

Worcestershire SEND Local Area Partnership Improvement Programme – Children and Young People with Special Educational Needs and Disabilities (SEND)

Priority Action Plan - September 2024



Contents

1. Introduction	3
2. Our strategic vision for children and young people with SEND in Worcestershire.....	5
3. Our partnership governance arrangements.....	6
4. How we will monitor progress.....	7
5. Worcestershire’s Local Area Partnership Priority Action Plan	8
5a. Key actions already taken	8
5b. Priority Action 1	10
What parent carers told us when we asked how we can improve waiting in Worcestershire in a PAP co-production workshop:.....	10
Priority Action 1 - Outcomes we will strive for:.....	10
5c. Priority Action 2.....	21
What parent carers told us where we asked how we can improve co-production in Worcestershire in a PAP co-production workshop: ...	21
Priority Action 2 – Outcomes we will strive for	22
6. Communication Routes	25
7. Delivery Partners	25
8. Glossary.....	26

1. Introduction

In April 2024 a [local area inspection](#) was undertaken by Ofsted and the Care Quality Commission (CQC) into the effectiveness of Worcestershire's arrangements for children and young people with special education needs and disabilities (SEND). The local area partnership comprises of an array of partners, services and stakeholders. This includes but is not limited to NHS Herefordshire and Worcestershire Integrated Care Board, NHS Herefordshire and Worcestershire Health and Care Trust, Worcestershire Children First, Worcestershire County Council and Worcestershire Parent Carer Forum, Education Services, and Children and Young People.

The inspection identified two priority actions set out below, of which the Local Area Partnership are committed to addressing

The Local Area Partnership Priority Actions identified by Ofsted and the CQC are as follows:

1. The local area partnership should urgently address the long waiting times for:

- community paediatrics;
- the neurodevelopmental assessment pathway;
- occupational therapy; and
- physiotherapy.

Leaders should also improve the support available while children and young people wait.

2. The local area partnership should urgently develop genuine co-production with children and young people with SEND at a strategic level. Children and young people should feel they have fully participated in the process of developing services, improvement strategies and plans that meet their needs.



Following the inspection, the local area partnership has rapidly come together to take the learning from the inspection process and the areas identified for improvement to co-produce the priority action plan, which will be set out within this document.



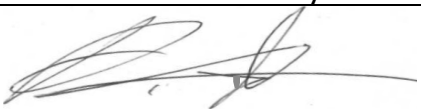
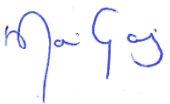
Co-production of the priority action plan included representations from across Health, Education, Care and Worcestershire parent carer forum. Weekly development workshops have taken place and parent carer representatives attended our July SEND partnership board to provide their views. We also held co-production workshops with parent carers, focusing on the two priority actions, the attendance at these was positive and input valuable and solution focused. We have met with Worcestershire Youth Cabinet to find out what children and young people were telling them they wanted following their 'Make your mark' survey which reached 1,000 children and young people across Worcestershire – with a key survey theme being support for children and young people with SEND. The youth cabinet are committed to being a key partner as we progress on your SEND improvement journey.

The Worcestershire Local Area partnership is on a continued improvement journey. This inspection report recognised improvements have been made but we know there is still much more to be done. Alongside the creation of this priority action plan, we have revised our SEND strategy and SEND strategy delivery plan to include how we will address the three areas for improvement, which were also identified in the inspection report. Parents have told us they are looking for a cultural change, which they see begins with meaningful co-production. We are committed to rebuilding trust with children and young people with SEND and their parent carers and for them to feel valued, ensuring their participation in co-production will be meaningful, with a subsequent positive impact on how they experience and feel about the services they receive.

We are also committed to reducing the waits for accessing health services with increased capacity and transformation and to providing support to children, young people and their families whilst they are waiting for our health services. Details of how we will do this and how children, young people with SEND and their parent carers will experience and feel the difference we are making, are contained within this plan.

To ensure delivery of our key priority actions are at pace, and evidence impact on the outcomes and experiences of children, young people and families with SEND, we will strengthen our governance, oversight and accountability across the partnership. Revised governance includes meaningful engagement and co production with the Health Youth Board, Worcestershire Youth Cabinet, children and young people's groups and the parent carer forum participating in SEND and Alternative Provision (AP) Partnership Executive Board, to provide challenge to the board on progress against the plan and strategy. It also includes appointment of an Independent Chair for the SEND and AP Executive Board, where leaders will be held accountable for actions in the priority action plan and SEND strategy delivery and improvement plan.

Please be aware that all references to children's services are currently titled Worcestershire Children's First (WCF). As of 1st October 2024, children's services will reintegrate into the county council and will therefore be under the umbrella of Worcestershire County Council (WCC).

