

SPECIAL EDUCATIONAL NEEDS AND DISABILITY 0-25 IN KNOWSLEY

LOCAL AREA SEND INSPECTION – KNOWSLEY

WRITTEN STATEMENT OF ACTION

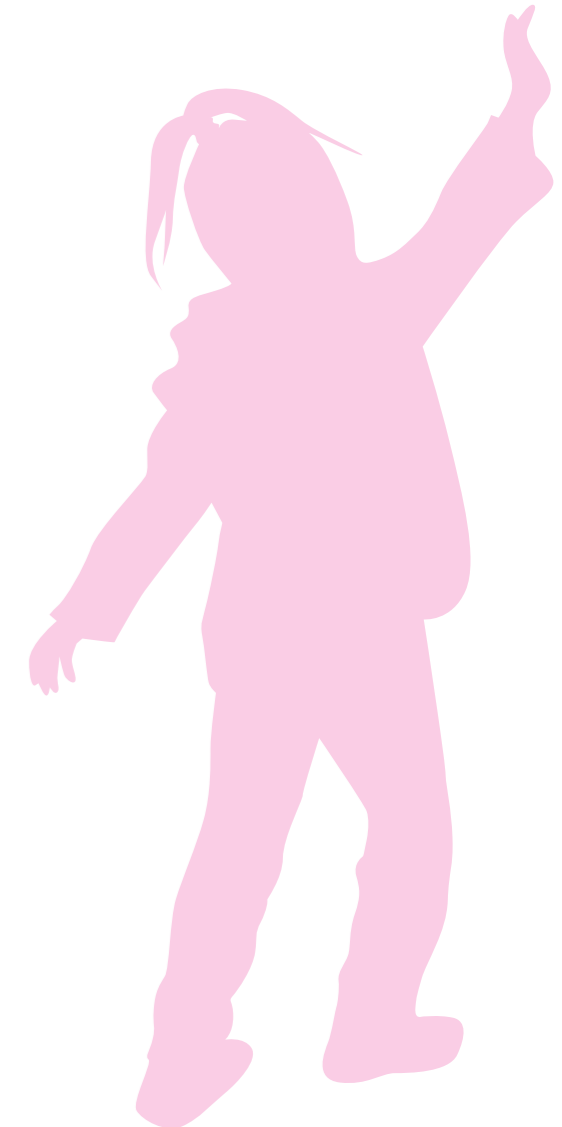


Knowsley
**CHILDREN &
FAMILIES**
Board



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INTRODUCTION

“A place where all our children have the best start in life, where every family thrives and where all our young people aim high and achieve their potential”

In Knowsley there is a culture of high aspiration, a shared vision and collective ambition for excellence for all. Investment, innovation and clarity of focus has improved the quality of services and has had a positive impact on the lived experience of many children and young people with special educational needs within the local area.

The SEND Strategy 2018-2022 was co-produced with parents, carers and young people and articulated the collective vision to improve services through:

- Joint working across all SEND services and providers.
- Co-production with children and young people with SEND and their parents / carers.
- Improve education, health and care outcomes for children and young people with SEND.
- Ensure all young people with SEND make a successful transition to adulthood.
- Improve the quality of Education, Health and Care (EHC) Plans.

Strong local partnership permeates every aspect of our work resulting in improvements at pace pre-pandemic and including strengths established in local governance, joint working, and commissioning; and the quality of EHC plans. Despite the pandemic, the positive impact of our strategy was acknowledged by inspectors in March 2022 during the local area inspection.

Local Area SEND Inspection

Between the 14th and 18th March 2022, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Knowsley to judge the effectiveness of the area in implementing the disability and implementing the special educational needs and disabilities reforms as set out in the Children and Families Act 2014.



STRATEGIC CONTEXT

The inspection identified many significant strengths in services for children, young people, and families with special educational needs in Knowsley, acknowledging the impact of our co-produced SEND strategy 2018-2022 and the effectiveness of co-production in improving some services across the local area. The local area is proud of these achievements.

The many strengths identified show that the culture, climate, and infrastructure within the local area provide a firm foundation for continued improvement work to thrive and outcomes for children and families to continue to improve.

In addition to the strengths identified, the Inspectorate also identified 3 areas of significant weakness; consequently, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required.

The 3 areas of weakness are:

1. The planning for and communication about preparation for adulthood starts too late for too many young people with SEND.
2. The lack of a universal birth to 25 public health offer, resulting in poor identification of needs in children with SEND in the earliest years.
3. The high number of children and young people who wait too long to have their neurodevelopmental needs assessed, compounded by variable communication and support to families while they wait.

We will know these areas are no longer weaknesses when:

1. Planning for and communication about preparation for adulthood starts earlier, resulting in more young people retained in education, employment, training or accessing appropriate adult service provision.
2. More families will be accessing 0-25 services across a full universal and targeted offer.
3. All children and young people will have their neurodevelopmental needs assessed within 30 weeks from point of referral.

The local area is committed to improving these areas of action and has co-produced this action plan with professionals, children, young people and families.

Knowsley Council, NHS Cheshire and Merseyside and Wirral Primary Health Care Trust are jointly responsible for the development, submission, implementation, and review of this plan – they will be supported in their work by the Knowsley Parent Carer Voice forum. Joint leadership will be provided by the SEND Strategic Partnership Board to ensure actions are delivered in a timely manner.

The SEND Strategy 2018-2021 and associated implementation plan was co-produced with parents, carers, and young people. Our Parent Carer Forum (KPCV) has shared strategic leadership of the strategy implementation and evaluation with health, education and social care leaders.

A series of parent / carer workshops and consultation events / activity have taken place throughout 2022 to develop a new SEND Strategy 2023-2027 and the actions and intentions included in this Written Statement of Action will be incorporated into the refreshed vision for the local area.

This Written Statement of Action and our subsequent 2023 Inclusion Strategy will further strengthen our approach to transformation across the local area, bring new momentum to our work and provide further opportunities for all partners across the borough to work together to make a positive difference for children and young people with SEND and their families.

The priorities identified within it are aligned to pre-inspection local area evaluation and service user feedback.

Preparation for Adulthood:

Preparation for Adulthood (PfA) had been identified in our 2018 strategy as an area for improvement and whilst some progress was made overall our planned actions were severely impeded by the COVID-19 pandemic. The closure of schools impacted on transition arrangements and service communication resources were re-directed to important public health messages associated with the pandemic – this meant that opportunities for signposting were diminished, and parents, carers and young people could not always access the advice and support they needed to plan robustly at transition points.

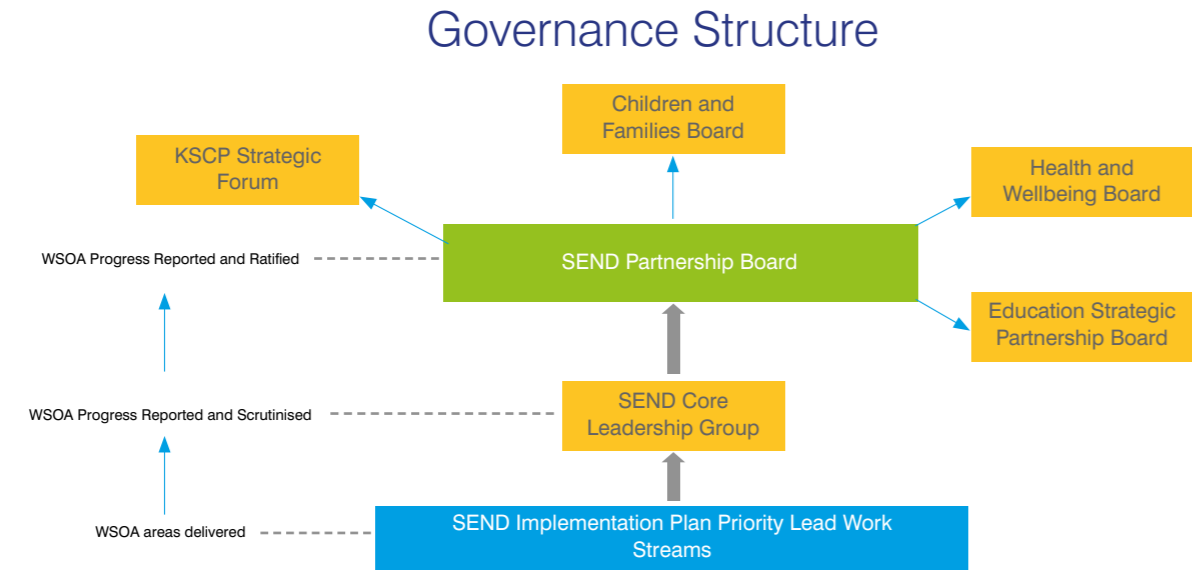
Neuro Developmental Pathway:

Strong and effective action had been taken since 2019 to re-design the neurodevelopmental pathway and successful waiting list initiatives had been implemented; however, as acknowledge by Inspectors, the challenge of the pandemic had limited the impact of these actions and too many children and young people were still waiting too long for assessment.

