to address the issues disabled employees face in the workplace. As of February 2023, there are over 17,700 employers who are members of the scheme<sup>10</sup> covering over 11 million paid employees<sup>11</sup>.

## Supported Internships

25. The green paper committed to invest £18 million over the next three years to build capacity in the Supported Internships Programme and support more young people with EHCPs into employment. Since then, we have appointed the Internships Work consortium as the delivery partner for this investment. They will be working closely with

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<sup>10</sup> Employers that have signed up to the Disability Confident scheme, Department for Work and Pensions, 2023

<sup>11</sup> Disability Confident Jobs Fair Speech, Department for Work and Pensions, 2022

local authorities to double the number of supported internships by 2025 and will engage with all partners in the system to level up the quality of internships across the country. Over 700 job coaches will be trained by 2025 to ensure interns receive high-quality support on their work placements.

26. As part of this work, up to £10.8 million in grant funding will be available to all local authorities over the next three years, alongside support and training. This will enable all local authorities to access a supported employment forum and strengthen the quality of their Supported Internship offers to improve the transition into sustained, paid employment for interns.

### **Case Study – Katie’s\* experience on the Supported Internship Programme**

\*The name of the student in this case study has been changed

Katie, who is 20 years old and autistic, was apprehensive when starting her Supported Internship as sustaining a job was something ‘she didn’t imagine she’d ever be able to accomplish’.

As part of the programme, Katie’s employer received close support to understand her needs and any reasonable adjustments required. Katie’s job coach supported her with reassurance, confidence and navigating work-life and relationships. Regular check-ins between Katie, her job coach, and her managers ensured they could review, adjust and work together to help their relationship flourish. The ongoing offer of support during and beyond the Internship was key to making it a success.

Shortly after starting the role, Katie’s confidence grew as she was supported to thrive over her difficulties with peer relationships, social communication, and anxiety. Katie quickly became an invaluable team member, leading to her being offered a full-time position as Helpdesk Administrator. Her manager reported that “being able to teach a young person our world and seeing it make a positive impact has been the most rewarding part of this placement.”

Reflecting upon her experience, Katie shared: “I wouldn’t be in this job without receiving the support I got, I can see all the hard work paid off. It has opened my eyes to the real world and has made me more confident to try new things. I feel ready for the future and I’m happy and proud of myself.”

## **Apprenticeships**

27. Consultation feedback highlighted the importance of supporting young people with SEND as they move into employment like an apprenticeship. We are investing in a comprehensive package of professional development for the apprenticeship provider workforce, which we launched in November 2022. The package supports providers to deliver excellent apprenticeships that meet the needs of all individuals, including making reasonable adjustments for apprentices with disabilities.



28. Alongside this, we have published new guidance to make the claims process for learning support funding clearer. Providers can help eligible apprentices to access and complete their learning by claiming additional funding where a reasonable adjustment is provided and evidenced. We are also conducting a pilot to consider the evidence required to access flexibilities to standard English and mathematics requirements (currently apprentices with a learning difficulty or disability may be eligible to achieve their apprenticeship with a reduced level of English or mathematics if they hold an EHCP).
29. We heard about the importance of raising employer awareness and encouraging inclusive practices so young people can access opportunities like apprenticeships. We have been working in partnership with the Disabled Apprentice Network and employers in the Apprenticeship Diversity Champions Network to share the experience of disabled apprentices and examples of best practice support through publications and events during National Apprenticeship Week 2023. We will update our employer roadmap so employers have the information they need to support their apprentices. Employers could receive £1,000 towards the costs of workplace support when they take on an apprentice aged 16-18 or 19-25 with an EHCP, as well as help to cover the extra costs working individuals may have because of their disability through the Department for Work and Pensions' Access to Work scheme.
30. Consultation feedback also highlighted that children and young people wanted more understanding about what apprenticeships entail. The Department for Education's Apprenticeship Support and Knowledge (ASK) programme continues to inform and inspire young people about apprenticeships, traineeships and T Levels so that they can access these important routes. This includes additional support to students with SEN and working with identified development schools. We will work with the Department for Work and Pensions to ensure that young people with SEND who are in contact with their services through Jobcentres are aware of apprenticeships and of the benefits they would bring to them.

## **Local Skills Improvement Plans**

31. We have published Statutory Guidance for employer-led Local Skills Improvement Plans (LSIPs). This guidance highlights the important role that national bodies focussing on disability employment, supported employer providers and local disability groups can play in helping education providers and employers to support people with SEND so they can be part of the solution to meeting local skills shortages. This focus on strategic local skills development and supported employment complements the support we are providing to local authorities as part of the Internships Work programme, to strengthen their local supported employment offer.

## Chapter 4: A skilled workforce and excellent leadership

1. The multitude of professionals who deliver for children and young people with SEND – in early years, schools, colleges, health and care settings, specialist and alternative provision, local authorities and beyond – are dedicated, highly skilled and passionate about meeting their needs. Throughout the consultation process, we heard clearly that reform is not possible without a strong and capable workforce with robust leadership. Any reform must build on the extensive expertise held by the sector and focus on setting consistent standards and incentives to build one united workforce around the child or young person.

### We will:

- introduce a **new leadership level SENCo** (Special Educational Needs Co-ordinator) **NPQ** (National Professional Qualification) for schools.
- review the **Initial Teacher Training and Early Career Frameworks** (commencing early this year).
- **fund up to 5,000 early years staff** to gain an **accredited Level 3 early years SENCo qualification** to support the early years sector, with training running until August 2024.
- increase the **capacity of specialists**, including by investing a further £21 million to train two more cohorts of educational psychologists in the academic years 2024 and 2025; and, in partnership with NHS England, as part of our £70 million Change Programme, pioneering innovative practice through running Early Language and Support for Every Child (ELSEC) pathfinders to improve access to **speech and language therapy** for those who need it.
- work together to take a **joint Department for Education and Department of Health and Social Care approach to SEND workforce planning**, including establishing a steering group in 2023 to oversee this work, which we aim to complete by 2025.
- publish the first **three practice guides** for frontline professionals, building on existing best practice, including the Nuffield Early Language Intervention, the work of the Autism Education Trust, and the government's guidance on promoting children and young people's mental health and wellbeing.
- propose **new guidance** on delivering a responsive and supportive SEND **casework service** to families when consulting on the SEND Code of Practice.
- develop a **longer-term approach for teaching assistants** to ensure their impact is consistent across the system, starting with a **research project** to develop our evidence base on current school approaches, demand and best practice.
- **strongly encourage the adoption of the DSCO (Designated Social Care Officer) role** in each local area, including by proposing an amendment to the SEND Code of Practice.
- **extend funding** until March 2025 of the **alternative provision specialist taskforce (APST) pilot programme**, which is testing co-location of a diverse specialist workforce in pilot alternative provision schools.



2. Equipping the sector to deliver reform for children and young people is a long-term challenge – and we know that the impact of the cost of living, compounded by the impact of the pandemic, will make this even more complex. Our programmes and policies will build confidence and expertise at every level of the workforce, from teachers and classroom staff through to specialists, and to leaders who set the overall direction and culture of their settings. We want ordinarily available provision and high-quality teaching to meet children and young people’s needs wherever possible, and specialist support to complement the skills and expertise of the wider workforce.
3. A key aspect of this will be our SEND and alternative provision practice guides, which will equip frontline professionals with the skills and expertise to make best use of provision and to identify needs early, accurately, and consistently. By the end of 2025, we will publish the first three practice guides focused on advice for mainstream settings. We will build on existing best practice, such as the Nuffield Early Language Intervention, the work of the Autism Education Trust, and the government’s guidance on promoting children and young people’s mental health and wellbeing. We will identify any gaps in best practice and help build a stronger evidence base in the long-term.
4. We also know that local authority SEND casework teams play a vital role in supporting families to navigate the system and ensuring they have good experiences. Timely and accurate communications are important factors in maintaining parental confidence. Many of the proposals in this Improvement Plan, such as producing good EHCPs through a template and a digitised system, ensuring redress systems are effective and using multi-agency panels well, depend on high-quality delivery by casework teams. We will further consider the skills and training that these teams receive, and when we consult on amending the SEND Code of Practice, we will propose new guidance on delivering a responsive and supportive SEND casework service to families.

### **Case Study – Telford and Wrekin’s SEND casework team**

In Telford and Wrekin there has been significant investment in how to approach SEND casework, with a focus on securing positive relationships with parents and carers and keeping open communication.

The local authority has found that a key part of this is to “do the basics brilliantly”. A swift response to queries is their priority and as far as possible, they call rather than email.

The team has developed several communication tools with support from its parent carer forum (PODS) and SEND Information, Advice and Support Services (SENDIASS).

They report that the guide they have produced for parents and carers explaining the EHC assessment 20-week timeline has been welcomed as it clearly sets out to the family who their allocated officer is, how to contact them and what to expect during the 20-week pathway.

They also run Moving Forward Meetings as part of the EHC assessment process. Where a difficult decision has been taken, the moving forward meeting, which is always conducted

face to face at the child's educational setting, allows the officer to talk through the decision with the parents/carers and agree a forward plan. The local authority shares that this informal dispute resolution has been incredibly productive, enabled good quality discussions to take place and supports endeavours to minimise a fall into formal mediation processes and ultimately Tribunals.

Every year the local authority reflects and refreshes its approach. Recently officers from the SEND team have led parent drop-ins, which include issues such as early intervention, alternative funding and support mechanisms. They have also delivered workshops focusing on parental participation at annual reviews and report that their family newsletters are very well received.

5. Finally, we are clear that the workforce will be crucial to every aspect of system improvement. Whilst this chapter sets out our vision for the professionals working with children and young people, we will consider the workforce throughout all our reform plans, and understand how we can build the right expertise, capacity and culture to put these into practice.

## **Improving mainstream provision through high-quality teaching and SEND training**

**Supporting and upskilling the teaching workforce, so that all pupils and students have access to high-quality teaching, and every teacher is able to adapt their practice to meet the needs of their classroom**

6. Teacher quality is one of the most important in-school determinants of pupil outcomes, reducing the risk that children fall behind due to missed opportunities or lack of appropriate support. High-quality, evidence-based teaching is critical in ensuring that the special educational needs of pupils are not mis-identified when their difficulties may be due to poor classroom provision, as well as ensuring that the needs of those with SEN are met effectively.
7. The Schools White Paper set out an ambitious target of 90% of primary school children achieving the expected standard in reading, writing and mathematics. We know we cannot reach this without the right support for children with SEND. The needs of most children can be met through high-quality teaching, and the green paper outlined how adaptive teaching for children and young people with SEND already underpins the frameworks for initial teacher training and early career teachers.
8. We heard, however, that we need to go further if we are going to achieve the aim of improving mainstream provision so that it is more inclusive of children and young people with SEND. Respondents consistently highlighted the need for ongoing teacher training – and when children and young people who are in alternative provision were asked what would have helped them stay in their mainstream school, the most common answer was teacher training in SEND.

