Key		Not Ye	t Started	In Progress	6	Delayed / At Risk	Overdue	Complete	Embedd	ed		
Project Title	Ref	During the next 12 monwe will		dren, young nd families	Lead	After 3 months we will have	After 6 months we will have	After 12 months we will have	By When	RAG		
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.												
Ensure there is sufficient capacity and skill within services to complete statutory tasks	APP 1.1.1	Develop and embed the new structure within the Local Auth EHC Assessment team which operates on a locality basis an provides named Family Link Officers for families and named Senior Link Officers for schools	ority can contact family well the service day call-bat convenient	ned link officer who they t and who knows their and be able to contact and receive a same ck at a time that is 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 2023			
	APP 1.1.2	Review and implement a staff recruitment and retention strate for staff within the EHC Team EP Service.	egy experience and	pport from a stable and d 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 2023			
	APP 1.1.3	Offer NASEN and IPSY trainin all staff in the EHC team	well trained	nod quality support from distaff who have all, nationally recognised as.	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 IPSY 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.	November 2023			
	APP 1.1.4	Ensure that there is sufficient capacity within Health and Mel Health services (including the Community Paediatrics and Therapies teams) to meet the demand in the assessment and delivery of EHC plans.	within statu support in a having to w of time due	ood quality assessments atory timescales and a timely manner without vait excessive amounts to long waiting lists.	Designated Clinical Officer	Undertaken 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.	September 2023			
	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.	December 2022					









Key	/	Not	t Yet Started	d In F	Progress	Delayed / At Risk	Overdue		Complete	Embed	ded
Project Title	APP 1.1.6 Implement the national framework pilot which sets out minimum training standards for health		опшь р	Our children, young beople and families will	Lead	After 3 months we will have	After 6 months we we have	will	After 12 months we will have	By When	RAG
			m who does not children realth	Receive good quality suppor yell trained staff who are elivering care and support t ecognised national standard	Clinical Officer ods.	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.	March 2023	
	APP 1.1.7	Take advantage of Sector L Improvement Partners Supp		Detail to be determined follow	wing first SLIP meeting in O	ctober					
Improve the timeliness of EHC Plans and Reviews	APP 1.2.1	Clear outstanding EHC		Receive the outcome of their ssessments and plans. The e able to follow the progres heir assessments and contrirectly to their assessments lans via the EHC Hub.	ey will s of ibute and	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 lassessments and be actimanaging EHC assessments and be actimanaging EHC assessments as that future do not occur	ively ent backlogs	Be actively managing EHC assessment processes so that future backlogs do not occur	March 2023	
	APP 1.2.2	Refine and improve process request for advices from her including the implementation 'triage' process to ensure the requests are going to the riguests are going to the riguests are going to the development of a standard operating protocol (SOP)	ealth, won of a in hat TI ght co	ave their assessments comvithin statutory timescales, when the profession is a statutory timescales, when the profession is a statutory timescales, when the profession is a statutory to their statutory to their statutory that the profession is a statutory to the profession is a statutory transfer and plans via the profession is a statutory transfer and plans via the profession is a statutory transfer and plans via the profession is a statutory transfer and profession is a statutory timescales, when the profession is a statutory transfer and plans is a statutory transfer and p	vith Clinical Officer nals. e ts and	Implemented the revised processes and established monitoring to track improvements.	Reviewed, through audits samples, whether the new processes have been effectimproving the timeliness quality of advices and has refined the process if required.	w ective in and ve	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 proces review cycle to maintain effectiveness	2022	
	APP 1.2.3	Refine and improve process request for advices from soc care to ensure that requests going to the right person firs and the development of a st operating protocol (SOP)	ocial was are in standard process.	ave their assessments comvithin statutory timescales, who the from relevant professions in the profession of the profession of their assessments and plans via the timescale of their seessments and plans via the timescale of their seessments and plans via the timescale of the profession of the timescale of timescale of the timescale of the timescale of timescal	vith Protection and Support e ts and	Agreed the new processes and begun to implement them	Implemented the revised processes and established monitoring to track impropand begun to review and as necessary.	ed vements	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 proces review cycle to maintain effectiveness		
	APP 1.2.4	Review data and existing processes within the EHC to identify bottlenecks.	team to win TI pr	ave their assessments comvithin statutory timescales, who put from relevant profession hey will be able to follow the rogress of their assessment ontribute directly to their ssessments and plans via the HC Hub.	rith Team and Head nals. e ts and	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 a guidance to reflect the ch Staff will have received tr through team meetings a supervision and there will monitoring in place to tracimprovements	all nanges. raining and Il be	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 proces review cycle to maintain effectiveness		
	APP 1.2.5	Re-establish the Partnership Operational Group to overse operational processes, unbl issues that impact on timeling and monitor quality of plans	see ar store characteristics are	lave their assessments comend EHC plans finalised with tatutory timescales to ensure hildren and young people ceceive timely provision baseneir needs.	clinical Officer re that an	Have re-established the partnership group and agreed membership, terms of reference and priorities for the first 12 months.	Met regularly and establis action plan based to furth improve processes and implemented robust over performance and quality the group.	ner sight of	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 2023	