Universal Public Health Services:

Following contract monitoring and evaluation new providers were commissioned for our 0-25 Universal Public Health contract. At the time of inspection, the new provider was 6 weeks into mobilisation and this undoubtedly impacted on service delivery.

GOVERNANCE



Strategic oversight of the development and implementation of this Written Statement of Action will be held by the SEND Partnership Board which has strategic representation from Knowsley Parent Carer Voice Forum, Education, Health and Care services.

Utilising existing and effective governance arrangements and strong partnerships, the local area will ensure that the action plan, new strategy and subsequent implementation plans are robustly monitored to ensure they meet the needs of our local community, whilst also remaining sufficiently agile to respond to Government policy changes outlined in the SEND Green paper and the outcomes of local area self-evaluation – driven by intel gained from parent / carer / young person feedback from multiple consultation events delivered throughout 2022 and beyond.

The terms of reference for the SEND Partnership Board and Core Leadership Group are included in Appendix 1 of this document.

MONITORING IMPACT

Key Performance Indicators agreed within the Written Statement of Action will be reported on a quarterly basis to the SEND Partnership Board; this performance report will also include monitoring of key actions against agreed milestones / key actions, performance against the score card trajectories and the maintenance of the Risk Register. Many key performance indicators were developed and refined following a series of consultation events with young people, parents and carers.

Challenges in relation to timescales for implementation will be approached in a solution focused way at the Core Leadership with any matters for escalation taken to the SEND Partnership Board / Health and Well Being Board for resolution.

Each element of the Written Statement of Action will have a nominated Strategic Sponsor that will be responsible for retaining strategic oversight in relation to the priority area. Leadership in this respect will be provided across Education, Health and Care as appropriate. Strategic sponsors will be supported by a Priority Lead who will be responsible for facilitation and co-ordination of agreed actions across the priority area, updating the milestones and producing highlight reports on a quarterly basis. This methodology will ensure that actions progress at desired pace and are scrutinised, resulting in appropriate checks and balances, risk management and a framework to access support to ensure relevant actions are completed within time.

A SEND score card will track the Key Performance Indicators identified in the plan and will be produced on a quarterly basis by the Council's Policy and Performance Team. The score card will be presented to the Core Leadership group for partnership analysis before submission to the SEND Partnership Board as part of the quarterly reporting cycle and publication on the Local Offer website.

Qualitative data will also be collected to demonstrate the lived experience of children, young people and families; this will include:

- Quarterly Knowsley Parent Carer Voice (KPCV) Forum highlight report to SEND Partnership Board.
- KPCV Forum questionnaire outcomes / case studies.
- Young people feedback via questionnaires and forums.
- Service User questionnaire.
- Partner surveys.
- Quarterly case study presented to Board.

High level key performance indicators are included within each priority area of the Written Statement of Action.



COMMUNICATION STRATEGY

The Written Statement of Action and subsequent highlight reports will be published on the Local Offer website. Education, Health and Care Leaders will attend Knowsley Parent Carer Voice forums on a regular basis to discuss the implementation of the plan.

Progress in relation to the delivery of the implementation plan will be reported via highlight reports on a quarterly basis to the SEND Partnership Board. Board representatives will be asked to utilise their network arrangements to share progress in relation to the 3 priority areas across their sector / organisation through established communication methods.

A Written Statement of Action scorecard and RAG rated Written Statement of Action will be published on the Local Offer website on a quarterly basis. A series of planned network and training events will also ensure that the workforce and families remain informed about the progress of the plan and engaged in relation to implementation and evaluation.



KNOWSLEY THE PLACE

- 36,384 children and young people live in Knowsley. 19% of school aged children have SEND.
- 4.9% have an EHC Plan and 14.1% SEN support; Knowsley has the 7th highest rate nationally EHC Plans and the 19th highest rate SEN support.
- 31.5% of children live in low-income households – universal credit applications increased by 86% during pandemic.
- 34.5% of primary pupils and 43.3% of all secondary pupils are entitled to Free School Meals.
- 52.8% of all SEND children and young people are in receipt of Free School Meals.
- 1,530 children and young people (0-25) are eligible for Disability Living Allowance.
- 100% of early years settings, 88% of primary school settings, 100% special school settings and 50% of secondary school settings are graded Good by OFSTED – significant improvement since 2018.
- Secondary schools have a higher rate of SEND than primary schools – impacted by mobility factor at Y6.
- Within mainstream settings most common primary needs are Speech, Language and Communication; Social, Emotional Mental Health Needs; Moderate and Specific Learning Needs.
- Within the special sector most common primary needs are Autism Spectrum Disorder (ASD); Social Emotional and Mental Health (SEMH) and Speech & Language.
- 2019 primary outcomes and 2021 KS4 outcomes show improving attainment picture emerging.
- Although improving in some of our most challenging schools and sectors (primary / special), persistent absence levels for students with EHC Plans at KS4 and SEN Support students KS1-4 are too high.
- Levels of fixed term exclusions, permanent exclusions, Elective Home Education and Children Missing Education are all declining in the borough due to robust and targeted interventions.

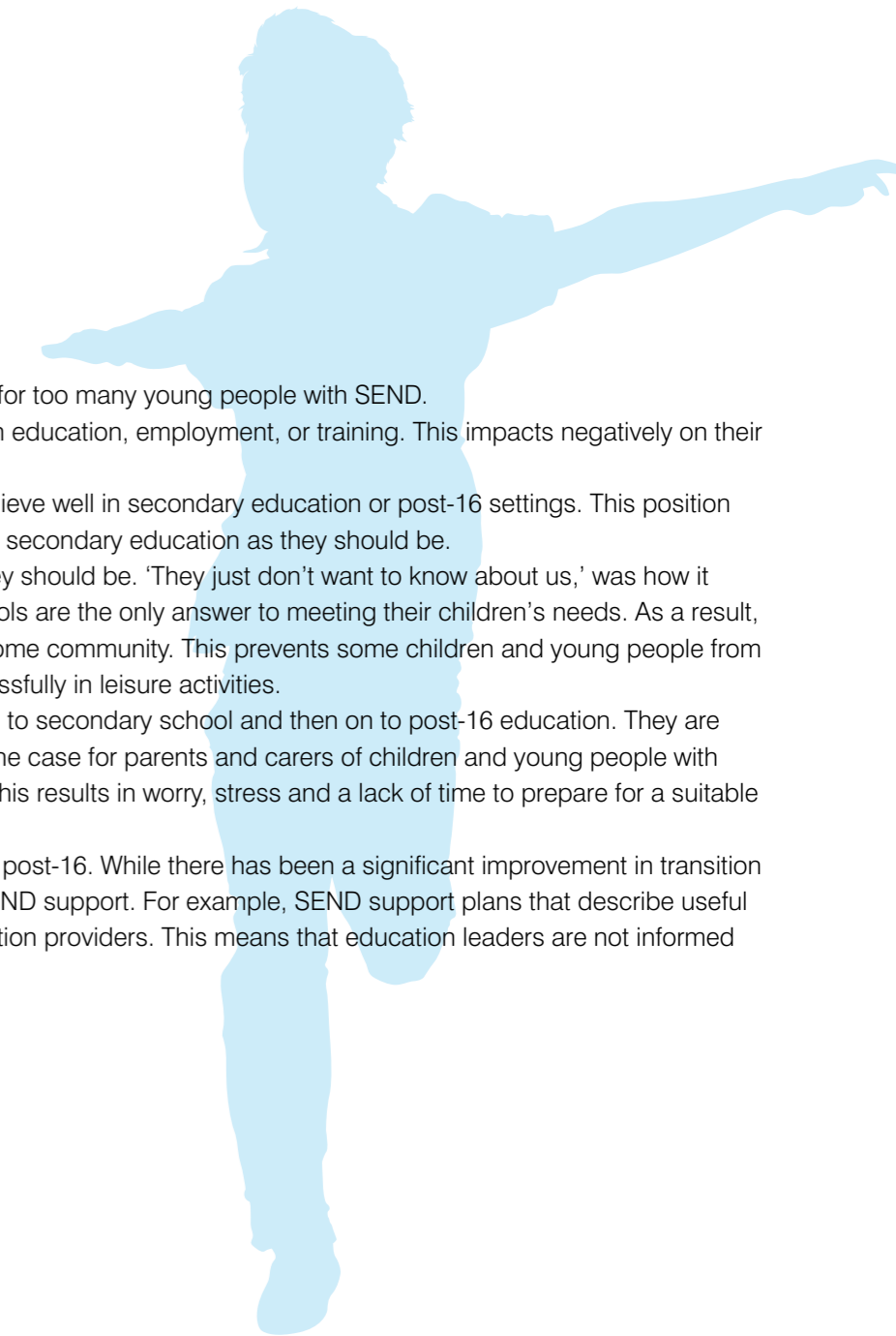
WHAT ARE WE GOING TO DO?