9. We will explore opportunities to build teacher expertise through a review of the Initial Teacher Training (ITT) Core Content Framework and Early Career Framework. Due to begin early this year, the review will identify how the frameworks can equip new teachers to be more confident in meeting the needs of children and young people with SEND.
10. We are also working with the sector to develop guidance on special schools' involvement in ITT. This will include the appropriate use of special schools for ITT placements and help ensure that providers have confidence to involve special schools and alternative provision in their partnerships. This will enable trainees to benefit from valuable placement experience and enable expertise from special schools and alternative provision to be incorporated into their ITT.
11. We are also providing free SEND-specific professional development, online training, live webinars and peer mentoring opportunities to school and college staff at any stage in their career through the Universal Services programme. The programme, which began in 2022, is backed by almost £12 million and aims to reach at least 70% of schools and FE colleges each year until 2025. Delivery is led by NASEN, in partnership with Education Training Foundation and Autism Education Trust.
12. Since September 2022, the programme has reached out to over 17,000 schools and engaged 99.5% of FE colleges. Almost 3,000 professionals have accessed free online training and attended live webinars with sector specialists, and 60,000 professionals have undertaken autism awareness training through a 'train the trainer' model. Individualised support is also available, with over 80 schools and 135 colleges starting peer reviews to identify ways to improve their SEND provision<sup>12</sup>.
13. We are also expanding training to increase school staff confidence in using assistive technology (AT). Following the promising results of our initial pilot, we are extending assistive technology training to a further 150 maintained schools. The extension, known as the 'AT Test and Learn' programme, will teach mainstream school staff how to use AT effectively, with a focus on the technology schools already have available or can easily obtain, such as text-to-speech tools. It will build on last year's pilot by training more schools over a longer period and with more impact data to gain a fuller picture of how AT training can support wider SEND continuing professional development. The AT Test and Learn course is free to attend, and the next cohort will run from March to July 2023.
14. Finally, we recognise the recruitment and retention challenges many settings are facing, and we know that more needs to be done to ensure teaching remains an attractive, high-status profession. Continuing to attract, retain and develop the highly skilled teachers we need is one of our top priorities, as set out in our Teacher Recruitment and Retention Strategy. That is why we are delivering 500,000 training

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<sup>12</sup> Nasen internal report

and development opportunities by the end of 2024, alongside a range of resources to help schools address teacher workload issues, prioritise staff wellbeing and introduce flexible working practices.

### **Supporting and upskilling teaching assistants, so they are deployed effectively to support children and young people with SEND**

15. Support staff play a key role in supporting children and young people with SEND. Some respondents to the consultation wanted to see more action to acknowledge their critical role. Evidence suggests that effectively deployed and well-trained teaching assistants (TAs) can achieve up to four months' progress in pupil attainment.
16. The green paper committed to setting out clear guidance on the effective use and deployment of TAs to support children and young people with SEND. We will do this through the new SEND and alternative provision practice guides, enabling TAs and learning support assistants to make best use of the available provision set out in the National Standards and setting expectations for good practice in meeting the needs of individual children and young people.
17. We will also develop a longer-term approach for TAs to ensure their impact is consistent across the system and the different responsibilities they take on. We want TAs to be well-trained and to be able to develop specific expertise, for example in speech and language interventions. As the first step, we will commission a research project to develop our evidence base on current school approaches, demand and best practice.

### **Targeted programmes and initiatives to improve educational provision**

18. We are investing in the wider school and college workforce and funding evidence-based interventions that can be delivered to all pupils and students who need them, including those with SEND. This includes:
  - Continuing the National Tutoring Programme. To improve the tutoring experience for children and young people with SEND, schools can request SEND specialists, maintain smaller group sizes for pupils with SEND, and align tutoring provision with EHCP requirements.
  - Offering 1:1 tuition and small group support for SEND students and those with EHCPs through the 16-19 tuition fund, which covers vocational and academic subjects, to provide the skills and learning in preparation for adulthood.
  - Additional teaching and learning hours in 16-19 education. To ensure those aged 16 - 25 with an EHCP can benefit, institutions have flexibility to deliver additional hours or appropriate alternative support for these students.
  - Supporting schools to provide a high-quality curriculum, by establishing Oak National Academy as an arm's length body to provide evidence-based, adaptable curriculum resources. Oak's existing resources include specialist lessons for pupils

with SEND and therapy-based lessons covering occupational, physical and speech and language therapy.

- Tackling attendance barriers for pupils with SEND. We know some pupils find it harder to attend school or alternative provision, so may require individualised attendance support at a higher level to their peers. Our new guidance, 'Working together to improve attendance', supports schools, multi-academy trusts and local authorities to work collaboratively to address the in- and out-of-school barriers to attendance (e.g. unmet SEND need) children and their families may be facing.
- Continuing the Accelerator Fund for another three years following its inception in 2021/22. This includes expanding English hubs to 680 additional schools in areas that will benefit most from specialist phonics support and mathematics hubs projects to help pupils to secure the foundation they need to progress, and which may have been missed due to Covid-19.

## **Equipping SENCos to shape their school's approach through a new SENCo NPQ**

19. Special educational needs co-ordinators (SENCos) play a vital role in setting the direction for their school, coordinating day-to-day SEND provision and advising on the graduated approach to providing SEN Support. We want to invest in their training to ensure they are well equipped, valued by their colleagues and the attainment of children with SEND improves.
20. Currently, SENCos must complete the mandatory National Award for SEN Co-ordination (NASENCo) within 3 years of taking the role<sup>13</sup>. To ensure the qualification provides the skills needed for the role, aligns with wider teacher training reforms and is completed consistently, the green paper proposed introducing a new mandatory leadership level SENCo National Professional Qualification (NPQ) and strengthening the mandatory timeframe requirement in which the qualification must be undertaken.
21. We heard through the consultation that introducing a new NPQ sends an important message about the role of the SENCo and the need for it to be "whole-school, senior and strategic" whilst reflecting the complexity of the system and preparing SENCos for this. Where respondents saw disadvantages, it was because they felt that the current qualification is fit for purpose and that changing the type of qualification risks undermining the SENCo role. We heard consistently that there was strong support for strengthening the mandatory requirement to undertake SENCo training.

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<sup>13</sup> if they had not previously been a SENCo at that or any other relevant school for more than twelve months prior to September 2009.

22. We intend to replace the NASENCo with a mandatory leadership level SENCo NPQ for SENCos that do not hold the current qualification, including those that became a SENCo prior to September 2009. To ensure the NPQ is high-quality and provides the knowledge, practical skills and leadership expertise needed for the role, we will work with SEND experts to develop the NPQ framework and course design. We are determining arrangements for the transition from the NASENCo to the SENCo NPQ and as part of this, we will consider how the proposal to strengthen the mandatory training requirement is implemented. We will ensure that any strengthened timeframe requirement aligns with teacher recruitment cycles, that the availability of training places meets demand, and that the responsibility for ensuring the SENCo has the relevant training sits at the right level within a school.
23. Further details on the timings for the procurement to identify providers of the NPQ and the approach for introducing the new qualification will be provided in due course.

## **Ensuring SEND expertise is held at every level**

24. As well as the crucial role played by SENCos, we heard about the importance of SEND expertise being held at every level, including senior leaders. Senior leaders play a key role in setting an inclusive culture, in which individual needs are identified and where there are high ambitions for children and young people with SEND and in alternative provision. To support excellent SEND leadership, we have:
- Committed to setting out the first descriptors for academy trust strength, which will include measures for a high-quality, inclusive education. This will help ensure that trust leaders set the right calm, safe and supportive culture for inclusion and improving the outcomes of pupils with SEND and in alternative provision.
  - Begun work on a new MAT CEO development offer, providing leaders with the knowledge, skills and behaviours to lead improvement at scale, with the needs of children with SEND and those requiring alternative provision embedded throughout.
  - Introduced a new NPQ for Early Years Leadership to support current and aspiring leaders to develop expertise in leading high-quality early years education and care which meet the needs of all learners, including those with SEND.
  - Developed the NPQ for Headship to support teachers and leaders to develop the knowledge that underpins expert school leadership and enables all pupils to succeed, including designing and implementing fair and inclusive policies, making reasonable adjustments and encouraging staff to share best practice on supporting pupils with SEND.
  - Provided training and capability building to senior strategic leaders in local authorities through the Delivering Better Value Programme, supporting them to design, implement and embed effective change management and evidence-based decision-making.

- Promoted the Local Government Association Leadership Programme, which provides targeted support to senior leaders in local authorities with responsibility for children's social care. SEND is embedded throughout the programme including training, mentoring and bespoke support to deliver targeted interventions to improve their SEND services.

## **Embedding support from early years to further education**

### **Supporting early years staff to meet need through high-quality early years provision**

25. During the consultation, respondents highlighted the crucial role of high-quality early years support in preventing unnecessary escalation of need and providing children with a strong foundation for their future educational journey.
26. Early years staff play a critical role in providing high-quality support for all children to help them reach their potential and avoid learning difficulties arising. To support those children who do have additional needs, the Department for Education committed to funding training for up to 5,000 early years staff to gain an accredited Level 3 EY SENCo qualification. Training will run until August 2024, and we have already had over 4,000 applications for the course. Training is available to all SENCos working in group-based and childminder settings, with additional targeting to specific areas based on levels of disadvantage.
27. In response to feedback from the sector, we have also undertaken a review of the Early Years Educator (EYE) Level 3 criteria. We have consulted on the inclusion of SEND as a standalone criterion, to ensure that all EYE courses include a specific focus on supporting children with SEND. The consultation response will be published in spring 2023.
28. These changes are being taken forward as part of the Early Years Recovery Programme, which provides a package of up to £180 million of workforce training, qualifications and support for the early years sector. As well as SENCo training and EYE reform, the programme includes:
  - funding for up to 10,000 professionals to undertake early mathematics, early communication and language, and personal, social and emotional development training through the third phase of our Professional Development Programme. The previous phase provided more than 1,300 professionals in 51 local authorities with bespoke training, improving the support received by an estimated 20,000 children.
  - the National Professional Qualification in Early Years Leadership (NPQEYL), which includes SEND training.
  - the introduction of up to 18 new Stronger Practice Hubs to support early years practitioners to adopt evidence-based practice improvements, build local networks for sharing effective practice and cultivate system leadership.



## **A skilled, confident further education workforce**

29. Further education (FE) plays a vital role in preparing learners, including young people with SEND, for the next phase of their life, including further learning, training and employment opportunities.
30. The Department for Education's Universal Services programme offers a comprehensive package of SEND training and support for the FE workforce, including employer-led webinars advising on how settings can prepare young people for adulthood and employment, and additional FE-focussed webinars which over 700 college staff and leaders have accessed to date. The programme also offers peer reviews, where FE leaders are given the opportunity to engage in improvement projects.
31. To provide expert support for young people with SEND in FE, we offered bursaries worth £15,000 each, tax free, in academic year 2022/2023 for trainees undertaking SEND Further Education Initial Teacher Education (ITE).
32. Awareness of individual learner needs, and how to respond to these through effective teaching practice, is also a key component of the revised Learning and Skills Teacher (LST) occupational standard. We will require all publicly funded FE ITE programmes to be clearly based on the LST occupational standard from academic year 2024/25, to help to ensure that all those training to teach in FE can effectively recognise and support learners with SEND.
33. To support recruitment across the FE sector, Taking Teaching Further (TTF) is a Department for Education funded initiative that helps FE providers recruit and train experienced business and industry professionals to become FE teachers. TTF has been expanded to include a 'core skills' element, which includes SEND. The aim is to equip industry experts to support learners with SEND into employment in one or more of the 15 technical areas.
34. By March 2023 our FE governance guide will also include the expectation that the governing body of every FE college corporation should have a SEND link governor, who would have a particular interest in the needs of students with SEND.

## **Providing specialist support at the point of need**

35. We are committed to improving the supply, training and deployment of key workforces, to make the best use of professional expertise, at whatever age or stage it is needed, and prevent needs from escalating. Our aim is to harness the expertise of each workforce to create a virtuous cycle where the roles and responsibilities of different professionals and sectors are complementary. National Standards will play a key role in this by clarifying who is responsible for delivering provision and from which budgets.