Key		Not Yet Sta	t Yet Started In Progress		6	Delayed / At Risk	Overdue		Complete		Embedo	ded
Project Title	Ref	During the next 12 months we will	Our children, yo people and fam will		Lead	After 3 months we will have	After 6 months have	we will	After 12 months w	e will	By When	RAG
	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 asse EHCP survey to cap views about quality of support, captured re and begun to use find develop further refind guidance and training	ture parental of SENCO levant data dings to ement to g 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 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 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.		December 2022	
	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. Have up to date EHCPs which are reviewed in statutory timescales and meet changing needs as children and young people grow.		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. 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.				August 2023 August 2023	
	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.			Head of SEND	Published guidance on the revised processes, delivered training and awareness to SENCOs and implemented monitoring at school level.						
Improve the quality of EHC assessments, 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 pl accurately reflect the individual children a people, capturing th clearly set out what children and young receive.	e needs of and young eir voice and support the	Head of SEND	Designed and implemented new plan templates in co-production with parents and carers.	Be consistently using template for new and plans and monitor fer mechanisms from partial children, and young determine whether that are reflecting need, personalisation and are heard.	d updated edback arents, carers, people to ne templates	Have fully embedded use revised plan template with majority of children have in the agreed format an assured through feedbar quality assurance that the capturing personalisation voices of children and pland ensure that there is continual cycle of reviews.	vith the ing plans od be ack and hey are on and the parents a	December 2022	
	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 listened to, included assessment process consistently high-que which meet set standards of children are people.	I in the s, and receive lality plans lidards and the	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 to awareness to staff in feedback from audits continue to refine probased on learning.	cluding and	Be assured through qua assurance processes, a and parent and child fee that plans are of high quare meeting need.	ality auditing edback	April 2023	
	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 listened to, included assessment process consistently high-que which meet set standard needs of children are people.	I in the s, and receive lality plans address and the	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 t awareness to staff ir feedback from audits continue to refine pro based on learning.	cluding and	Be assured through qua assurance processes, a and parent and child fer that advices are of high and are meeting need.	auditing edback	April 2023	









Key		Not Yet Star	ted In	In Progress Delayed / At Risk Overdue		Overdue	Complete	Embedo	ded
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	By When	RAG
	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 publish learning and the receipt of he quality plans and reviews the are continually improving the quality of assessments and that meet the needs of child and young people.	nigh- eat we Clinical Officer Head of Help, plans Protection and	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 2023	
	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 SEN understand the EHC assess process and whether any refor an EHC assessment is appropriate.	sment	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.	December 2022	
	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 of outline support which will metheir needs and have agree funding in place.	eet Designated	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 2023	
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 Walland are aware of changes, developments, and available services.	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.	December 2022	
	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 heard and been given the opportunity to be involved in producing service improven	Designated Clinical Officer	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.	December 2022	
	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 theard and been given the opportunity to be involved in producing service improven	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 2023	









Key		Not Yet St		In Progress		Delayed / At Risk	Overdue		Complete	Embedo	ded
Project Title	Ref	During the next 12 months we will	ths 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	By When	RAG
The poor quality of the local offer, which does not meet the requirements of the code of practice											
Increase Coproduction with parents, carers, children, and young people in relation to the Local Offer	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.	relevant and up to da and is meeting their	and contains ate information 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 cliplan that is owned by group and that has staimplemented. Establis feedback mechanisms analysis to understand local offer is being use	the steering arted to be shed s and data d how the ed.	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.	December 2022	
	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 tha 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 coproduction which is enabling parental voices to be heard and be assured of this through parental feedback.	April 2023		
	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 voices have been he they have had the or influence and be inveservice development	ard and that poortunity to olved in	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 consengaging and co-production opportunity of the programme of engage co-production opportunity oung people to established feedback mechanisms from chilly oung people to established feed their voices and they feel their voices and the production opportunity oung people to established feel their voices and the production of the producti	ducing with eople and gular ement and unities. Idren and blish whether	Have a fully established, regularly reviewed, programme of engagement and meaningful coproduction which is enabling children and young people's voices to be heard and be assured of this through their feedback.	April 2023	
	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.	·	SEND nd that they hanges 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 the strategy and set u mechanisms to asses is having an impact.	s outlined in up feedback ss whether it	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 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.	Report that they kno for information about services and can acc information that is pulocal offer.	SEND cess the	Local Offer Co- ordinator	Have begun to identify how the local offer can be made accessible for people from multicultural 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 protensuring that the local new content is access cultural communities areach groups, including do not have access to means, and begun to changes for existing of	al offer and sible to multi- and hard to ng those that o digital implement	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,	September 2023	









Ke	y	Not Yet Sta	Our children young		s	Delayed / At Risk	Overdue		Complete		Embed	ded
Project Title	Ref	During the next 12 months we will			Lead	After 3 months we will have	After 6 months whave	we will	After 12 months v	ve will	By When	RAG
Improve the look, content, and navigation of the Local Offer website	look, content, and navigation of the Local 2.2.1 Local Offer, in co-production with parents and carers, to ensure that they are user friendly and easy to		Report that they ca access the informat in relation to SEND services in an easy and understand for	tion they need support and to navigate	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 I and tested it with par carers for appeal and	rents and	Established the update and have in place med respond to feedback a usability. Understand which working well and which further development the feedback and website	hanisms to bout its who is using pages are n may need rough user	August 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 ca access current and information about S in Walsall	correct	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 Local Offer by upload minimum required in per the code of pract	ding the formation as	Fully developed the loc content, to meet all of standards outlined in the practice as well as othe information identified to parents, carers, childre young people as things would like to see.	the ne code of er key ocally by en, and	December 2022	
	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 ca access current and information about S in Walsall	correct	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 promaintain information Offer and established checking process to standards are maintain	on the Local d a quality ensure that	Begun to identify how sources across the Loc parents (e.g., SEND Locarly Help Local Offer, be aligned and rational	cal Area for ocal Offer, FIS) can	April 2023	