Priority One: PREPARATION FOR ADULTHOOD

What did OFSTED say?

- The planning for and communication about preparation for adulthood starts too late for too many young people with SEND.
- A significant proportion of young people who are post-16 with an EHC Plan are not in education, employment, or training. This impacts negatively on their outcomes, including how well prepared they are for adulthood.
- Children and young people with SEND, including those at SEND support, do not achieve well in secondary education or post-16 settings. This position has not improved over time. These young people are not as prepared for life beyond secondary education as they should be.
- Parents and carers reported that some secondary schools are less inclusive than they should be. 'They just don't want to know about us,' was how it was described by some parents and carers. Some parents believe that special schools are the only answer to meeting their children's needs. As a result, some children, and young people with SEND attend schools which are not in their home community. This prevents some children and young people from maintaining relationships with peers in their local community and participating successfully in leisure activities.
- Parents and carers report that they are incredibly worried about their children's move to secondary school and then on to post-16 education. They are unsure what is available and say that conversations start too late. This is especially the case for parents and carers of children and young people with more complex needs, who are not introduced to a suitable next step early enough. This results in worry, stress and a lack of time to prepare for a suitable transition.
- School and college leaders explained that transition is not always strong for learners post-16. While there has been a significant improvement in transition for children and young people with an EHC Plan, the same is not true for those at SEND support. For example, SEND support plans that describe useful support strategies are not routinely passed from secondary schools to further education providers. This means that education leaders are not informed about young people with SEND as early as they should be.

OFSTED MARCH 2022



Baseline for improvement*

- 3.3% of pupils with Education, Health, and Care plans and 5.8% of pupils on SEN support in Knowsley achieve Grades 9-5 in English and Maths at Key Stage 4. This compares to the All-English single tier local authorities Average of 7.9% for pupils with EHC plans and 22.4% for pupils on SEN support.
- 84.6% of Key Stage 4 cohort with an education, health and care plan were in education, training or employment destinations in the year after they completed key stage 4; compared to all English single tier local Authority average of 90.2%.
- 78.2% of cohort on SEN support were in sustained education, employment, or training in the year after they completed key stage 4 compared to all English single tier local authority average of 88.4%.
- 23.3% of 19 year olds at SEN support are qualified to Level 2 including English & Maths compared to an Average of 40.6% across all English single tier local authorities.
- 3% of 19 year olds with an EHC plan are qualified to Level 2 including English & Maths compared to an Average of 16.7% across all English single tier local authorities.
- 1.6% of adults with learning disabilities are in paid employment compared to 5.6% nationally.
- 816 EHCP 14+ - 50% had an annual review within the last 12 months.

* data source Local area Special Educational Needs and Disabilities report for Knowsley Metropolitan Borough Council 2021/22

What would success look like?

Parents and Carers in our Written Statement of Action consultation sessions told us we will have achieved success in this area when:

1. Children and Families tell us that planning for adulthood starts earlier, and that they have a good understanding of the plan for their child and the support available for them to thrive. We will measure this through parental surveys following annual reviews.
2. Knowsley secondary settings are inclusive and meet their child's needs well. We will measure this by tracking inspection outcomes, progress and attainment data ant KS4 and KS5, attendance and exclusion data.
3. Children and Families are supported to choose suitable destinations in education, employment or training and can access the support they need to thrive. We will measure this by tracking the numbers of young people in Education, Employment and Training – known as EET data; and the numbers of young people not in education, employment, and training – known as NEET data.

Please see page 23 for annual targets.



WHAT ACTION WILL WE TAKE?

Desired Outcome: To ensure that children and young people with SEND transition well and that their needs are well met

	Action	Holder	Completed by	Success Indicator	RAG
A1	Destinations of all SEND learners tracked up to the age of 18 years (and to 25 where service users opt in) to inform effective Information, Advice & Guidance planning, and support.	Aby Hardy Education Improvement	May 2023	96% of current EHCP cohort will be in education, employment, and training, or appropriate adult social care provision by 2024.	
A2	To support key transition points dedicated training and good practice networks facilitated to ensure a consistent approach taken to transition across secondary settings.	Aby Hardy Education Improvement	May 2023	By September 2023 100% of secondary settings have clear transition arrangements in place after KS4 for young people with EHCP and at SEN support.	
A3	To further commission targeted programmes for young people with SEND, based on student voice to increase numbers of young people in education, employment & training.	Aby Hardy Education Improvement	September 2022	A reduction in NEET from 5.2% to 3% to match national by 2024.	
A4	To ensure health needs are adequately described in EHC Plans to ensure potential destinations can plan well for student need.	Designated Clinical Officer	January 2023	By 2024 85% of EHC Plans audited are graded as good or better at section C.	
A5	Key Performance Indicator live dashboard established for Preparation for Adulthood developed, which includes outcome-based data from service user surveys and workshops.	Mike Wharton Head of Inclusion / Lee Clark Data Officer	September 2023	Data and intelligence are used more effectively by strategic leaders to evaluate the effectiveness of PFA and target resource accordingly.	

Desired Outcome: To ensure that children and young people with SEND transition well in education and that their needs are well met

	Action	Holder	Completed by	Success Indicator	RAG
B1	All age transition guidance to be developed for use by schools and settings; and families, including introduction of SEN passports for transition for Y6 / Y11 pupils.	Nadine Carroll Head of Education	January 2023	90% Y6 and Y11 SEN support students to have transition passport in place by September 2023. 95% by September 2024.	
B2	Education, Health and Care Plan formats revised to include dedicated sections for Preparation for Adulthood at all ages.	Kelly Carey Service Manager	September 2023	100% of new published EHC plans have PFA section populated. 100% of EHCPs include PFA section by September 2025. By 2023 this will be 30% and by 2024 75%.	
B3	Annual review process revised to ensure compliant with Preparation for Adulthood indicators and that outcomes can be tracked.	Kelly Carey Service Manager	September 2023	PFA outcomes can be tracked in at least 75% of Y9 annual reviews completed by September 2025.	
B4	Preparation for Adulthood indicators and progress against to be included in Personal Education Plans held by the Virtual School.	Sue Smerdon Head of Virtual School	September 2025	100% of PEPs Y9+ include PFA targets by Sept 2025. By 2023 this will be 30% and by 2024 75%.	
B5	Annual review quality assurance tool implemented to evaluate preparation for adulthood in annual reviews.	Kelly Carey Service Manager	January 2025	100% of annual reviews audited will be graded green for PFA outcomes / progress.	
B6	Annual Preparation for Adulthood curriculum reviews completed in special sector.	Jo Knight Education Improvement	September 2023	100% of special schools have clearly articulated PFA curriculum published on their website. Encompassing options to complete ASDAN qualifications, Entry Level functional skills and Entry Level Math and English where appropriate.	

Desired Outcome: To establish a highly inclusive culture within all educational settings

	Action	Holder	Completed by	Success Indicator	RAG
C1	Secondary SEND Quality Assurance visits to be completed 2x a year with a key focus on parental engagement, Preparation for Adulthood, inclusion, and transition.	Jo Knight Education Improvement	Annual activity	83% of mainstream secondary schools graded as good following QA visit by 2023; 100% by 2024.	
C2	To increase the number of mainstream secondary schools in Knowsley with the SEND Inclusion Quality Mark.	Education Improvement Team	July 2024	100% of secondary schools enrolled on programme by 2024; 87% achieved by September 2024 100% school inspection outcomes demonstrate strong inclusion by 2024.	
C3	Preparation for Adulthood person centered outcomes training to be delivered to SEND Team, Educational Psychologists and Social Workers / Early Help workers by National Development Team / Trained trainers.	Mike Wharton Head of Inclusion	September 2022	100% of SEND team and Educational Psychologists to have completed the training by September 2022 50% of permanent social workers to be trained by December 2023; 75% by 2024 and 100% by 2025.	