36. The green paper recognised that children and young people need access to the right specialists but are currently facing delays in accessing this professional support. Through the consultation, we heard further about the challenges presented by long waiting times and staff shortages when it comes to receiving support from specialists.
37. In the green paper, the Department of Health and Social Care committed to working with the Department for Education, NHS England and Health Education England to commission analysis to better understand demand for support for children and young people with SEND from the health workforce so that there is a clear focus on SEND in health workforce planning. The analysis will cover key allied health professionals, including speech and language therapists and occupational therapists.
38. Building on this analysis, the Department of Health and Social Care and the Department for Education will work together to take a joint approach to SEND workforce planning, informed by a stronger evidence base. We will establish a steering group in 2023 to oversee this work, which will feed into the National SEND and Alternative Provision Implementation Board, and aim to complete it by 2025.

### **Increasing the number of educational psychologists**

39. We know that educational psychologists play a critical role for children and young people with SEND – in the EHCP assessment and review system, but also in providing early identification and intervention to support the needs of children and young people, and prevention of escalation.
40. In response to the consultation, we heard about the difficulties in securing timely access to educational psychologists. In the green paper we outlined the steps we are taking to increase the number of educational psychologists, including our investment of £30 million to train three cohorts which started in academic years 2020, 2021, and 2022.
41. Since the green paper was published, we have announced a further £10 million for a cohort of over 200 trainee educational psychologists starting this year, and a further £21 million to fund 400 more trainees, commencing in 2024 and 2025.

### **Access to therapists in areas of need**

42. There is strong evidence that without receiving the right support early to address speech, language and communication needs (SLCN), children are at increased risk of poor educational attainment, poor social emotional and mental health and poor employment outcomes. In partnership with NHS England, we will include Early Language and Support For Every Child (ELSEC) pathfinders within our £70 million Change Programme by supporting 9 ICBs and one of the local areas within each of our 9 Regional Expert Partnerships to trial new ways of working to better identify and support children with SLCN in early years and primary schools.

43. The aim of the ELSEC pathfinders is to:

- provide earlier identification and support to children and young people with SEND to reduce the number of children and young people requiring an EHCP to have their needs met.
- build evidence of new ways of working to better and earlier identify and support children with SLCN that could be rolled out more widely.
- test the impact on pupil outcomes such as attendance, attainment, behaviour, mental health and wellbeing over the 2 years of the pilot.

44. This will build on existing initiatives to increase the supply of speech and language therapists and occupational therapists to the NHS. Since September 2020, all eligible undergraduate and postgraduate degree students have been able to apply for a non-repayable training grant of a minimum of £5,000 per academic year, with further financial support available for childcare, accommodation and travel costs.

45. Local inclusion plans will also set out each area's strategic approach to ensuring sufficient education workforces to deliver effective services.

### **Training teachers of children and young people with sensory impairments**

46. We are committed to ensuring a secure supply of teachers of children and young people with visual, hearing and multi-sensory impairments in both specialist and mainstream settings. The importance of these roles came through clearly in consultation feedback and we recognise concerns regarding the number of Teachers of the Deaf.

47. Those teaching classes of children with sensory impairments must hold an appropriate qualification approved by the Secretary of State – the Mandatory Qualification for Sensory Impairment (MQSI). Teachers working in an advisory or peripatetic role are also strongly advised to complete MQSI training, in the best interests of the children and young people with whom they work.

48. To support the supply of teachers with an MQSI, we have already developed a new approval process to determine providers of MQSIs from the start of the academic year 2023/24 and issued contracts. The Institute for Apprenticeships and Technical Education (IfATE) are also developing an occupational standard for teachers of Sensory Impairment. This will open up a paid, work-based route into teaching children and young people with sensory impairments by enabling people to undertake high-quality apprenticeships. This will improve the supply of those qualified to teach this important cohort and further help to improve their outcomes. The apprenticeship will attract levy funding, meaning those wanting to undertake it would be funded to do so whilst being in paid work. This will help to open up the profession to individuals from lower socio-economic backgrounds. IfATE are working with universities, local authorities and sector representatives, including the National Deaf Children's Society,

the Royal National Institute of Blind People and the British Association of Teachers of Deaf Children and Young People to develop the qualification, and expect it to be available from 2025. In addition to this, the Department for Education are exploring further options to maximise take up of MQSIs with a view to improving the supply of teachers for children with sensory impairments.

### **Building the health workforce through expanded apprenticeship routes**

49. As chapter 3 outlines, we are delivering an extensive package of professional development to the apprenticeship provider workforce. Alongside this offer, our wider work to support growth in apprenticeships is enabling us to support the growth of the health and care workforce. We have seen strong growth of registered nursing degree apprenticeships in recent years, with 3,420 starts in 2021/22, compared to 1,040 in 2018/19<sup>14</sup>.
50. There is now a complete apprentice pathway in nursing from entry to postgraduate advanced clinical practice – for example, a person could join the NHS as a Level 2 Healthcare Support Worker apprentice, progress to a Level 5 Nursing Associate apprenticeship, then onto an accelerated Level 6 Registered Nurse Degree Apprenticeship. Health Education England have worked with NHS Trusts to support Nursing Associates' progress onto Registered Nurse apprenticeships – completing one or two years more quickly than their counterparts coming through the typical apprenticeship. People wanting to train as a doctor could achieve their degree by an apprenticeship route from 2023/24, which aims to widen access and participation in undergraduate medical education and deliver better care to patients through a diverse workforce that is more representative of local communities.
51. NHS England are developing a long-term plan for the NHS workforce that will look at the mix and number of staff needed in the future. The plan focusses on the practical action the NHS will look to take, working with partners in government, to grow and transform the workforce, and continue to embed compassionate and inclusive cultures. This includes continuing to grow apprenticeship opportunities from entry level to postgraduate advanced clinical practice. The Department for Education are working with The Department of Health and Social Care to support the growth of apprenticeships needed for the long-term workforce plan.
52. By 2024/25, we will increase investment in apprenticeships across all sectors to £2.7 billion, in addition to making up to £8 million available in 2022-23 to Higher Education Institutions to expand their degree apprenticeships provision.

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<sup>14</sup> Apprenticeships and traineeships, Department for Education 2022, Table: Subjects and levels – standards and frameworks

## Bringing services together

53. We know that for children and young people with complex needs, joined up working across health, education and care services is particularly important, to support both early identification of needs, and to make sure the right support is put in place as early as possible. We will build upon the good practice initiated through cross-Government commitments in the NHS Long-Term Plan and, for autistic children and young people and those with a learning disability, the Building the Right Support Action Plan (July 2022), to drive faster progress. The Building the Right Support Action Plan brings together actions across government and public services to strengthen community support and reduce overall reliance on mental health inpatient care.
54. Building on last year's investment of £13 million, NHS England are investing £2.5 million in 2022/23 and £1.5 million in 2023/24 to improve autism diagnostic pathways. NHS England are also developing national guidance for Integrated Care Systems about how to improve access to an autism diagnosis assessment.
55. The NHS Long-Term Plan also set out that, by 2023/24, children and young people with a learning disability and/or who are autistic with the most complex needs will have a designated keyworker, implementing the recommendation made by Dame Christine Lenehan.<sup>15</sup> Initially, keyworker support will be provided to children and young people who are inpatients or at risk of being admitted to a mental health hospital. Keyworker support will also be extended to the most vulnerable children with a learning disability and/or autism.
56. The community Keyworking model was developed through extensive consultation with young people, parent carers and other stakeholders, and what families said mattered has been written into the framework for what Keyworkers must deliver. Keyworking services make sure that local systems are responsive to fully meeting the young people's needs in a joined-up way to provide care and treatment in the community with the right support, whenever it is possible. The Keyworking services established in the pilot and early adopter phases within health, local authority or voluntary and community sector hosts actively bring together support to avoid admission, facilitate robust support on discharge and achieve positive outcomes for children and young people and their families. The model is now being rolled out across all areas.
57. To improve early identification, the Department for Education has also invested £600,000 into significantly expanding an autism early identification pilot in at least 100 schools over 3 years, including 10 currently running in Bradford. A 'neurodiversity profiling tool' will empower schools to provide early support for children's needs and decrease the downstream pressures across the system. The Department for Education

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<sup>15</sup> These are our children. Council for disabled children.

[www.ncb.org.uk/sites/default/files/field/attachment/These%20are%20Our%20Children\\_Lenehan\\_Review\\_Report.pdf](http://www.ncb.org.uk/sites/default/files/field/attachment/These%20are%20Our%20Children_Lenehan_Review_Report.pdf)

has since developed a series of 'Pathfinders' into four new areas, seeking to understand potential for further development.

### **Case Study- NHS England Autism in Schools Project**

The Autism in Schools project was co-produced by NHS England, parent carer forums and local authorities in North Cumbria and the North East to support autistic children and young people by creating positive environments that support mental health. The project was rolled out in over 300 schools across 26 ICBs in England between 2021/22 and 22/23, following a successful pilot in North Cumbria and the North East, and continues to have positive outcomes for children and young people, families and schools.

Projects were based on bringing education, health and social care services together, providing learning opportunities for school staff, and developing the support available to autistic children and young people. As part of this, most of the schools undertook environmental assessments, also referred to as a sensory audit or learning walk. These explored the sensory aspects of the school environment and were led by occupational therapists, educational psychologists, mental health support teams and local charities.

School staff reported that engagement with the project has made them more open to change, helped them feel empowered to better support the needs of autistic children and young people and supported them to develop stronger relationships with parents, carers and other professionals within the system. Schools also reported finding the whole school training on neurodiversity delivered through the projects especially helpful in allowing them to make reasonable adjustments that support young people to engage in learning, such as low stimulus areas in classrooms, time out passes and individual resource boxes.

Alongside these practical adjustments, schools also reviewed policies and made changes to behavioural and uniform policies to meet the needs of neurodiverse learners.

58. The Health and Care Act 2022 introduces a new requirement for CQC registered providers to ensure their staff receive specific training on learning disability and autism, which is appropriate to their role. To support this new training requirement, the government have made significant progress on the Oliver McGowan Mandatory Training, which was trialled in England during 2021 with over 8000 people. Part one of this training – an e-learning package – became available in November 2022.

### **Providing mental health support to children and young people**

59. Meeting children's social, emotional and mental health (SEMH) needs is a crucial aspect of strong SEND provision. Schools and colleges play a vital role in promoting and supporting pupil and student mental health and wellbeing. They work to create safe, calm, supportive and inclusive environments, tackle bullying and teach pupils and students about their mental health and about when to ask for help. Through daily interactions, staff can validate children's feelings, boost their confidence and increase

their resilience. Many education settings also offer targeted support, for example through play therapy or counselling or a nurture or social skills group.

60. However, as the NHS Long-Term Plan recognised before the pandemic, we know many families, children and young people struggle to get timely access to additional specialist support from mental health services.
61. Investment in NHS children and young people's mental health services is growing faster than both NHS funding and mental health investment overall, and the specialist workforce has been growing as a result. A £79 million funding boost in 2021/22 to expand children's mental health services has helped allow 22,500 more children and young people to access community health services, on top of growth already planned in the NHS long-term plan.
62. This funding has also accelerated the roll-out of Mental Health Support Teams (MHSTs) in schools and colleges, which will be expanded to around 400 operational teams later in 2023, covering around 35% of pupils in England, and reach around 500 operational teams by 2024.
63. Setting teams up involves training a new workforce of Education Mental Health Practitioners to work across health services and schools. This is part of an additional all-age investment of £2.3 billion a year into NHS mental health services by 2023/24. Part of this investment will enable an additional 345,000 children and young people to access NHS-funded mental health support.
64. The independent process evaluation of the Children and Young People's Mental Health Support Team Trailblazer Programme identifies substantial progress in MHST implementation, despite challenges presented by the pandemic. Pupils and students had positive experiences of the first 25 MHST Trailblazer sites it examined, and school and college staff grew in knowledge and confidence around mental health. The programme has evolved since the Trailblazers were launched and the findings will continue to inform the future rollout and mobilisation of MHSTs.
65. To further support positive holistic approaches to promoting and supporting mental health and wellbeing, we are also offering all state schools and colleges grants to train a senior mental health lead by 2025, backed by £10 million in 22/23. Over 10,000 schools and colleges - including more than half of state-funded secondary schools in England - have taken up the offer so far.
66. To supplement the senior mental health lead training, we are developing an online hub of practical tools and resources to help mental health leads in schools and colleges to develop and sustain their whole school or college approach to mental health and wellbeing; and a toolkit to support schools and colleges to plan their pastoral offer for pupils and students with social, emotional and mental health needs.