Desired Outcome: To make sure that children, families and professionals understand the support that is available

	Action	Holder	Completed by	Success Indicator	RAG
D1	A Preparation for Adulthood family guide to be co- produced and published on the local offer – to include series of short video clips.	Mike Wharton Head of Inclusion	January 2023	When surveyed 80% of responses tell us this information is useful.	
D2	Annual “Look to the Future” event at Bluebell Park and Alt Bridge school - Careers Fair and Guidance for students and families; to include advice on finance, housing; stalls at family fun event.	Jamie Campbell / Natalie Menagh Head Teacher	January 2023	100% of secondary special provision hold annual Look to the future events. Parental survey outcome 80% feels the events are useful.	
D3	Youth services for children with additional needs to be included on the Local Offer.	Ross McCooley Commissioner	September 2022	When surveyed 80% of responses tell us this information is useful.	
D4	Pathways to apprenticeships to be clear on the Local Offer resulting in more young people accessing apprenticeships confirmed by EHC Plans destination data.	Sue Temple Fielding Preparing for Adulthood Employment Support Officer	September 2022	3% of young people with a plan are in paid employment by December 2023; 5% by December 2025. Diminishing gap with National data.	
D5	Ensure Supported Internships information is included on the Local Offer resulting in more young people accessing supported internships confirmed by EHC Plan destination data.	Sue Temple Fielding Preparing for Adulthood Employment Support Officer	September 2022	Increase from 1.8% of EHCP cohort to 5%. Diminishing gap with national data.	
D6	To establish online directory of Post 16 learning and skills advice, guidance, and support which is reviewed on an annual basis.	Aby Hardy Education Improvement	January 2023	Number of young people NEET reduces by 2.2%.	

Desired Outcome: School, colleges and other professionals work with young people and families to plan for effective post 16 transitions in person-centred manner

	Action	Holder	Completed by	Success Indicator	RAG
E1	Mental Health Hubs Wave 4 and 6 Teams to offer support to 47 schools through enhanced training offer with a particular focus on transition support.	Mersey Care, Lesley Firth / Jo Knight	November 2023	80% of eligible schools engage with the offer of training.	
E2	Planning and communication of the needs of the most vulnerable SEN support Y11 learners in Knowsley secondary schools to be considered via a multi-agency Transition Panel to support transition from KS4 – KS5 facilitated by the Local Authority.	Aby Hardy Education Improvement	September 2023	80% of 16+ SEN support learners are in education, employment or training by 2023. 82% of 16+ SEN support learners are in education, employment or training by 2024.	

HOW WILL WE MEASURE SUCCESS?

We will know that preparation for and communication of planning for adulthood is successful when:

Key Performance Indicator	2022 Baseline	2023 Target	Aspirational Target 2024*
Parent / Carer Survey demonstrates satisfaction with EHC process.	30%	55%	70% satisfaction rate
Young Persons Survey demonstrates satisfaction with EHC process.	30%	55%	70% satisfaction rate
Parent / Carer Survey demonstrates confidence that their child is prepared well for adulthood.	This is a new measure which will provide data and allow a baseline to be set.	55%	70% satisfaction rate
Young Survey demonstrates confidence that their child is prepared well for adulthood.	This is a new measure which will provide data and allow a baseline to be set.	55%	70% satisfaction rate
Local Offer website hits.	95,044	97,500	100,000+
% of direct payments for those aged 18-25 who have a primary learning disability allocated.	67.4%	68%	70%
% of direct payments for those aged 18-25 who have a primary learning disability allocated and have an EHC Plan.	40.5%	42%	45%
% of adults with learning difficulties who live in their own home or with their family.	93.4%	94.2%	95%

*2024 targets may increase in line with 2023 performance

We will know that children and young people with SEND achieve well at secondary school and Post 16 provision when:

Key Performance Indicator	2022 Baseline	2023 Aspirational Target	2024 Aspirational Target
% of young people with SEND in sustained education.	37%	50%	62.4%
% of young people with EHC Plans in sustained education.	48.7%	55%	62%
% of young people with EHC Plans in paid employment.	8%	15%	23%
% of young people on Internship programme.	1.8%	3%	5%
% of young people with EHC Plans in EET.	84.6%	86%	90.2%
% of young people with SEND in EET.	78.2%	81%	85%
% of young people in KS5 with SEND in EET.	40%	60%	84%
% of 19 year olds with SEND qualified to Level 2 including English and Maths.	23.3%	28%	36.6%
% of 19 year olds with EHC plan qualified to Level 2 including English and Maths.	3%	3.5%	4%
% of 19 year olds with SEND qualified to Level 3 including English and Maths with Sen support.	14.2%	20%	30%
% of 19 year olds with EHCP qualified to Level 3 including English and Maths.	3%	9%	12.2%

We will that our secondary schools are inclusive when:

Key Performance Indicator	2022 Baseline	2023 Aspirational Target	2024 Aspirational Target
Secondary School OFSTED inspection outcomes.	33% Good or better	66% Good or better	83% Good or better
SEND Quality Assurance Outcomes.	80%	90%	100% graded good or better
Fixed period exclusions SEN pupils with EHC plans.	4.43%	3.5%	3%
Permanent exclusions SEN pupils with EHC plans (suspensions).	0	0	0
Fixed period exclusions SEN support.	0.10%	0%	0%
Permanent exclusions (suspensions) SEN support pupils.	6.89%	6%	5%
KS4 progress data EHC Plan cohort.	Published January 2023	TBC	TBC
KS4 progress data SEN support cohort.	Published January 2023	TBC	TBC
SEN pupils with an EHC plan defined as persistent absentee.	31%	28%	24%

WHAT ARE WE GOING TO DO?

Priority Two: 0-25 UNIVERSAL PUBLIC HEALTH SERVICES

What did OFSTED say?

- The lack of a universal birth to 25 public health offer resulting in poor identification of needs in children with SEND in the earliest years.
- School nurses have limited capacity to provide support in schools and colleges. They only offer targeted provision due to a change in service provider and a reduction in staffing levels. School nurses told inspectors that their focus is primarily on supporting children and young people who are vulnerable. This means that some children's and young people's needs are not identified as access to school nurses is not universally available.
- The healthy child programme is not delivered effectively in Knowsley. The service is limited due to current low levels of staffing. Universal antenatal and six-week contacts with health visitors are not offered. In addition, only two thirds of the one- and two-year-old reviews are completed. Consequently, young children's needs are not identified early enough. Children in Knowsley are not offered the Universal Healthy Child Programme. A change in provider in February 2022, and the subsequent loss of staff, have resulted in a reduced offer from the health visiting service. Specifically, antenatal and six-week contacts with a health visitor are not offered to all families. This negatively impacts the timely identification of needs in the earliest years.

OFSTED MARCH 2022

Baseline for improvement

Quarter 4's 21/22 Performance against National Indicators demonstrated that at the time of inspection:

- Limited universal antenatal offer in place. Only Targeted Antenatal contacts were offered at the time of inspection.
- 68% of mothers received a face-to-face birth visit within 10-14 days.
- 15% of 6–8-week contacts offered within 6-8 weeks.
- 37% of 9-12-month review are completed within 9-12 months.
- 21% of 2-year developmental assessments are completed within 2-2.5 years and of these 79% has an Ages and Stages Questionnaire used as part of the assessment.
- At the time of inspection there were no School age Universal drop ins available for children and young people.

Please see page 37 for annual performance targets.

What would success look like?

Parents and Carers in our Written Statement of Action consultation sessions told us we will have achieved success in this area when:

1. Their lived experience of universal services improves as demonstrated through service user feedback, waiting times and access to key health professionals such as health visitors. We will measure this by monitoring face to face birth visits; 9-12 month reviews and 2 year developmental check performance data.
2. Agencies work better together to deliver an integrated care and support offer for child and family.
3. All children can access the universal Healthy Child Programme within the timescales set out within the Healthy Child Programme as demonstrated in our performance data.



WHAT ACTION WILL WE TAKE?

Desired Outcome: Families will be offered a full public nursing offer in accordance with the Universal Healthy Child Programme

	Action	Holder	Completed by	Success Indicator	RAG
1.1	Quarterly key performance indicators reporting to SEND Partnership Board and Commissioners.	Toni Shepherd Service Director	September 2022 Ongoing quarterly	Strategic leaders are well informed on delivery of Healthy Child Programme and Universal health services; the impact of interventions and remaining challenges which require a partnership response.	
	Monthly contract and performance meetings with Whole Life Commissioning team to provide opportunity for early intervention and support.	Sally Wilson Head of Service	On-going monthly	Commissioners are well sighted on contract implementation.	
Antenatal					
2.1	Ensure all Health Visitor vacancies are recruited to by September 2023.	Donna Wilson & Colette Keenan Service Leads	September 2023	100% of families will be offered an antenatal visit by February 2023. 85% of Universal first-time parents will receive a face-to-face antenatal contact by September 2023.	
	To communicate to all families the range of e-resources and support available to them during their transition to parenthood.	Donna Wilson & Colette Kennan Service Leads	February 2023	100% of families will be offered an antenatal resources and support by February 2023.	
	To work with key partners in Children Centres, GP surgeries, maternity providers including NCT and others to promote the universal offer and e-resources published on the Trust website.	Donna Wilson & Colette Keenan Service Leads	October 2022	Website usage data indicates an increase in service user activity (no current baseline as new website). Increase in targeted referrals from antenatal services.	
2.2	Collaboration with other antenatal providers to enhance targeted support and identify additional need at the earliest opportunity by: <ul style="list-style-type: none"> Developing information sharing and prioritisation pathway. Initiate antenatal communication meetings. Implement joint maternity 'drop-in' clinics with midwives. 	Donna Wilson & Colette Keenan Service Leads	January 2023	100% of families with the greatest need have access to the Enhancing Families programme. 100% of eligible families have access to enhancing families programme.	

Desired Outcome: Families will be offered a full public nursing offer in accordance with the Universal Healthy Child Programme

	Action	Holder	Completed by	Success Indicator	RAG
2.3	Development of performance dashboard to: <ul style="list-style-type: none"> Monitor performance. Understand DNAs. Monitor uptake against health inequalities. 	Toni Shepherd	January 2023	Live dataset allows Managers to monitor performance in real time and plan timely intervention where necessary. Completed dashboard and ability to report on compliance against targets and focus on areas for improvement on a monthly basis to commissioners and on a quarterly basis to senior managers.	
6–8-week post-natal contact					
3.1	Ensure all Health Visitor vacancies are recruited to by September 2023.	Donna Wilson & Colette Keenan	September 2023	By September 2023, 50% of 6–8-week contacts to be completed within 6-8 weeks by Health Visiting team prioritising families with increased risk of mental health and other known vulnerabilities.	
	Strengthen training opportunities and competency framework for wider skill mix to further compliment the role of Health Visitors.	Service Leads		By September 2024, 85% of 6–8-week contacts to be completed within 6-8 weeks by Health Visiting team, prioritising families with increased risk of mental health and other known vulnerabilities.	
3.2	Extension of Band 5 roles and responsibilities for all post holders, alongside training programme to mitigate against Band 6 vacancies.				
	Mobilise partners in Children Centres to promote service and identify families.				
3.2	All families on the Enhancing families Programme, will have a named nurse, providing targeted and specialist support focusing on building relationships and providing continuity of care.	Colette Keenan Service Lead	January 2023	100% of Enhancing Families receive a face to face 6–8-week contact.	

Desired Outcome: Families will be offered a full public nursing offer in accordance with the Universal Healthy Child Programme

	Action	Holder	Completed by	Success Indicator	RAG
Pre School developmental Assessments					
4.1	<p>Introduction of 'invitation to your child's developmental review' and text reminder service to support uptake.</p> <p>Strengthen training opportunities and competency framework for wider skill mix to further compliment the role of Health Visitors.</p> <p>Promote purpose and value of developmental reviews through social media platforms, Children Centres, PVI settings; schools and children's services.</p> <p>Extension of operational service delivery to include weekends and evenings, such as Saturday clinics.</p> <p>Ensure all vacant posts are recruited to Active partners in Local Authority multi agency Child Development Team to support identification of need.</p>	Donna Wilson Service Lead	January 2024	<p>By September 2023, 75% of Universal children receive a 9-12-month review by 12 months.</p> <p>By September 2024, 85% of Universal children receive a 9-12-month review by 12 months.</p> <p>By September 2023, 50% of Universal children receive a 2-2.5-year developmental assessment by 30 months.</p> <p>By September 2024, 75% of Universal children receive a 2-2.5-year developmental assessment by 30 months.</p> <p>By January 2024, 85% of Universal children receive a 2-2.5-year developmental assessment by 30 months. Increased referral rate to Child Development Team for assessment.</p>	
Pre School developmental Assessments					
4.2	<p>Introduce a digital offer to improve opportunities for parents to complete a health questionnaire for their child.</p> <p>Introduce E. Resources to support parents and children prepare for school readiness and transition.</p> <p>Working with schools and early years providers to raise awareness of resources and promote engagement; including SENCO and Learning Mentors; Child Minder/PVI networks.</p>	Donna Wilson Service Lead	January 2023 (on-going thereafter)	<p>By December 2023, 100% of children will be offered a School Entry Health Assessment and screening in Reception (F2).</p> <p>By July 2023, 70% of children will receive the School Entry Health Assessment and screening in Reception (F2).</p> <p>By December 2022, 100% of children will be offered a School Entry Health Assessment and screening in Year 6.</p> <p>By July 2023 70% of children will receive the School Entry Health Assessment and screening in Year 6.</p> <p>By July 2024 75% of Reception Entry Health Assessment and screening and Year 6 School Entry Health Assessment screening completed.</p>	

Desired Outcome: Families will be offered a full public nursing offer in accordance with the Universal Healthy Child Programme

	Action	Holder	Completed by	Success Indicator	RAG
School Aged Healthy Child Programme :Access to additional support for school aged children					
5.1	<p>Re-establishment of secondary mainstream school-based drop-in clinics to:</p> <ul style="list-style-type: none"> Support the needs of children in school and create opportunities to promote health. Empower children to access support when they need it and enable choice. Increase opportunistic access to School Health Team to increase opportunity for early identification of need. 	Donna Wilson Service Lead	Launched September 2022 Ongoing thereafter	<p>20 drop-in sessions per school by July 2023. 30 drop-in sessions per school by July 2024.</p>	
Pre School developmental Assessments					
5.2	<p>Introduce drop-in health hubs outside of school hours and in a community venue to:</p> <ul style="list-style-type: none"> Allow parents of all school aged children to access support when they need it. Enable a confidential and safe place or children to access support outside of school. Empower children and young people to access support when they need it and enable choice. 	Donna Wilson Service Lead	March 2023	<p>20 out-of- school, health hubs will be available across the borough by September 2023 ; 45 by 2024.</p>	
5.3	<p>Introduction and promotion of ChatHealth Text Messaging service for young people age 11-19; service promoted in schools and colleges and at SENCO networks; KPCV forum and other network events.</p>	Donna Wilson Service Lead	December 2022	<p>100% of young people can confidentially text the school nurse for advice and support when they need it. Engagement figures indicate increase in the number of young people accessing the service via text. (no current baseline).</p>	
5.4	<p>Parents and carers will have access to an online form to request support from 0-25 service with a response from 0-25 within 5 working days.</p>	Donna Wilson Service Lead	March 2023	<p>100% of Parents asked will report positive satisfaction with the improved access to support requests.</p>	



Workforce

	Action	Holder	Completed by	Success Indicator	RAG
6.1	Implement a high profile and dynamic recruitment campaign to: <ul style="list-style-type: none"> Recruit to vacant posts with robust HR processes. Social media promotional videos. Recruitment fairs - Promotion of Knowsley 0-25 service at Higher Education institutions, attendance at careers fairs within the City Region. To actively promote Knowsley as an area to work by engaging in Higher Education events and facilitating student placements. 	Donna Wilson & Colette Keenan Service Leads	September 2023	Expressions of interest increase and lead to successful recruitment and retention of key posts. Create capacity and capability to support safe and effective delivery of services. Increase career pathway opportunities into the professions.	
6.2	Development of a 3-year workforce strategy to ensure recruitment monitored against trajectories: <ul style="list-style-type: none"> Upskilling the wider 0-25 team. Review and development of career pathways into Health Visiting roles. Community Career engagement at University open days. 	Toni Shepherd Service Director	January 2023	Workforce strategy will provide a timescale for tangible action. Create capacity and capability to support safe and effective delivery of services.	
6.3	Understand and prioritise population health needs to support with prioritisation of care and risk stratification: <ul style="list-style-type: none"> Strengthening the collation of inclusion and equality demographics. RAG rating tool implementation to support with clear identification of need and prioritisation. 	Donna Wilson & Colette Keenan Service Leads	January 2023	Clear use of prioritisation framework to guide practitioners, ensuring consistent practice across teams and continuity of care, promoting health equality across the borough.	
6.4	To ensure that workforce is well informed in SEND to support families by having staff training and competencies linked to job roles thus strengthening knowledge and skills to support families.	Ciara Jones SEND Lead Practitioner	March 2023	Staff will report feeling more confident and competent in meeting the needs of children and families with SEND. The service will be able to evidence 90% of staff will have received SEND training by February 2022.	
6.5	Collaborative approach to service delivery with Early Years Services to utilise skills and expertise to support families access community and universal offer e.g. delivery of packages of care for lower level need.	Toni Shepherd	December 2023	100% of families will receive support requested. Referral data shows effective partnership & pathway in place to ensure families receive the support they require. (No current baseline)	

HOW WILL WE MEASURE SUCCESS?