67. The recently published Children's Social Care Implementation Strategy committed to reviewing mental health content included in social work qualifications, early career training and continuous professional development by the end of 2023, including ensuring identification and response to poor mental health issues is embedded in workforce training programmes.

### **Extending the Alternative Provision Specialist Taskforce Pilot (APST)**

68. The APST pilot co-locates a diverse specialist workforce in an alternative provision school, with a blended team of specialists providing wraparound support and early needs assessment. Youth and family workers build trust with pupils and families; speech and language therapists develop pupils' communication skills; post-16 coaches support aspirational transitions; youth justice workers prevent offending and reoffending; and mental health therapists improve social and emotional regulation. The APST pilot addresses a critical gap in the evidence on effective practice models in alternative provision by evaluating the impact of embedded multidisciplinary specialist support on attendance, attainment, engagement with education, social and emotional wellbeing, reintegration into mainstream and post-16 transition.

69. Since November 2021, 22 alternative provision schools have worked with over 2,500 young people. Feedback from APSTs is demonstrating the value of building trusted relationships and offering timely and accessible support. In addition, co-locating the core group of specialists is improving staff training and enabling a holistic understanding of and response to a child's needs. The pilot is being fully evaluated by independent evaluators in partnership with the Youth Endowment Fund, which will result in a full impact evaluation<sup>16</sup>.

70. The APST pilot will now be funded to run until March 2025. An extension to the pilot will teach us more about the impact on engagement in education, how to secure funding sustainability and how to recruit and retain specialists. We will incorporate the evidence from this pilot into the new National SEND and Alternative Provision Standards and practice guides to ensure expectations for system leaders and frontline professionals are based on existing best practice. The evidence should also encourage local areas to consider this model as an effective strand of their SEND and alternative provision inclusion plans.

71. The APST pilot also provides a valuable opportunity to understand how a specialist taskforce can develop the role of alternative provision in the wider school landscape.

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<sup>16</sup> Internal information (metrics and case studies) provided to DfE from AP schools participating in APST pilot

### **Case Study – Alternative Provision Specialist Taskforce pilot: Reuben’s\* experience**

\*The name of the student in this case study has been changed

Reuben is in secondary school. His SEND needs include dyslexia, ADHD, social communication difficulties and learning difficulties. He lives with his mother and his younger siblings (a toddler and premature new-born), in a one-bedroom flat.

Reuben often does not get to sleep before 1am and is torn between helping his mother and attending school: his school attendance is historically low. He has a history of offending behaviour associated with being a victim of child criminal exploitation.

The APST’s family worker conducted home visits, made regular phone calls and visited Reuben at school. The mental health lead gave Reuben’s mother safety advice around managing a new-born child in restricted living arrangements and advised on an approach to support Reuben’s emotional wellbeing. The youth offending worker took Reuben on as a prevention case, bringing additional intelligence to inform his safety planning.

The APST’s interventions have meant that Reuben has been kept safe. While improvements in Reuben’s attendance are still being established, he is engaging and benefitting greatly from the support of the specialists. The taskforce is also arranging for him to access speech and language therapy. Reuben is being supported with his post-16 transition options and has now started to look to the future. Looking at possible careers, Reuben has said he would like to be an engineer in the future.

### **The role for alternative provision schools in providing early outreach support for mainstream schools**

72. There is also a key role for special and alternative provision schools in providing early outreach support. This can help mainstream schools with pupils demonstrating challenging behaviour or having difficulty engaging in their education (see case study below) and sits alongside the Department for Education’s behaviour hubs programme.

### **Case Study – Alternative Provision Outreach Support**

St George’s Primary is one of 62 primary schools within Wandsworth local authority where pupils benefit from local targeted alternative provision outreach support. The funding for this is provided directly from the local authority as part of its universal SEND offer.

The outreach offer supports around 200 of Wandsworth’s most vulnerable pupils. Many have multiple overlapping needs including contact with social services and SEND (particularly social, emotional, and mental health needs). The offer includes:

- short-term emergency support in response to specific incidents
- 1:1 support for individual academic, curriculum and behaviour needs including emotional regulation and literacy, and improving social skills
- access to specialist support like mental health services, speech and language therapists or educational psychologists as part of local “team around the child” meetings.



In St George's this is being delivered in a specially designed in-school nurture space. The support from the alternative provision school gives its pupils the confidence to engage in their education within a calm, safe and supportive environment. The school's headteacher believes that this collaboration has provided valuable support which has improved the children's wellbeing and reduced the risk of suspension or preventable permanent exclusion.

## Support from Social Care

73. We recognise the importance of aligning SEND reforms with those set out in the Children's Social Care Implementation Strategy. Together, the reforms are designed to create a stronger and more stable network of professionals to deliver improved outcomes for children, young people and their families. This includes strengthening social worker training through the new Early Career Framework, to ensure social workers have skills and knowledge to meet the needs of different cohorts of children and investing in Family Hubs to provide multidisciplinary support.
74. We are developing stronger national guidance for leaders and practitioners through the Children's Social Care National Framework, setting principles for practice and the outcomes that children, young people and families should achieve. This approach reflects the ambition for clear national direction for practice and mirrors the focus on a consistent and robust offer of support, with help being made available at the earliest stage without stigma - the same principles which underpin the proposed National SEND and Alternative Provision Standards. We will develop frontline practice guides, including for professionals working specifically with disabled children to make sure they know how to communicate with children with a disability and provide appropriate help and support to families.

### The Designated Social Care Officer Role

75. Many of our proposals, such as standardisation of EHCPs, and introducing multi-agency panels, will improve integration of services and accessibility of support. In the green paper, we advocated for the adoption of Designated Social Care Officers (DSCO) and proposed to use findings from a pilot supported by the Council for Disabled Children to establish what a high-quality standardised DSCO role would look like.
76. We will strongly encourage the adoption of the DSCO role in each local area, including by proposing an amendment to the SEND Code of Practice. The job description and practice expectations for the DSCO will provide the capacity and expertise to improve the links and contributions from care services into the SEND process. Similarly to the DCO/DMO role in health, the DSCO role will support both operational input (such as the contributions from care to Education, Health and Care assessments and reviews) and more strategic planning functions (such as the commissioning of care services such as short breaks) for disabled children and those with SEN.

## **Chapter 5: Strengthened accountabilities and clear routes of redress**

1. We have set out a vision for a SEND and alternative provision system where decisions are made, collectively and consistently by partnerships and informed by robust data and evidence. This will be underpinned by strengthened accountabilities for all those responsible for local delivery. We heard consistently throughout the consultation that current accountability measures are not effective enough. Many respondents felt that whilst the design of the current system and legal framework is right, more should be done to hold all elements of the system to account. They told us that if this is implemented, the support and experiences for children and young people with SEND would improve and the system overall would be less adversarial for families.
2. We agree that more can be done to make sure statutory duties are delivered. Parents should have confidence that their children's needs will be met and that local systems are delivering in line with National Standards, with proportionate and effective action taken, where required, so that children and young people can achieve the best outcomes. Parents should also know that if they have a concern, it will be listened to and resolved in a transparent and efficient way. Our proposals are intended to work together to drive improvements across the 0-25 system. They are underpinned by strong local leadership and supported by a culture of effective relationships, mutual trust and accountability to enable children and young people to get the right support, in the right place, at the right time.

### **We will:**

- **publish a local and national inclusion dashboard** from autumn 2023 to support the development of local inclusion plans, giving parents improved transparency of local performance, informing decision-making and driving self-improvement across the system with ongoing updates and iterations in response to user feedback.
- **deliver updated Ofsted and Care Quality Commission (CQC) Area SEND inspections** from 2023 with a greater focus on the outcomes and experience of children and young people with SEND and in alternative provision.
- create a **ladder of intervention for local areas** from 2023, **greater powers for the Secretary of State for Health** through the Health and Care Act 2022, and robust action for all where statutory duties for children and young people with SEND and in alternative provision are not met, to **strengthen accountabilities** across all parts of the system.
- require every Integrated Care Board to have a **named Executive Board member lead accountable for SEND**.
- **facilitate a more joined-up response between the Department for Education and NHS England** to improve outcomes and experiences for children and young people with SEND, including social, emotional and mental health issues, and tackle systemic failings leading to significant concerns.
- **strengthen redress for individual disagreements** by clarifying who is responsible for resolving complaints and undertaking further testing of effective mediation approaches.
- set up an **expert group** to support the development of a **bespoke national alternative provision performance framework**.
- work with local authority, trust and school leaders to review processes and develop options for **ensuring transparent and effective movement of pupils** without EHCPs, such as those requiring alternative provision, to address behavioural needs.

## **National and local inclusion dashboard**

3. The green paper set out a proposal to establish a national and local inclusion dashboard that will present timely performance data across education, health and care. The dashboards will improve public transparency, help to enable better decision-making at a national and local level and drive self-improvement across local areas. The metrics in the dashboards will support an assessment of overall system performance and provide a basis for measuring whether we are achieving our mission of improved outcomes, better experiences and a financially sustainable system. Ultimately, the dashboards will help to incentivise the behavioural and cultural change across the SEND and alternative provision system to achieve maximum impact of reform.

4. Respondents welcomed inclusion dashboards as a way of improving their understanding of what was happening in their local area and as a tool to strengthen accountability. They noted, however, that there are significant challenges of placing additional burdens on already stretched services and duplicating various dashboards that are already produced across local areas, including some which are shared with local delivery partners such as schools and parents. Where new mandatory data collections are proposed for the SEND dashboards, they will pass through the Single Data List procedure, which assesses whether a proposed data collection is genuinely necessary; non-duplicative; comparable and coherent with all other data collections; places a minimal burden on local authority data providers; and is fully funded in accordance with the cross-government 'New Burdens Doctrine'.
5. We also heard the need for caution in selecting the metrics to avoid unintended consequences, such as increasing the focus on targets or the misinterpretation of data, as well as ensuring that dashboards are triangulated with other forms of intelligence to develop a fuller understanding. Feedback showed that all stakeholder groups were opposed to including provider-level data (i.e. for individual early years, schools, further education or post-16 settings) as part of the dashboards, given other tools exist or are being developed that fulfil this purpose, such as school and college performance tables.
6. We heard a range of views regarding the metrics to be included in the dashboards and the needs of the various users. For example, some parent groups highlighted the importance of the dashboards being easy to understand and wanted it to focus more on holistic, long-term outcomes and appropriateness of provision, with less focus on the numbers of pupils in certain types of provision. On the other hand, local authorities and mainstream providers thought key contextual measures such as the proportion of children and young people educated in mainstream, were useful for planning with more functionality to explore data.
7. To ensure we develop a tool that helps us achieve our overall objectives, considers the various users in the system and sets out relevant and useful metrics, there is a need to fully test this. We will also seek to address the tensions in the requirements of the various users. Therefore, we propose to test an initial prototype dashboard from April 2023 with a view to making a fully public version available in autumn 2023. Our proposed approach to delivery in the financial year 2023 and beyond is set out below.

Phase 1 (spring 2023)	Phase 2 (autumn 2023 onwards)
<ul style="list-style-type: none"> <li>• Develop a prototype dashboard that will consist of core metrics using existing data to minimise any burdens.</li> <li>• Test the prototype through the Change Programme from April 2023 to develop a greater understanding of who users are, what they are using the dashboard for and their needs.</li> <li>• Consider whether a fuller, more sophisticated dashboard is needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Publish a first, fully public version of the inclusion dashboards in autumn 2023.</li> <li>• Ongoing assessment to consider updates and future iterations. This could include new metrics and frequent data collection, supported by the long-term digitisation of EHCP processes.</li> </ul>

8. In addition, the Further Education (FE) Performance Dashboard, proposed as part of FE Accountability Reforms in the ‘Skills for Jobs’ White Paper, will show skills-related outcomes for FE learners at provider level, including breakdowns by SEND learners. More detail about the FE Performance Dashboard is set out in the Department for Education’s FE Funding and Accountability consultation which ran from July to October 2022. Subject to user testing, the FE Performance Dashboard is currently planned to go live by the end of the 2023/24 academic year.

## Strengthened accountabilities to enforce statutory responsibilities and drive better outcomes and experiences

9. Through the consultation, we heard that current accountabilities are too weak, and families have to battle the system to get support. The new National Standards and local partnerships and plans will provide clarity in the system and encourage people to work together, but we know there is a need for stronger incentives and better enforcement for local areas, including providers, to meet statutory duties.
10. Our measures seek to have an impact across the local system to enable the delivery of improved outcomes and experiences for children and young people from 0-25 years old. Families should feel confident that all parts of the system will be held to account and appropriate action will be taken to prevent and tackle failures. They should also feel confident that where issues arise, there are clear and effective routes of complaint so that the right support is provided as soon as possible.
11. Across local areas we are strengthening accountabilities for local authorities, schools, colleges and multi-academy trusts in the following ways:
- **Updated Ofsted/CQC area SEND inspections:** In January 2023, Ofsted and the Care Quality Commission introduced a new approach for area SEND inspections.

These place greater emphasis on the outcomes that are being achieved for children and young people, look more closely at children under 5 and those aged 16-25 years old and include alternative provision for the first time. It will have three possible inspection outcomes providing more nuanced judgements for areas to better inform a Department for Education response into local areas. Finally, as part of the framework, there will be a series of thematic visits each year, with the first focusing on alternative provision, publishing in autumn 2023.

- In 2023, the Department for Education will adjust its response to poor performance, in line with the **new joint Ofsted/CQC area SEND inspection framework**, so that it can act proactively when areas fail to provide the necessary support to meet the needs of children and young people, including the removal of service control and imposition of a trust or commissioner on local authorities, where required. We will develop a holistic new ladder of intervention for local areas, with a focus on creating financial sustainability and improving outcomes for children and young people, based on evidence and data, including data in the new inclusion dashboards and delivery of local inclusion plans alongside inspection outcomes.
- In addition, in 2023, we will evaluate the full evidence base of where statutory duties are met and not met across the local SEND and alternative provision system, to consider mechanisms to ensure we are able to be more robust with any partner that fails to meet their statutory responsibilities.
- Over the next three years, we will continue to support local authorities through several different improvement programmes to address concerns raised by Ofsted and CQC, as well as those identified by our expert advisors. These include improvement programmes such as, targeted performance improvement providing support to areas in need, sector-led improvement offering peer-to-peer support, the SEND and Children's Social Care Joint Local Government Association Leadership Programme focusing on political leadership challenges in local authorities, and what works in SEND identifying and distributing good practice. The programmes focus primarily on local authority practice and provision by addressing the underlying cross-cutting issues affecting SEND performance, including issues around timeliness and high needs budgetary pressures. The aim is to stabilise the system and build capacity and capability to respond to long-term reforms. In addition, the Safety Valve and Delivering Better Value programmes are supporting local authorities with the biggest deficits to reduce pressure on the high needs budget.
- **Inspections under Ofsted's 2019 Education Inspection Framework:** to be judged good or outstanding, schools and colleges must show that children and young people with SEND achieve good outcomes. The school inspection handbook emphasises that pupils with SEND have different needs and starting points, and inspectors will expect to see an inclusive culture in all education settings. All schools, colleges and apprenticeship providers will have at least one inspection between May 2021 and July 2025. For FE, Ofsted focuses on how well learners

with SEND acquire the knowledge and skills they need to succeed in life, through an ambitious curriculum based on high-quality teaching and training.

- **Academies Regulation and Commissioning Review:** will set out for the first time, detailed descriptors for academy trust strength which recognise the value that trust-wide policies and leadership can add to individual schools. These descriptors include measures for a high-quality, inclusive education, helping to incentivise leaders to focus on setting the right culture for inclusion and improving the outcomes of pupils with SEND and in alternative provision across trusts.
- The requirement for all schools to publish **SEN Information Reports** that was introduced in the Children and Families Act 2014 means that every school now has published, standardised information about its policy for pupils with SEN. We will now explore whether the expectations about the contents of the SEN Information Report could be developed further to improve transparency.
- **Attendance:** The recently published 'Working together to improve school attendance' guidance sets out clear roles and responsibilities for schools, multi-academy trusts and local authorities to work together to provide access to early help services and ensure joined up support for children and their families facing special educational needs, health or disability related barriers to attendance. In working with their parents to improve attendance, schools should be mindful of these barriers and put additional support in place such as pastoral or curriculum support.

12. The Department for Education will also work with health colleagues to strengthen lines of accountability through health structures by:

- **Every Integrated Care Board (ICB) will have an Executive Board Lead** for Children and Young People with SEND and Safeguarding, responsible for supporting the ICB Chief Executive in meeting the legal requirements of relevant legislation. Statutory guidance will be issued for ICBs in relation to the requirement for an Executive Lead role for safeguarding and SEND.
- **Continue to review and bring together the existing functions of Designated Clinical Officers and Designated Medical Officers.** This will provide greater consistency in the offer this role brings to the local SEND partnership in relation to the health needs of children and young people with SEND. We will work to maintain the expertise that Designated Clinical Officers and Designated Medical Officers bring to the role and consider whether Designated Health Officer is the most appropriate title.
- **Facilitating a more joined up response between Department for Education and NHS regional and national teams** to improve outcomes and experiences for children and young people with SEND and tackle systemic failings leading to significant concerns.

## Strengthened redress and mandatory mediation

13. Throughout the consultation, many families told us that they felt they needed to go through a lengthy, stressful and often expensive appeals process to secure support for their child.
14. The delivery of National Standards, improved co-production with families and strengthened accountabilities will make it clearer for families what support should be provided and by whom. These improvements should help to prevent disagreements arising in the first place.
15. To help maintain positive relationships locally, we will refresh the model set for co-production at a local level including clear and transparent communication with parents. This will set out expectations for how local areas should work with families in their area to engage constructively and, as a result, prevent issues from escalating. We will also continue to offer training and support, via our contracted delivery partners, to SEND Information, Advice and Support Services (SENDIASS). SENDIASS provide valuable support and free advice to families of children with SEND, and to local areas to resolve disputes early and at formal stages. We will work with our partners to promote the published minimum standards for SENDIASS services and consider with our partners whether the minimum standards should be incorporated into the SEND Code of Practice.
16. When families feel that the service they have received from the local authority has not been good enough, such as deadlines being missed, there are existing routes to seek redress, such as the Local Government and Social Care Ombudsman (LGSCO). To make it clearer for families how SEND-related concerns and complaints should be dealt with, we will amend the SEND Code of Practice so that it is clearer about who is responsible for resolving concerns. We will set out the routes of escalation if families remain unhappy with the way their concerns have been addressed. To inform this, we will look at what the role of the LGSCO, who consider complaints against local authorities, should be in a reformed SEND system. Additionally, the upcoming Academies Regulation and Commissioning Review will look at removing the duplication of processes between different bodies, improving the experience for trusts, schools and parents.
17. Data on complaints and appeals will be made transparent through national and local inclusion dashboards and be used, alongside other metrics, to monitor performance across areas and drive improvements.
18. For appeals about decisions regarding EHC needs assessments and plans, we proposed in the green paper to make mediation a mandatory part of the Tribunal appeals process. The consultation showed some support for mediation and giving it a greater role to play in redress. We also heard that for mediation to be effective, it needs to be high-quality. However, there were concerns about how making mediation mandatory could lengthen the resolution process for cases that do need to go to Tribunal and how this could delay children and young people with SEND receiving appropriate support.



19. Mediation can help narrow areas of dispute and pave the way for an agreement to be reached. It is usually much quicker than going through a Tribunal process and can help to prevent the additional stress that can come from preparing a case for Tribunal. To ensure that mediators understand the SEND system and are properly equipped to understand all views and appropriately guide families through the process, we will review and build on existing professional standards for SEND mediators. Local authorities will remain responsible for commissioning and funding mediation at no cost to families.
20. We will further improve the quality of mediation and ensure it offers a good service to families by:

Phase 1 2023 (autumn)	Phase 2 2024 (autumn)
<ul style="list-style-type: none"> <li>Working with the Civil Mediation Council, the College of Mediators, other sector partners and families to review and build on the professional standards for SEND mediators.</li> <li>Improving the information, advice and guidance available to families on mediation.</li> <li>Evaluate the outcomes and impacts of mediation.</li> </ul>	<ul style="list-style-type: none"> <li>Clearly setting out what processes should be followed by education, health and care partners locally.</li> <li>Setting out how the mediation process will be monitored to give families confidence in it.</li> </ul>

21. We will continue to explore options for strengthening mediation and will test and evaluate approaches further before deciding whether to bring forward legislation to make these strengthened processes statutory and make mediation mandatory. We will be more effective at using data on how mediation is carried out locally to inform intervention activity and will take action where local areas are not participating in mediation as required.
22. The SEND Tribunal is an important backstop for cases that cannot be resolved through early dispute resolution. Resolving more cases via early dispute resolution and mediation will enable the SEND Tribunal to hear cases more quickly than it does now and improve the experience for families who need it. It will also enable more local authority resource to be focussed on providing direct support to families rather than on the administrative burden of preparing for Tribunal cases.
23. The SEND Tribunal also hears disability discrimination claims against schools. In the green paper we set out that we wanted to explore how well the Tribunal's remedies in disability discrimination cases against schools were working in practice. Throughout the consultation, we heard calls for more guidance to increase awareness of schools' duties under the Equality Act 2010 to prevent discrimination, as well as some feedback that the remedies available to the Tribunal in disability discrimination cases should go

further by enabling financial compensation to be awarded. We will seek to prevent discrimination from arising in the first place by supporting schools to comply with their duties under the Equality Act 2010. We will also further consider our policy on how disability discrimination claims against schools are dealt with.

## **A bespoke alternative provision performance framework**

24. Measures used to indicate the performance of mainstream schools do not work well for alternative provision schools. Pupils entering alternative provision will do so having disengaged with education and have significant gaps in their learning, and alternative provision schools will often only have a short time to work with pupils to address those issues. This lack of clear measures specific to the needs of pupils in alternative provision schools makes it hard for those schools to assess where they need to make improvements.
25. To improve the quality of alternative provision based on our new vision for a three-tier service, we proposed to introduce a bespoke alternative provision performance framework based on five named metrics. This would be designed to set robust standards focused on aspects such as increased attendance, attainment, re-integration into mainstream education or progression to sustainable post-16 destinations. Respondents from alternative provision settings, and their commissioners, offered the greatest support and agreement to this proposal. There was also a positive response to setting up an expert group to help improve alternative provision data and performance information at both provider and local level, so that it supported the inclusion of alternative provision into Area SEND inspections. We will set up this expert group as a next step in developing an alternative provision performance framework.