We will use the following data to track the success of the recruitment and retention strategy in ensuring the service has the capacity and expertise to deliver a universal service using the following data:

Key Performance Indicator	2022	2023	2024
Service user satisfaction surveys.	53 returns - 97% satisfaction rate	150 responses 90% satisfaction	300 responses – 90% satisfaction rate
Monitoring of recruitment data and vacancy levels.	7.8 WTE Health visitor vacancy	5.8 vacancy	0 vacancies

All children in Knowsley have access to a universal healthy child programme, particularly at antenatal and six-week contact; developmental checks at 9-12 months and 2-2.5 year developmental check. We will measure our success by:

Key Performance Indicator	2022 Target	2023 Target	2024 Target
Of the referrals received: % of Mothers offered first face to face antenatal contact with a health visitor at 28 weeks or above.	0	50%	80%
% of mothers offered a new birth visit face to face.	68%	75%	85%+
% of families offered a face to face 6-8 week visit.	15%	50%	85%+
% of 9-12 month reviews completed within 9-12 months.	37%	75%	85%+
% of children who turned 2.5 years in the quarter who received a review from a health visitor by the age of 2.5 years including completion of ASQ 3.	21%	50%	85%

School Health universal offer and touch points will be offered to all children as part of the Healthy Child Programme.

Key Performance Indicator	2022 Target	2023 Target	2024 Target
Number of Under 5 drop-in clinics delivered per week.	2	3	5
Number of school aged drop-in clinics delivered.	15	20	45
Number of individuals accessing Chat Health in the quarter.	21	100	200
Number of individuals who have accessed online support sessions.	0	100+	200+





WHAT ARE WE GOING TO DO?

Priority Three:

NEURODEVELOPMENTAL PATHWAY (NDP)

What did OFSTED say?

- Since 2019, leaders have recognised the neurodevelopmental pathway was not fit for purpose. They have redesigned and strengthened the offer in partnership with other health providers. However, the impact of this, combined with the challenges of the pandemic, have not significantly reduced the high numbers of children and young people who are awaiting a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and / or autism.
- Professionals report that support is available to families while they are waiting. However, too many parents are not aware of this offer. Families told inspectors that they have limited communication from agencies while they wait and do not know where to go for support.
- Leaders do not communicate the recent improvements to the area's provision for SEND to parents and carers well. Parents and carers also report that they are not aware of the range of supportive services across health, education and social care that are available. Leaders know this is an area for improvement. However, this limits parents and carers' confidence and their ability to access the support that could meet their child or young person's needs in a more timely way.

OFSTED MARCH 2022

Baseline for Improvement

- In 2021 there were 796 referrals to the Neurodevelopmental Pathway (NDP) for assessment.
- 476 of these referrals were for Autism, 166 for ADHD and 150 for both assessments, 4 other special educational needs.
- 22% of cases (178) were signposted to additional support and services not already accessed whilst awaiting assessment.
- NICE guidance – states that referral to conclusion of assessment is within 30 weeks. By the end of December 2021 Autism and ADHD combined data showed:
 - 17% had been waiting less than 6 months / 26 weeks (115 CYP).
 - 33% over 6 months / 26 weeks (226).
 - 31% over 12 months / 52 weeks+ (212).
 - 14% over 18 months / 78 weeks + (97).
 - 2% over 24 months / 104 weeks+ (14).
 - 1.5% over 30 months / 130 weeks (8).
 - 0.5% over 36 months / 156 weeks (4).(Note: waiters' total number of 676 reflects declined referrals, re-referrals and onward referrals).
- The average waiting time in 2021 was: first appointment 58 weeks and waiting times to completion was 80 weeks.
- 22% of referrals did not meet the threshold for assessment.
- In 2021, the CCG received 3 queries / complaints about assessment, medication, or support for ADHD; there were 3 complaints regarding Autism, 1 regarding access to support and 2 for waiting times.

Please see page 49 for annual performance targets

What would success look like?

In our Written Statement of Action consultation session, parents and carers told us we will have achieved success in this area when-

- The local area has a good understanding of the neurodevelopmental pathway, waiting times are reduced and assessments are completed in a timely way. We will measure this through monthly performance monitoring.
- The mental wellbeing of parent, children and adults with neurodiversity will improve as shown by feedback, reduction in complaints and surveys.
- Parents / carers / young people will experience more detailed and honest communication, earlier support, and associated specialist assessments by March 2023.
- Parents will feel more comfortable – able to support their own child better and they will have confidence in the system. They will trust that identification is accurate and not based on available resources. Feedback and surveys confirm improvement by March 2023.



WHAT ACTION WILL WE TAKE?

Desired Outcome: Ensure assessment process for children and young people who are awaiting a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) is completed within National Institute for Health and Social Care Excellence (NICE) guideline timescales

	Action	Holder	Completed by	Success Indicator	RAG
A1	Monthly reports on timeliness of issuing ADHD assessment completions for children to be monitored by performance team and commissioner. Performance report to be provided to the SEND Partnership Board to demonstrate milestone targets of 10* completions per week are being met. (* based on July 2022 waiting list)	Becky Williams Head of Planning & Performance CCG	Ongoing	Based on current rate of referral trajectory for improvement from referral to assessment: Baseline 2021 – 17% within 30 weeks 2022: 25% within 30 weeks 2023: 60% within 30 weeks 2024: 100% within 30 weeks	

Desired Outcome: Ensure assessment process for children and young people who are awaiting a diagnosis of autism spectrum disorder (ASD) is completed within NICE guideline timescales

	Action	Holder	Completed by	Success Indicator	RAG
B1	Monthly reports on timeliness of issuing autism (ASC) assessment completions for children to be monitored by performance team and commissioner. Performance report to be provided to the SEND Partnership Board to demonstrate milestone targets of 10* assessments completed per week are being met and mitigating action being taken as needed. (* based on total)	Becky Williams Head of Planning & Performance CCG	Ongoing	Based on current rate of referral trajectory for improvement from referral to assessment: Baseline 2021 – 17% within 30 weeks 2022: 25% within 30 weeks 2023: 60% within 30 weeks 2024: 100% within 30 weeks	

Desired Outcome: Waiting lists will be reduced so that by July 2023 all children referred to the pathway will wait no longer than 30 weeks

	Action	Holder	Completed by	Success Indicator	RAG
C1	Work collaboratively with health and local authority leads to reduce delays across the pathway, through regular training, review and monitoring, and escalation processes.	Lesley Firth Children's Commissioner	July 2023	Based on current levels of demand: By 2022: 80% referrals received are appropriate By 2023: 85% referrals received are appropriate By 2024: 90% referrals received are appropriate	
C2	Publish and provide advice and guidance to referrers. Guidance for assessment providers on escalating issues and delays.	Lesley Firth Children's Commissioner	July 2023	Based on current rate of referral trajectory for improvement from referral to assessment: Baseline 2021 – 17% within 30 weeks 2022: 25% within 30 weeks 2023: 60% within 30 weeks 2024: 100% within 30 weeks	
C3	Monitor referral and assessment activity and respond to increases in referrals by commissioning additional capacity for assessments as part of contract monitoring.	Lesley Firth Children's Commissioner	July 2023		
C4	Monitor and report on referral trends to strategic leaders and publicly as part of Communication Plan.	Lesley Firth Children's Commissioner	Quarterly - ongoing	Quarterly updates published on the Parent Carer Forum website.	
C5	Standardised EMIS referral form for GPs will be uploaded and all referrals will be made using this.	Lesley Firth Children's Commissioner	October 2022	100% of new GP referrals completed using standardised form by December 2022.	
C6	SENCO training to understand the NDP pathway referral and both provide / facilitate support for children and families pre during and post assessment.	Assessment providers in collaboration with School Improvement	July 2022 Repeated annually or as changes are made.	85% of existing SENCOS trained by September 2023 100% of existing SENCOS trained by September 2024 100% new starters to receive introduction to NDP as part of induction training by September 2023.	