## **Greater oversight of pupil movements**

26. The majority of schools and local authorities act appropriately in facilitating the movement of pupils without EHCPs, for example when children and young people require alternative provision to address behavioural needs. In most areas, local authorities and schools work well together to secure the right places for children, but this does not happen everywhere, and some pupil movement is opaque. A lack of clear oversight can lead to children being placed in settings that don't meet their educational needs. At the most extreme, they may be missing education altogether, putting already vulnerable children at greater risk. Feedback from the consultation consistently identified a lack of joint working as one of the main weaknesses in the current system. Poor partnership arrangements can also work against our three-tier model for alternative provision, acting as a block to reintegrating children when they are ready to return to mainstream education.

27. We will work with local authority, trust and school leaders to develop options for ensuring transparent decision-making on pupil movement with the child's best interest at heart. These will include arrangements for fair access panels, and will be in line with new National Standards around the role of specialist and mainstream schools in making arrangements for alternative provision. Alongside this, where a school place has not been secured through fair access, we will look at how we can make the process of applying to the Secretary of State for a direction to admit as effective as possible. We will keep the effectiveness of these changes under review and will consider further powers around the placement of children if we need to go further to ensure there are safe and appropriate placements for every child.

## **Unregistered alternative provision**

28. We recognise the need to strengthen protections for children and young people in unregistered alternative provision settings, so that every placement is safe and has clear oversight. To find the right solution, we launched a call for evidence on the use of unregistered alternative provision, which closed on 30 September 2022. We have seen responses that reflect small, flexible provision being able to address individual need in supporting children and young people to engage with education. We have also heard powerful testimony from young adults who feel their life chances were transformed through attending non-school settings.
29. In some local areas there are strong delivery models, for example, with close management by local authorities or alternative provision schools, of frameworks offering quality assured providers, backed up by strong attendance management systems, safeguarding controls and support for wider development. However, this approach is not enough on its own. It can only be effective alongside rigorous oversight of pupil placements and continual attention to the needs of the child. In the best systems, planning for the end of the placement begins at the outset, with a focus on the pupil's progression back into mainstream education.
30. We are analysing responses to the call for evidence whilst having further conversations with providers, commissioners and users on potential implications of the proposals, such as restricting the use of unregistered settings to part-time or time-limited placements, and how such placements should complement education in school. We will set out further proposals as they develop. Separately, for the limited and exceptional cases where commissioners deem full-time online alternative provision to be in the child's best interest, the Department for Education has launched an Online Education Accreditation Scheme for those providers.

## **National SEND and Alternative Provision Implementation Board**

31. The green paper proposed setting up a National SEND and Alternative Provision Implementation Board to hold partners to account for the timely development and improvement of the system. Following feedback we heard throughout the consultation, we will establish the National SEND and Alternative Provision Implementation Board, comprised of parents, sector leaders across education including schools, early years and post-16, health and care and local and national government. The board will be jointly chaired by the Minister for Children, Families and Wellbeing and the Parliamentary Under Secretary of State for Mental Health and Women's Health Strategy.
32. The purpose of the Board will be to oversee the implementation of this Improvement Plan. It will be informed by data and sector views, the needs and views of children, young people and parents will be central to its work, and it will embrace the principles of co-production in how it operates. It will draw from, and promote, good practice to lead and drive change across the SEND and alternative provision sector.
33. The Board will also receive regular input from a wide range of stakeholders, including children, young people and parents, and from groups that have been set up to inform the development of specific system reforms. The Board will publish updates on progress in delivery against this Plan for children, young people and parents.

## Chapter 6: A financially sustainable system delivering improved outcomes

1. The new single national SEND and alternative provision system should deliver consistent, clear and early support for children and young people with SEND and provide financial sustainability. The system should enable local partners to work together effectively with families to deliver for children and young people. Each partner should be accountable for playing their part, restoring young people and families' faith in the support they receive. Alongside record investment in high needs, these reforms should mean more resources are dedicated to providing timely, effective support early and as a matter of course in mainstream settings. This should reduce the burden on parents to have to navigate the lengthy statutory EHC assessment process to receive support.
2. Through the Change Programme, we will build momentum towards this fairer and financially sustainable national SEND and alternative provision system that identifies clear standards for the provision and processes that should be in place for all children and young people, no matter what their need or where they live. This will help design and test these policies to ensure they work and do not create any unintended consequences for families. Meanwhile, we are supporting all local authorities to look at what positive action can be taken now to deliver high-quality services while bringing high needs budgets under control, so that local areas are in the best position to deliver the wider SEND system reform.
3. These reforms will be a significant change to the high needs system and will require reforms to funding arrangements to support their delivery, for example, by ensuring that funding allows providers to deliver the expectations set out in the National Standards efficiently. Clear and transparent processes, which strike the right balance between national consistency and individual need, will ensure a fairer and clearer system that takes all voices into account, especially those of children, young people and their families. Ensuring an appropriate supply of specialist provision will make sure that high-quality specialist settings are available to those that require them.

### **We will:**

- increase **core school funding by £3.5 billion** in 2023-24 compared to the year before, of which almost £1 billion of that increase will go towards high needs. This means high needs funding will be £10.1 billion in 2023-24.
- support **local authorities** through the Delivering Better Value and the Safety Valve programmes and share the best practice from local areas with inclusive and sustainable high needs provision more widely.
- develop a **system of funding bands and tariffs** so that consistent National Standards are backed by more consistent funding across the country.
- publish a response to the **consultation on the schools National Funding Formula** in 2023 which includes proposals on funding for SEND, including the notional SEND budget, and a mechanism for transferring funding to high needs budgets.
- develop **new approaches to funding alternative provision** aligned to their focus on preventative work with, and reintegration of pupils into, mainstream schools. We will do this in consultation with mainstream schools, the alternative provision sector and local authorities.
- re-examine the state's **relationship with independent special schools** to ensure we set comparable expectations for all state-funded specialist providers.

## **Fairer, sustainable funding**

### **Supporting local authorities**

4. We are supporting all local authorities to look now at what positive action can be taken to improve the way children and young people's needs are met, prepare for wider SEND system reform, bring high needs costs under control and address DSG deficits. This includes the additional funding following the 2022 Autumn Statement, high needs funding will be rising to £10.1 billion in 2023-24 – an increase of over 50% from the 2019-20 allocations.
5. Despite this level of funding, and the best efforts of local authorities, there continues to be a significant proportion of local authorities with accumulated DSG deficits, with the total deficits increasing to over £1 billion by the end of 2020-21. The DSG 'statutory override' has been extended for a one-off period of three years (up to March 2026) to allow local authorities the short-term flexibility needed to implement sustainable change. It is critical that, during this extension, local authorities continue to work with all parts of the SEND system to put themselves in the best position so that when the 'statutory override' comes to an end, local authorities are able to demonstrate their ability to deal with remaining DSG deficits. In view of this, we have already begun supporting local authorities facing particular challenges in delivering their high needs system for children and young people sustainably. More than half of local authorities have been invited to join either the Safety Valve programme or the Delivering Better Value programme.

6. The Safety Valve programme, introduced in 2020-21 for those local authorities with the very highest percentage DSG deficits, requires these local authorities to develop substantial plans for reform to their high needs systems. With support and challenge from the Department for Education's SEND and financial experts, authorities produce plans to rapidly place their system on a sustainable footing by running it more effectively, working collaboratively with key partners and families to do so. The Safety Valve programme has demonstrated that, if a local area's leadership work together, it is possible for even those areas facing the most acute challenges to create innovative and viable plans to reach a sustainable position and maintain a focus on high-quality provision for children and young people with SEND. Steps they have taken to do this include developing a stronger mainstream offer, improving support for phase transitions, and ensuring sufficient local places to meet needs.
7. As part of the programme, we expect local authorities' chief executives, chief finance officers, and Directors of Children's Services to work together on the development of plans. These plans must also include listening to the experiences of children and young people and their families, and local authorities must have the support and engagement of local leaders, schools, parent and carer forums, and other key stakeholders. The principles of all Safety Valve agreements reflect the need to reach sustainability through genuine collaboration with partners to ensure children and young people's needs are met early and appropriately.
8. In 2022, we introduced the Delivering Better Value in SEND programme to target the 55 local authorities who have the next highest percentage DSG deficits after those in the Safety Valve programme. The programme takes a Diagnostic approach to helping local authorities identify achievable and sustainable changes that can drive high-quality outcomes for children and young people with SEND and equip authorities with the tools to enable them to maintain these changes sustainably, on an ongoing basis.
9. The objective of the Diagnostic is, through robust evidence gathering and wider system engagement, to support authorities to identify the most impactful changes that can be made to improve outcomes for children and young people with SEND. Since the programme started, 20 local authorities have completed the Diagnostic, with inputs from over 1,800 parents and carers, 500 education providers and professionals, and 700 practitioners across the 20 local systems. The work so far demonstrates that achievable opportunities exist to improve parent, carer and child experiences while managing spend more effectively across the SEND system. We will share learning, insights and best practice from the programme as it progresses.
10. We are seeing that local authorities are able to refocus their resources and provision to encourage mainstream schools to be more inclusive, ensure needs are met early and appropriately and use available local provision effectively. We have published a research report and accompanying guidance to assist local authorities as they make plans for sustainability, drawing on existing good practice in the sector and learning from the programmes. The research report shares over 60 case study examples of



positive practice found in local authorities and offers advice and recommendations that can be applied in other local areas. The initial experience from the Safety Valve and Delivering Better Value programmes, along with this research, has demonstrated that some local authorities can and should be doing more to manage their systems well and sustainably. By supporting all local authorities to act now to adopt practices which support children and young people effectively and sustainably, we can put the system in the best position in advance of our wider reforms.

## **Bands and tariffs**

11. The green paper acknowledged that to improve financial stability in the system, we must make the most effective use of high needs funding so that local authorities can use the record levels of investment to deliver quality support for children and young people with SEND and balance their high needs budgets. We will introduce a national framework of banding and price tariffs to support commissioners and providers to meet the expectations set out in the National Standards. Whilst there will always be some local variation, to have a consistent, national SEND and alternative provision system and ensure value for money, we must move to a world where similar types of support are backed by similar levels of funding. Bandings will cluster specific types of education provision and tariffs will set the rules and prices that commissioners use to pay providers to deliver what is set out within the National Standards. This will be implemented alongside our broader changes to the national funding system and the development of National Standards. This will ensure that money is targeted to where it is needed most and incentivise and equip settings to provide high-quality education provision, thereby improving outcomes of those with SEND.
12. Many stakeholders have welcomed the proposal for a more nationally consistent and transparent system. Some stated that a national framework will improve consistency and reduce the administrative burden on settings that accept pupils and students from multiple local authorities (such as colleges), while others welcomed more transparency from providers to show how budgets are spent.
13. Many respondents also expressed the importance of ensuring that funding and spending are designed to meet children and young people's needs, so that national consistency does not undermine supporting individual needs. This was echoed by stakeholders who noted that children and young people's needs change over time and those with the most complex needs may not fit into neat categories or descriptors. Similarly, some said that a national approach should not cut across personalised individual decision making. Some stakeholders agreed that need should drive provision and that any nationalised approach should only help inform funding. We also heard that a degree of flexibility at a geographical level was necessary, to be able to respond to different financial landscapes.



14. Most local authorities already make use of banded funding arrangements, based on local levels of available provision and costs. We know that an effective funding system is one that is consistent but is also flexible, transparent and simple. The introduction of a national bands and tariffs funding system that sets expectations for the cost and delivery of provision, with appropriate flexibility, is dependent on other policy proposals, particularly the development of National Standards, so this will be developed alongside them. It will be designed to appropriately reflect the needs of children and young people, including the most complex needs, and to meet the cost of the provision that they need. It will give providers clarity on how much funding they should expect to receive in delivering support or a service and enable commissioners to determine the funding required.
15. We know that currently there is significant variation in the cost of provision across the country, so, starting in 2023, we will undertake research to gather more information about the costs of provision and then explore the best way to manage and reduce this variation as much as possible. To do this we will:
- work with commissioners and providers to collect and analyse data on the cost of provision, which will then be used to inform the development of the bands, tariffs and funding structures needed to deliver the support set out in the National Standards.
  - consider how this research data can be shared with local authorities and providers to inform local decisions on commissioning and funding.
16. We will look at how we can support local authorities by sharing this data to help inform their spending decisions. This will help to address some of the current inconsistencies in spending on high needs, in advance of the implementation of National Standards and the accompanying tariffs.
17. To further support fairer, sustainable funding, we will continue to work with independent specialist providers to consider how we can ensure that there is clarity and transparency about the cost of bespoke packages of support for children and young people with the most complex needs.

## **Standardisation of Notional SEND Budgets**

18. It is important that mainstream schools are resourced appropriately for making suitable provision for their pupils with SEND. In August, we published guidance on the notional SEN budget for mainstream schools that sought to clarify what the current notional SEN budget is for and how local authorities should review the calculation of that budget through local funding formula factors.
19. We are progressing towards fully implementing the National Funding Formula (NFF) for mainstream schools. We consulted in summer 2022 on moving to a direct NFF whereby all mainstream schools are directly funded via the NFF rather than through

150 local school funding formulae. As part of this, we consulted on whether the direct NFF would identify an indicative SEND budget for schools. Most responses to the consultation, including the majority of responses from local authorities and schools, indicated support for the direct NFF to include the identification of an indicative SEND budget determined by the Department for Education. We will publish more details on the outcome of this consultation in spring 2023.

20. In moving towards the implementation of the direct NFF for mainstream schools, we will be looking carefully at what the National Standards say about the SEND provision that schools should make available. This important first step will inform the level of funding that schools will need within their total budget to deliver the expected type and level of provision for their pupils with SEND. We can then work out how best to design the calculation of the indicative SEND budget for each school.

### **Funding stability for alternative provision**

21. Alternative provision schools face a unique difficulty in accurately predicting pupil numbers. The link between funding and pupil numbers also presents a potential perverse incentive to admit and keep pupils when they could receive interventions in, or return to, mainstream provision. Given these issues, the green paper proposed to ensure that state-funded alternative provision schools (whether local authority-maintained pupil referral units or alternative provision academies or free schools) have the funding security and stability they need to deliver a support service focused on early intervention. Under this proposal, local partnerships would draw up a plan for delivering alternative provision in their area and identify the budget that would be needed to implement the plan over a minimum period of 3 years.
22. This proposal was welcomed across the sector, with consultation responses recognising the benefits of providing greater certainty. Responses also suggested that identifying a specific budget for alternative provision would help in local decisions about how much high needs and other funding should be earmarked for that purpose.
23. We will develop new approaches to the funding of alternative provision, based on the three-tier system that prioritises preventative work and reintegration of pupils back into mainstream schools. Funding changes will also need to reflect the role that local partnerships will play in organising alternative provision for an area and establish a more stable financial system for those delivering this provision. As we test the changes in the planning and delivery of alternative provision through the Change Programme, we will make sure that they are supported by appropriate funding reforms. Before implementing funding changes nationally, we will carefully consult with those who provide alternative provision, with mainstream schools that should benefit from their services and, importantly, with local authorities. Local authorities will remain legally responsible for arranging suitable education for those without a school place.

## Post-16 funding

24. We are very conscious of the distinct funding issues for colleges and the further education sector, and the many calls on the 16-19 disadvantage funding that is partly allocated to support students with SEND and other additional needs. We have heard a great deal about the challenges across the sector, including the variable approaches to commissioning and funding that colleges experience from the local authorities that they deal with, and, in some cases, the sheer number of authorities that they have to engage with. We know that reform is needed, and we will continue to work with the college sector and local authorities as we consider any changes for the future that may be needed, in addition to the introduction of the National Standards and funding bands and tariffs.

## Early years funding

25. In early years, local authorities are required to establish a Special Educational Needs Inclusion Fund (SENIF) to provide additional top-up funding to providers to improve outcomes for children with SEND. Funding for the SENIF can come from both the early years and high needs funding blocks of the DSG. We are very aware that the early years sector is facing economic challenges – similar to challenges being faced across the economy – making it more important than ever that the early years funding system is effectively supporting children with SEND. We will work with local authorities, early years providers and stakeholders to consider whether changes to the SENIF and other associated elements of the wider current early years funding system are needed, to ensure early years SEND funding arrangements are appropriate and well-targeted to both improve outcomes for all pre-school children with SEND, and to support the introduction of a national framework for bands and tariffs.

## Management of independent special schools

### State-funded independent schools

26. The green paper proposed that national bands and tariffs would apply across the whole range of special education provision, including the independent specialist sector. Independent special schools represent a third of special schools and support 5% of pupils with EHCPs (School Census 2022). The sector's funding comes overwhelmingly from the state, for example in 2022, local authorities placed over 20,000 children and young people with EHCPs in independent special schools<sup>17</sup>. Despite this, the sector is not treated in the same way as state-maintained specialist provision. Its regulation is designed for private fee-paying schools. Management is fragmented and small-scale, based on local authorities' individual pupil placements. This is inefficient for both commissioners and providers and makes it difficult to assess the overall impact of independent special schools. Provision can be opened or closed regardless of the

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<sup>17</sup> Special – Independent, Education, health and care plans, Department for Education, 2022

effect on the existing local offer of provision made by schools and colleges, leaving local authorities to deal with over or under supply.

27. We will re-examine the state's relationship with independent special schools to ensure the expectations we set are comparable to those on other state-funded specialist providers. We will work with the sector to consider how they should be aligned with the new National Standards, defining the provision they offer and bringing consistency and transparency to their costs. This will mean that independent specialist providers should be part of local authorities' strategic planning and that decisions about changes to the supply of their provision should be made through Local Inclusion Partnerships.
28. A number of respondents to the consultation were concerned by the risks of trying to standardise highly specialised provision. We do not wish to prevent bespoke packages of support being offered for children and young people with the most complex needs. However, there should be clarity and transparency about the provision available including at highly specialised schools and colleges so that children and young people who need such provision can access it quickly, and to ensure that costs are reasonable. Our work with commissioners and providers to understand the provision offered and its costs will therefore ensure that we do prioritise such provision for those with the most complex needs.

### **Residential placements for children and young people with complex needs**

29. In October 2022, the Child Safeguarding Practice Review Panel published its phase one findings into safeguarding children with disabilities and complex health needs in residential settings. The Independent Inquiry into Child Sexual Abuse (IICSA) has also raised issues such as children's voices not being heard, the different regulatory standards for residential special schools and children's homes, and the failure of existing checks and balances. This builds on concerns raised by Dame Christine Lenehan in her two 2017 reports into children's homes<sup>18</sup> and residential special schools<sup>19</sup>. The evidence submitted to the Independent Review of Children's Social Care also highlighted that placements for children and young people with complex needs (often autism, learning disabilities and mental health needs, which can include behaviour which challenges) are often poorly planned and unavailable locally when needed. This results in children and young people being placed far from home, sometimes in placements which are not ideally matched to their needs. A consistent theme has been that children and young people with complex needs who are placed far away from home are more vulnerable. These reports also highlight that disabled children who have difficulty in communicating are at increased risk of abuse. It is vital that we look at what more can be done for those children and those who are outside their local area.

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<sup>18</sup> These are our children: a review by Dame Christine Lenehan, Department of Health and Social Care, 2017

<sup>19</sup> Good Intentions, Good Enough? Residential special schools and colleges, 2017

30. A significant proportion of the children and young people in residential special schools are placed there because of challenging behaviour. Residential provision may be the right way to meet the needs of some children and young people, but it places them at greater risk by removing them from their families and local support networks. The proposals set out in this Improvement Plan to increase the capacity of mainstream schools to meet a wider range of needs, have a key role to play, supported by a proactive alternative provision outreach programme. This is coupled with the increased focus from children's social care on Family Help, providing support for parents and carers and access to services such as short breaks in the child's own community (as recommended in the Independent Review of Children's Social Care), as well as the Department of Health and Social Care-led Building the Right Support programme, which seeks to avoid the need for in-patient mental health provision by making specialist and intensive support services available where children are. These reforms seek to meet need at the earliest stage, avoid escalation to crisis situations and enable children and young people to remain in their families and communities.
31. The Children's Social Care Implementation Strategy seeks to transform the way care is provided to children and young people, prioritising children's loving relationships in a home which best meets their needs. It sets out reforms at national, regional and local level to increase sufficiency, improve standards of care and regulations and move towards a regional model for providing homes for children. This will have an impact on residential special schools, including dual-registered 52-week residential special schools. These reforms include:
- reviewing the existing legislation and regulation for all forms of care for looked-after children and young people and developing a core overarching set of standards.
  - working with Ofsted and the sector to develop plans for a financial oversight regime, to increase transparency and to prevent sudden market exit which would disrupt the lives of children living there.
  - supporting local authorities with forecasting, procurement and market shaping, and establishing Regional Care Co-operative (RCC) pathfinders in two areas, which will plan, deliver and commission homes for children in care across the region.
  - improving the sufficiency of residential care provision through capital investment.
32. We will work alongside the Children's Social Care Implementation Strategy's RCC pathfinders to explore how they can best commission and manage residential provision for children and young people with the most complex needs, and how they should work alongside Local Inclusion Partnerships. Our commitments to both set up an expert working group to review all existing legislation and regulation and develop a core overarching set of standards for all forms of care placements and move to a regional model of care commissioning, will also contribute to more consistent and better-quality care placements for both looked-after children and those with complex learning or disability needs.

33. In taking forward our reforms following the SEND and Alternative Provision Green Paper, the Independent Review of Children's Social Care and the Safeguarding Children with Disabilities and Complex Health Needs in Residential Settings report, we have an opportunity to set out a new strategy for children and young people with the most complex needs (particularly challenging behaviour), building on existing programmes of activity in SEND, children's social care and the NHS. The Department for Education is considering how to respond to these system-wide issues.

## Conclusion

34. This Improvement Plan sets out how we will work alongside children, young people and their families, and those who work across every part of the SEND and alternative provision system, to deliver improvements for every child and young person with SEND and in alternative provision.
35. As we have demonstrated throughout this Plan, there is work underway now to address the immediate challenges facing the system. We know as well that there are many areas of the country where there is excellent practice, and children and young people are receiving the support that they need to succeed. We look forward to continuing to work with you to spread this practice, as well as testing our longer-term proposals for systemic reform, so that we can all play our part in supporting children and young people with SEND and in alternative provision.