Desired Outcome: Information about Knowsley's strategy on how we support children with SEND and their families is easy to find and to understand. Information about the local area is shared in a clear and transparent way.

	Action	Holder	Completed by	Success Indicator	RAG
D1	Co-produce an easy-to-understand guide to the services available to children with SEN and their families. Publish on the Local Offer website and widely publicised by services, providers and KPCV.	Lesley Firth Children's Commissioner / Clinical Partners	July 2022	Parental survey outcomes show high rates of satisfaction 2022: 80% 2023: 85% 2024: 90%	
D2	Parent feedback sought, informs action, and is reported. Findings acted upon to secure improvement in provision, practice, and process.	Lesley Firth / Joint Health SEND Lead	July 2023 and Ongoing	Annual Parents / Carers survey tells us they feel listened to and can see improvements in services. Number of returns and 90% positive.	
D3	Provide NDP service updates for KPCV and Knowsley Council newsletters.	Lesley Firth Children's Commissioner	October 2022 and Ongoing	Annual Parents / Carers survey tells us they are well informed about our work. Number of returns and 70% positive.	



Desired Outcome: Parents and Carers are kept informed by and have confidence in the compassion of the staff and services responding to their child's needs.

	Action	Holder	Completed by	Success Indicator	RAG
E1	Positive impact is reported on care and compassion through mystery shopping and initiatives from parents, staff, and managers.	Designated Clinical Officer Lesley Firth SEND Lead / Children's Commissioner	March 2023	90% of Parents / carers feedback is positive.	
E2	Parents and children to be supported to train multi-agency staff in how they would like to be communicated with and what is important to them. Staff groups across all agencies will be identified for an 18-month rolling programme of training by the service, the expectation is 80% of each staff group will have received training.	Lesley Firth SEND Lead / Children's Commissioner	Ongoing	More Parent / carers tell us their voice has been heard.	
E3	Every child on the NDP who has been waiting 52 weeks will receive a Multi-Disciplinary Team review for – existing cohort within 6 months, new referrals within 1 month.	Lesley Firth Children's Commissioner	Ongoing	The needs of children and young people are well understood and lead to improved outcomes over time.	

Desired Outcome: Sensory Processing and Integration Assessments for children and ongoing support is commissioned as part of the neurodiversity service offer

	Action	Holder	Completed by	Success Indicator	RAG
G1	Evaluation of the Sensory Assessment pilot to be completed in order to inform proposal for recurrent joint funding of sensory assessments and delivery of services alongside planned Cheshire and Mersey Integrated Care Board (ICB) central offer.	Lesley Firth Children's Commissioner	September 2022	Access to specialist assessment and treatment for complex sensory needs.	
G2	Explore the funding options to commission a joint, seamless specialist offer for children and young people identified with sensory needs, including those with SEND, that is informed by needs and tailored to deliver equity of outcome geographically.	Lesley Firth Children's Commissioner	March 2023	Business Case developed for further investment from health to introduce new sensory service.	
G3	Conduct 6 monthly survey of families and young people to ensure service user voice at the centre of service design and delivery.	Debbie Smith KPCV Chair	Ongoing	Families tell us they have the support they need to meet children's needs well. Service user satisfaction rates improve over time.	

HOW WILL WE MEASURE SUCCESS?

- The neurodevelopmental pathway will be well understood and meet needs in a timely way. Waiting times will be within NICE guideline standards by March 2023 and we will track this using the following data:

Key Data set	2022 Base line	Aspirational target 2023	Aspirational Target 2024
Referral to completion of assessment within 30 weeks.	25%	60%	100%
Average waiting time to first appointment.	58 weeks	35 weeks	20 weeks
Number of referrals declined.	20%	15%	10%

- The mental wellbeing of parent, children and adults with neurodiversity will improve as shown by feedback, reduction in complaints and surveys and we will track this using the following data:

Key Data set	2022 Base line	Aspirational target 2023	Aspirational Target 2024*
Number of complaints to ICB from parents per month.	2 as of June 2022	2	0
Satisfaction survey from KPCV – number and % of parents dissatisfied with the service.	Survey scheduled for November 2022	0-15%	0-10%
Survey by KPCV shows % of parents experiencing an impact on their wellbeing due to long waits for assessment.	Survey scheduled for November 2022	0-15%	0-10%

*targets may be reviewed dependent on previous year performance

- Parents / carers / young people will experience more detailed and honest communication, earlier support, and associated specialist assessments by July 2023 and we will track this using the following data:

Key Data set	2022 Base line	Aspirational target 2023	Aspirational Target 2024
750 surveys sent out shows the number and % of parents / carers / young people experiencing more detailed and honest communication, earlier support, and associated specialist assessments.	New measure – scheduled for March 2023	60% returned	Of 750 surveys sent Number returned 80% Returned 90% number satisfied
750 surveys - parents / carers / young people asked to comment on areas for improvement.	New measure – scheduled for March 2023	80% satisfied	Of 750 surveys sent 80% Returned 90% Satisfied
Termly SENCO forum meetings – number and % of primary, secondary, special schools attending each.	Not previously reported – to be validated by November 2022	90%	100%

- Parents will feel able to support their own child better and they will have confidence in the system. They will trust that identification is accurate not based on available resources. Feedback and surveys confirm improvement by March 2023 and we will track this using the following data:

Key Data set	2022 Base line	Aspirational target 2023	Aspirational Target 2024
Annual follow-up survey. Parents report they can support their child better following assessment.	New measure – Survey scheduled for March 2023.	60% returned	100% surveys sent following completion 80% of surveys returned 90% of positive feedback
Parent feedback on the outcome of the assessment states they agree with the outcome following the assessment.	New measure - Post assessment questions - scheduled for implementation March 2023.	80% satisfied	100% surveys sent following completion 80% of surveys returned 90% of positive feedback

MONITORING ARRANGEMENTS

The following table illustrates the business activity cycle that will support the implementation and governance of this plan.

Monthly	Discussion and analysis of Key Performance Indicators at service level team / service managers. Performance clinic facilitated by Priority Lead / Senior Management in service.
6 weekly	Priority Highlight Report presented to Core Leadership (see Appendix 2).
8 weekly	Priority highlight presentation and Performance Report presented to SEND Partnership Board.
Quarterly	Written Statement of Action update presented to NHS Executive and Department For Education; Corporate Executive Management Team; published on Local Offer website.
6 monthly	Political Update – Cabinet Member Children’s Services; Knowsley Parent Carer Forum Information event.
Annually	Report to Health & Wellbeing Board and Knowsley Children and Families Board.

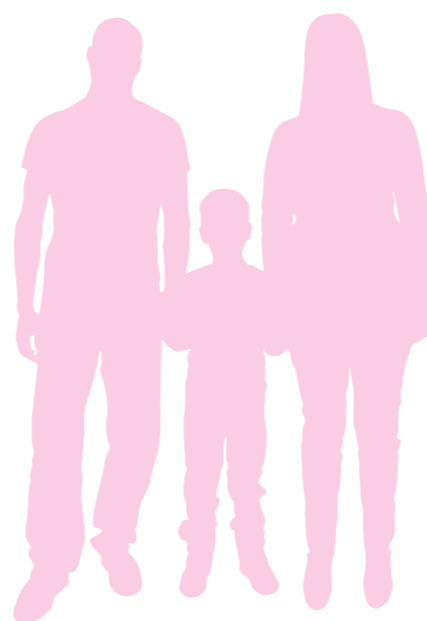
Please note the Cabinet Member Children’s Services and our Parent Carer Forum are strategic partners on the SEND Partnership Board.