# Annex A – Consultation response summary

During the consultation period we:

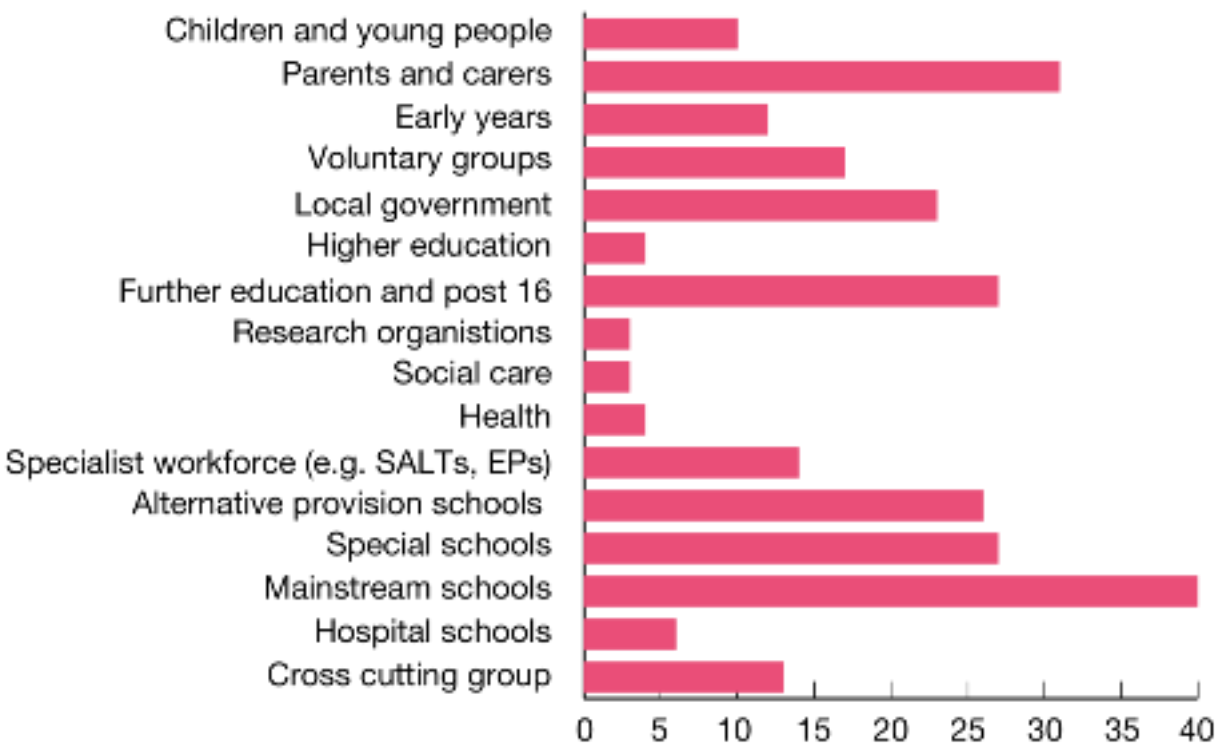


**over 60 events**  
were with children, young people and parents and carers.



**spoke to over 4,500 people**

## Consultation events by sector



This table does not add up to 175 as multiple sectors attended some of the same events.

**Online consultation received nearly 6,000 responses**

Parents and carers and headteachers/teachers/other teaching staff collectively accounted for 72% of all responses.



**15%**  
of responses were received via direct email. We also received responses from organisations representing the views of multiple stakeholders.



**7 separate questions were aimed at children and young people:**

**162**

children and young  
people responded



**40%**

of responses came  
from those aged  
between 19–25.

### **Some respondents told us they liked...**

- our proposal to develop a national system with National Standards setting clear and high expectations for good practice.
- our proposals to improve inclusive mainstream provision.
- our new vision for alternative provision.
- the focus on early intervention.

### **Some respondents agreed with....**

- our diagnosis of the system – including the existence of a vicious cycle of late intervention, low confidence and inefficient allocation of resources.
- our suggestion that there is a lack of clarity around the responsibilities between different agencies and therefore too much variation in support – which creates a postcode and social capital lottery.

### **Some respondents wanted to hear more about...**

- how proposals would work in practice – this included acknowledging issues with system capacity.
- our plans to ensure the workforce has the training, expertise and support to achieve our vision for the system.
- an inclusive society where every child and young person is set up to thrive.
- our plans for early years and post-16 settings and for those who need support from adult social care.

### **Some respondents were concerned about...**

- some proposals (like tailored lists) creating a system that does not respond effectively to the needs of individual children and reduces choice.
- some proposals (like mandatory mediation) creating a system that could make it difficult for families to access support promptly.

## Annex B – The government’s vision for the Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) system and delivery approach



### Vision

Our ambition is to create a society that celebrates and enables success in a variety of forms, with the culture, attitudes and environments to offer every child and young person the support that they need.

We want the process of accessing support to be dignified and affirmative, focusing on a child’s achievements, talents, and strengths.

Above all, we want to create a system where every child and young person can thrive and fulfil their potential. This starts with being able to access the right support, in the right place, at the right time.



### Mission

We want all those working across education, health and care to work with local and central government to:

- 1. Fulfil children’s potential:** children and young people with SEND (or attending alternative provision) enjoy their childhood, achieve good outcomes and are well prepared for adulthood and employment.
- 2. Build parents’ trust:** families find it easier to navigate the system and access support. They have greater confidence in it, reporting better experiences of a system which is based on dignity and affirmation. Mainstream settings are seen as being high-quality and inclusive, valuing those with SEND. Specialist provision is seen to be delivering effectively and is available locally to those who need it.
- 3. Provide financial sustainability:** local systems deploy their resources effectively such that spending shifts towards early intervention and away from costly specialist provision, where this is not required. Local authorities operate within their budgets and achieve value for money so that record investment in the high needs budget is used effectively and with evidenced outcomes that are financially sustainable. As a result, local authorities will be able to deliver high-quality services within budgets.



### Values

Our single SEND and alternative provision system is based on 5 core values:

- 1. Nationally consistent:** a system based on a suite of National Standards where children, young people and their families know what to expect and providers know what is expected and are accountable for that.

2. **Evidence-driven:** our reforms will ensure decisions around support and placements are driven by evidence of what works best for the child or young person.
3. **Responsive:** early identification of need, targeted support to address children and young people's individual needs and timely access to specialist services and support, including specialist placements where appropriate.
4. **Co-produced:** children, young people and their families will be involved in the decision-making process around the support they receive and in the development of the policy which drives those decisions.
5. **Inclusive:** build on the ambition of the Schools White Paper for high-quality, well-led and inclusive schools with fair access to excellent teaching of evidence-based curricula in calm, safe and supportive settings, where individual needs are identified and targeted academic, pastoral or specialist support is given.



## Approach

Feedback from the consultation reflected there is both consensus on the urgency to secure improved outcomes and experiences for children, young people and their families and that bolder proposals for reform need to be carefully designed and tested in order to be successful and reduce the risk of unintended consequences.

We will deliver reform in three different ways:

1. **Support and stabilise:** we will support and stabilise the system, getting local areas working in the best possible way within the current system to ensure that the needs of children and young people are met, without escalating costs, and to ensure that local authority deficits are brought under control. This includes supporting local authorities with financial deficits through the Delivering Better Value and the Safety Valve programmes.
2. **Addressing supply issues:** in the short to medium term, we will take action to address supply issues – ensuring that there is sufficient support available for children and young people when they need it, in the most efficient way. This includes investing £2.6 billion between 2022 and 2025 to deliver new places and improve existing provision for children and young people with SEND or who require alternative provision, reducing the need for costly independent provision.
3. **Design and test for systemic reform:** our £70 million Change Programme will create up to nine Regional Expert Partnerships that will test and refine longer-term reforms including developing and testing National Standards, strategic partnerships and inclusion plans, the alternative provision service and tailored lists. This will build a strong evidence base to inform future funding and legislation.

## Annex C – The future Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) system

Below we have set out how the changes in the SEND and Alternative Provision Improvement Plan will benefit children, young people and families, education settings and local systems.



### National Standards

- will give clarity to children, young people and families about what evidence-based support should be in place for their child.
- will give clarity to education settings and providers about the provision they will need to make available for different needs.
- will give local authorities and health and care partners clarity about the support that should be available.



### Workforce

- children and young people will have access to a highly trained workforce in their classroom, and from health and care partners.
- we will introduce a new leadership level SENCo NPQ (Special Educational Needs Co-ordinator National Professional Qualification) for schools, and practice guides will offer evidence-based support for frontline professionals.
- health partners will have increased specialist capacity and local authority SEND Casework teams will be well placed to deliver high-quality support.



### Education, Health and Care

- families will engage with a standardised Education, Health and Care Plan (EHCP) process, with increased use of digital technology, making it easier to navigate.
  - for education settings, a standardised EHCP process with increased use of digital technology will reduce bureaucracy.
  - Alternative Provision Specialist Taskforces will help deliver wraparound support in alternative provision schools.
  - for local systems, each area will be encouraged to have a Designated Social Care Officer (DSCO). Local multi-agency panels will aid decision making, with standardised EHCPs.
-



## Preparation for Adulthood

- children and young people will have improved transitions and access to a range of suitable, ambitious pathways post-16.
- education settings will support children and young people to experience smoother transitions, due to transition standards.
- for local systems, adjustment passports and more Supported Internships will support more young people into sustained employment and higher education.



## Accountability

- families will be part of Local Inclusion Partnerships, and help to develop local inclusion plans. Strengthened accountability across the system will increase confidence.
- for education settings, inspections under the Education Inspection Framework must show that children and young people with SEND achieve good outcomes to deliver a good or outstanding judgement.
- for local systems, inclusion dashboards will improve transparency and inform decision making. Local areas will be held to account under new Area SEND inspections.



## Financial Sustainability

- children and young people who need a specialist placement will have access to a suitable school, promptly.
- for education settings, the National Funding Formula will give clarity to schools and new funding approaches for alternative provision will be aligned to preventative work.
- for local systems, local authorities will be supported to address current financial deficits and bands and tariffs will give clarity about costs of provision.

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### **The National SEND and Alternative Provision Implementation Board**

oversees the implementation of the SEND and Alternative Provision Improvement Plan, leading and driving change across the sector.

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Health and Wellbeing Board Work Programme 2023/24

(as at 6.6.23)

Note: Health and Wellbeing Board priorities are as set out in the Joint Local Health and Wellbeing Strategy 2022-25

(1) Children and Young People (2) Mental Health (3) Digital Development (Access to all).

		Board	Workshop	Board	Workshop	Board	Workshop	Board
		13 June	July	19 Sept	October	12 Dec	February	19 March
Item	Lead		Date and focus tbc		Date tbc. Focus: Pledges.		Date and focus to be confirmed	
Board Priorities					Progress report			End of year report
Council Commissioning Intentions outside PICC	DPH/ED ASC/ED Children's							Annual report decision/discussion
DPH Annual Report	DPH							For information
PH Outcomes Framework	DPH							for Information
Child Death Overview Panel	DPH					Annual Report for information		
Health Protection Forum	DPH			Annual Report for information				
We are Walsall 2040	DPH (policy & Strategy)			Final strategy				6 month progress report
SEND update	ED Children's & Customer	6 month update				Annual update for assurance		
Children's Alliance	ED Children's & Customer			Strategy				
Family Hubs	ED Children's & Customer			Progress report				
Homelessness Strategy	ED Children's & Customer							
Better Care fund	ED ASC/BCF manager	Year-end report for assurance & 2 year plan						
Adults and Children's Safeguarding Boards	Chair, Safeguarding Partnership					Annual Reports for information		
Walsall Together	Chief Officer WHT			Annual Report for assurance				
ICB Forward Plan PICC Commissioning and Spending plans	Chief Officer BC ICB	ICB FP to note Final version for publication; PICC for discussion.						End of year report for discussion/assurance
Children and Adolescent Mental Health Services	Chief Officer BCHT			Progress report for assurance				
Mental Wellbeing Strategy	Chief Officer BCHT			Progress report for assurance				Annual Report for assurance
Healthwatch Walsall	Chair HWW			Annual Report for Assurance				Progress on projects/public engagement for assurance

To be scheduled: HWW Hospital Discharges.

Note for future work programme:

- Pharmaceutical Needs Assessment expires in 2025. Drafts will be prepared for HWBB in 2024.
- Joint local Strategic Needs Assessment update will commence in 2024/5 for a draft in 2025 and approval in 2026
- Joint Local health and Wellbeing Strategy expires in 2025 – will be informed by JSNA (timing may mean an extension of a year)

ASC	Adult Social Care	DPH	Director of Public Health	BCHT	Black Country Healthcare Trust
WHT	Walsall Healthcare Trust	HWBB	Health and Wellbeing Board	SEND	Special Educational Needs and Disabilities
ICB	Integrated Care Board	ED	Executive Director	PICC	Place Integrated Commissioning Committee