APPENDIX 1



Terms of Reference SEND Partnership Board

Group	SEND 0-25 Partnership Board	
Programme Support	Leanda Spence / Jon Roberts	
Membership		
Name	Title	Organisation
Julie Moss	Group Chair	Knowsley Council
	Executive Director (Children's Services)	
Cllr Margaret Harvey	Cabinet Member (Children's Services)	Knowsley Council
Jill Albertina	Vice Chair Assistant Executive Director (Education); LANO	Knowsley Council
Deborah Loughlin	Head of Policy and Performance	Knowsley Council



Health

Sarah McNulty	Assistant Executive Director Public Health	Public Health (Improvement & Protection)
Helen Meredith	Chief Nurse	NHS Knowsley
Josette Niyokindi	Deputy Chief Nurse	NHS Knowsley
VACANT	Designated Clinical Officer DCO	NHS Knowsley
Abby Jones	Head of Operations	Mersey Care
Anne Tattersall	Assistant Director for Operations	Mersey Care
Richard Holford	Public Health Specialist	Knowsley Council
Lisa Cooper	Director of Community & Mental Health Services	Alder Hey
Dr Maw Tan	Dr Maw J Tan – Consultant Neurodisability Paediatrician	Alder Hey Department of Developmental Paediatrics
Jenny Grimes	SEND Clinical Lead	Alder Hey
Sara Harrison	Interim Assistant Clinical Director	Mersey Care
Toni Shepherd	Service Director- Urgent Care	Wirral Community Health and Care NHS Foundation Trust
Alison Lee	Managing Director	Cheshire West Integrated Care Partnership

SEND

Mike Wharton	Head of Inclusion	Knowsley Council
Lesley Firth	SEND Lead & Children's Commissioner	NHS Knowsley
Nathan Foy	Young Persons representative	Young Person representative
Adam Wheatley	Consultation & Engagement Officer	Knowsley Council
Jo Knight	Education Improvement Officer - SEND	Knowsley Council

Education

Nadine Carroll	Head of Education	Knowsley Council
Jamie Campbell	Head Teacher, Bluebell Park	Primary Phase - Special Schools
Natalie Menagh	Head Teacher, Alt Bridge	Secondary Phase – Special Schools
Sandra Macleod	Head Teacher, Evelyn CP Primary	Mainstream Primary Rep
Rebecca Wilkinson	Headteacher, St Margaret Marys	Mainstream Primary Rep
James Jordan	Director of Supported Learning	Knowsley and St Helens College

Advice and Guidance

Natalie Johnson	SEND Information, Advice & Support Manager (Liverpool & Knowsley)	SENDIASS
Debbie Smith	Co-Chair Knowsley Parent Carer Voice	KPCV
Cheryl Dunne	Co-Chair Knowsley Parent Carer Voice	KPCV

Children's Social Care

Lara Wood	Assistant Executive Director (Children)	Knowsley Council
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Adult Social Care

Jenny Rollinson	Assistant Executive Director	Knowsley Council
Lyndsey Quirk	Head of Adult Social Care	Knowsley Council
Sally Wilson	Interim Head of Service Whole Life Commissioning	Knowsley Council

Co-opted Members

As per agenda

Rachel Sykes Service Manager CHC / Complex Care

Health Trust

Purpose

The purpose of the Board is to:

- Provide governance for multi-agency / partner collaboration to ensure continual improvement of the experience of and outcomes for children and young people with SEND aged 0-25 in Knowsley; fulfilling our statutory responsibilities for special educational needs and disabilities under part 3 of the Children and Families Act 2014.
- Determine the vision and strategic direction of services and provision for SEND and Learning Disabilities and Difficulties (LDD) within the local area.
- Identify priorities for action from the SEND strategy, based on what the data and services users tell us.
- Monitor the implementation of improvement plans, including the Written Statement of Action.
- Ensure a collaborative approach to whole system development and review, with shared leadership and accountability characterised by co-production and service users (young people with SEND and their parents / carers) fully involved in decision making).
- Monitor improvement progress using performance data and qualitative indicators.
- Ensure that the local offer (what services and provision are available) is fit for purpose and matches presenting SEND (evidence based).

Roles and Responsibilities

- Approve related policies and strategies, ensuring that these are joint [multi-agency].
- Agree the joint SEND Strategy and Action Plan.
- Monitor and scrutinise the SEND Strategy to ensure it is meeting expectations and needs.
- Monitor the impact of the strategy and action plan and Written Statement of Action.
- Commit resources and oversee the management of the resources associated with delivering the strategy.
- Ensure agency accountability for responsibilities and duties under the Children and Families Act 2014 and the associated SEND Code of Practice 2015.

Reporting

- The SEND Partnership Board will report to Children and Families Partnership Board, to the Council's Executive Management Team, Health Trust's Quality Committee and relevant Portfolio Holders.
- Actions from each meeting will be captured in the minutes from the meeting.
- Members of the meeting are responsible for reporting back from the areas they represent and for relaying information and direction to their respective service areas to ensure implementation of and improvement in delivery of the Children and Families Act 2014.
- If officers are unable to attend a meeting then it is their responsibility to ensure apologies are given prior to any meeting and that a representative from their service area attends the meeting.
- The Programme Office will co-ordinate and circulate relevant information to the Board members and wider relevant officers / stakeholders if needed.

Communications

The Board chair will be the Executive Director (Children's Services).

The Chair, the DCO and LANO will request updates, exception reports and risks / issues at Board meetings.

Frequency

The Group will meet on a eight weekly basis.

Terms of Reference Core Leadership

Group	SEND 0-25 Core Leadership Group	
Programme Support	Leanda Spence	
Membership		
Name	Title	Organisation
Jill Albertina	Assistant Executive Director (Education)	Knowsley Council
Josette Niyokindi	Deputy Chief Nurse	NHS Cheshire & Merseyside ICB, Knowsley
Mike Wharton	Head of Inclusion	Knowsley Council
Lesley Wright	SEND Lead and Children's Commissioner	NHS Cheshire & Merseyside ICB, Knowsley
Jenny Rollinson	Assistant Executive Director – Adult Social Care	Knowsley Council
Lyndsey Quirk	Head of Adult Social Care	Knowsley Council
Helen Moore	Head of Quality	Mersey Care Health Foundation Trust
Carolyln Jones	Head of Service, Children's Social Care Children Looked After and Care Leavers	Knowsley Council
Deb Smith / Cheryl Dunne	Co-Chairs	KPCV
Nadine Carroll	Head of Education	Knowsley Council
Jo Knight	Education Improvement Officer SEND	Knowsley Council
Sally Wilson	Interim Head of Whole Life Commissioning	Knowsley Council
Toni Shepherd	Service Director 0-25	Wirral Health Care Trust



Co-opted Members

As per agenda

Rachel Sykes Service Manager CHC / Complex Care

All Age Continuing Care

Purpose

The purpose of the Group is to:

- Provide strategic leadership and strategic risk management of the local area, multi-agency SEND statutory responsibilities, ensuring the vision, objectives and strategic plans are delivered.
- Ensure a collaborative approach to whole system development and review.
- Ensure that the local offer is fit for purpose and matches needs.
- Monitor the effectiveness and impact of local services and provision on improving outcomes for those with SEND aged 0-25.
- Analyse performance data and intelligence.
- Implementation and monitoring of SEND Written Statement Of Action.

Roles and Responsibilities

- Provide leadership of the joint SEND Strategy and implementation plan, ensuring that it meets the needs of children and young people with SEND aged 0-25 across the local area.
- Ensure multi-agency leadership and ownership, support and challenge to ensure outcomes are achieved.
- Promote co-production between partner agencies and service users to foster collaboration in joint planning, action and review.
- Commit and review resources to deliver the strategy.
- Implement & monitor actions outlined in SEND Written Statement of Action
- To identify risk and ensure mitigations are in place and effective.

Reporting

- The group will report to Partnership Board, to the Council's and Health Trust's Executive Management Teams and relevant Portfolio Holders.
- Actions from each meeting will be captured in the notes and actions from the meeting.
- Agendas will be approved for Partnership Board and any steering group activity.
- Members of the meeting are responsible for reporting back from the areas they represent and for relaying information and direction to their respective service areas to promote and develop the work of the strategy.
- If officers are unable to attend a meeting then it is their responsibility to ensure apologies are given prior to any meeting and that a representative from their service area attends the meeting.
- The Programme Office will co-ordinate and circulate relevant information.

Communications

- The Group Chair will be the Assistant Executive Director (Education).
- Programme support will provide issue logs and the SEND Strategic Lead will present updates on the implementation plan.

Frequency

The Group will meet on a 6 weekly basis.



APPENDIX 2



Knowsley Highlight Report

Programme Title:	SEND Written Statement of Action 2022		
Priority: (Highlight as relevant)	<ol style="list-style-type: none"> 1. Preparation for Adulthood 2. 0-25 Universal Public Health Services 3. Neurodevelopmental Pathway 		
Reporting Period / Quarter:			
Strategic Sponsor:			
Priority Leads:			
Version: (e.g. V1 Draft or Final)			
Overall Status Summary:	Red	Amber	Green
Milestones Status			
Resources Status			
Risk Status			
Overall Status Summary			
Summary of current project position: (Progress against the Plan)			
Milestones and Key Activities completed this period:			
Milestones and Key Activities to be completed by next period:			
Opportunities for co-production			
Change Control: (Variations to the plan)	Change	Impact	Plan
		Budget / Resource	Plan
Finance:			
Key Issues & Risks:	Description	Resolution	
Items for Escalation:			