 Paul Robinson Chief Executive Worcestershire County Council	 Simon Trickett Chief Executive NHS Herefordshire and Worcestershire
 Adam Johnston Director of Children's Services & Chief Executive Worcestershire Children First	 Mari Gay Managing Director NHS Herefordshire and Worcestershire

2. Our strategic vision for children and young people with SEND in Worcestershire

“In Worcestershire we want all children and young people with special educational needs and / or disabilities to be truly seen and respected as individuals and to be the best they can be.”

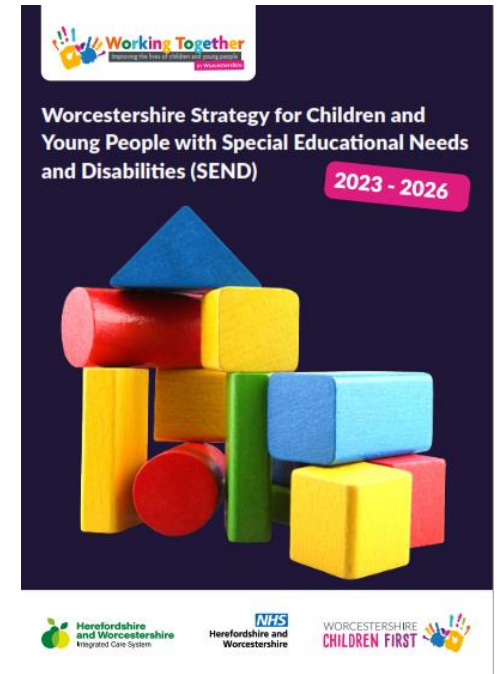
The purpose of our Strategy is to set out how we plan to deliver this vision through six key priorities. It will drive an ambitious programme of work that will be co-produced with and led by representatives across Education, Health and Care, alongside the Parent Carer forum and Children and Young People.

The Partnership Committee and Board will systematically monitor and challenge the progress being made against the Strategy and related action plans which will specify the activity needed to make the progress required at pace and keep children and young people at the centre of what we do.. We will actively seek feedback from Parent, Carers Children and Young People to understand the impact of the changes being made for those that we need it to affect the most.

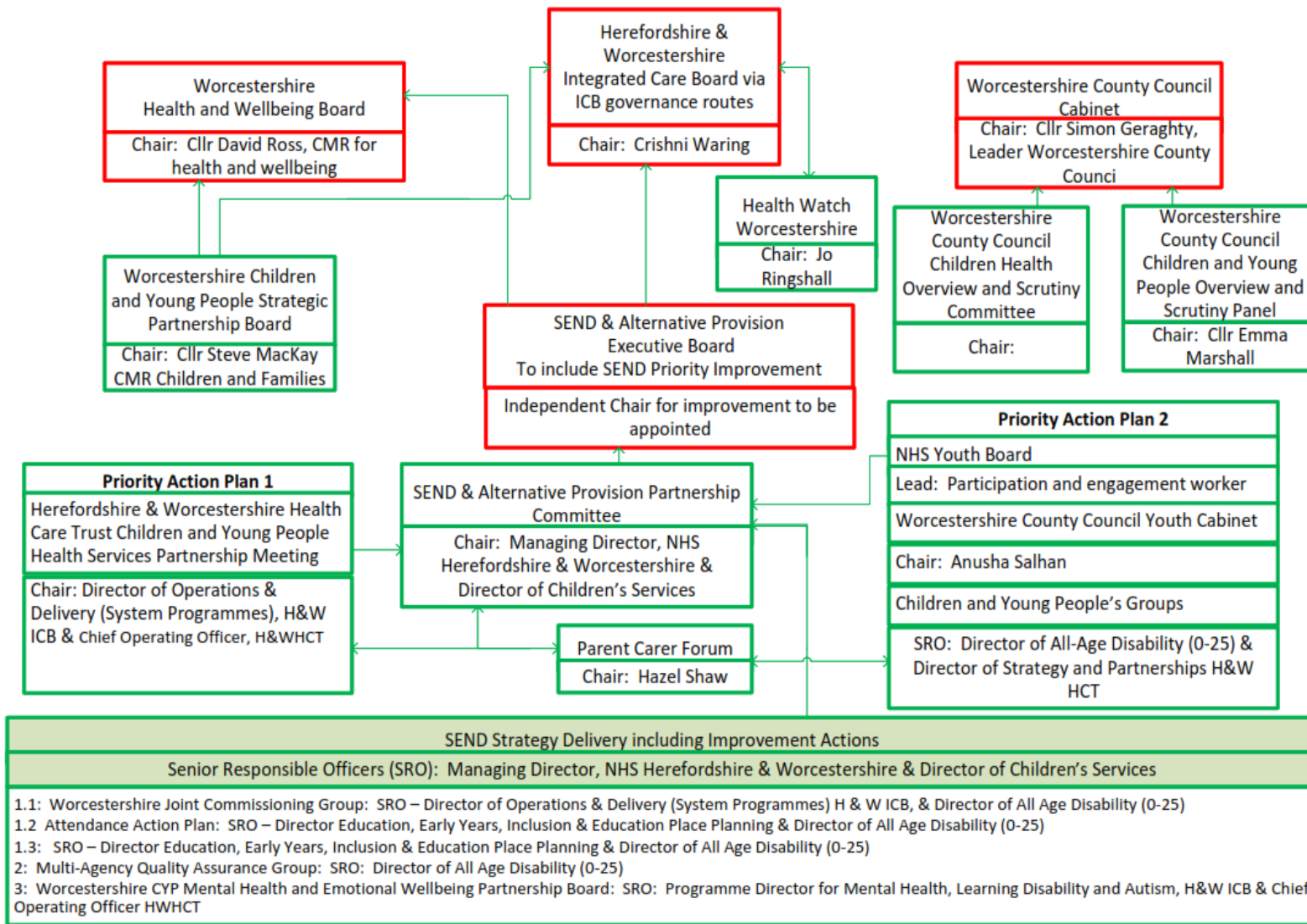
The Strategy will change the ways in which we work with children and young people with SEND and parents/ carers. It will involve greater integration of services and co-production of developments that will effectively:

- Identify children and young people with SEND
- Assess and meet the needs of children and young people with SEND, through the Graduated Response and Education Health and Care Needs Assessment for those who need it
- Provide support and services that effectively meet needs and improves outcomes of those with SEND

Feedback from parent carers has told us we need to consider the impact of trauma on children, young people and families. The partnership will work with WPCF to better understand this and how trauma informed principles can be woven through all aspects of strategy and improvement work to include the improvement plan.



3. Our partnership governance arrangements



Actions we will take in respect of Governance:

- We will appoint an independent chair of the SEND and AP Executive board.
- We will review the terms of reference of the Partnership Board and ensure focused oversight for priority actions, areas of improvement and the wider strategy
- We will connect to the NHS Health Youth Board and WCC Youth Cabinet to participate directly with the SEND & AP Committee and Executive Board. We will be accountable to these groups for progress against the priority action plan and the SEND strategy delivery plan.
- There will be a calendar of forward planning for public scrutiny through the Children and Young People’s Overview and Scrutiny Panel.

4. How we will monitor progress

- We will measure the impact of our priority actions over 3 months, 6 months and 12 months, with clear measures in place. Our reporting will include a Key Performance Indicators (KPI) chart which follows each priority as follows:

KPI Reference	KPI	Baseline	3 months	6 months	12 months
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- We will publish these impact measures after each time period on a dedicated section of the Local Offer and this will be shared via our communication routes detailed in section 6.
- We will produce a report at the end of each timeframe detailing progress made.
- KPI’s will be subject to scrutiny as per the governance diagram.
- We will host a parent carer engagement and update sessions where we will provide verbal updates and dialogue on the KPI measures with the opportunity for parent carers to include a question-and-answer session.
- Partnership Quarterly review and updating of Priority Action Plan.
- We are aware that risks and mitigations need to be added to the Priority Action Plan and this will be an intrinsic part of the ongoing development of the plan going forward. A primary rational being the need to maintain and build upon the momentum of meaningful co-production as has been evident post inspection.

5. Worcestershire’s Local Area Partnership Priority Action Plan

Areas for Priority Action	Responsible Body
<p>1. The local area partnership should urgently address the long waiting times for:</p> <ul style="list-style-type: none"> ▪ community paediatrics; ▪ the neurodevelopmental assessment pathway; ▪ occupational therapy; and ▪ physiotherapy. <p>Leaders should also improve the support available while children and young people wait.</p>	<p>Worcestershire County Council, Worcestershire Children’s First and NHS Herefordshire and Worcestershire ICB</p>
<p>2. The local area partnership should urgently develop genuine co-production with children and young people with SEND at a strategic level. Children and young people should feel they have fully participated in the process of developing services, improvement strategies and plans that meet their needs.</p>	<p>Worcestershire County Council, Worcestershire Children’s First and NHS Herefordshire and Worcestershire ICB</p>

5a. Key actions already taken

Priority Action 1

- We now have clarity of the waiting times across the CYP health service provision by time band and priority.
- We have agreed short-term actions to address waiting times and the number of children waiting, with immediate actions developed and costed. Trajectories for improvement are in development.
In addition to short term urgent actions, we have made plans to commence a redesign of community health services from September 2024, with children, young people and parents and carers.
- We have improved information available on Neurodivergent conditions and services through a coproduced Neurodivergence Zone for young people, parents and professionals. This will be published on Local Offer at the beginning of September 2024.

- We have agreed online information sharing and feedback sessions about the new joint Autism & ADHD diagnostic pathway for parents and carers taking place on August 19th, August 21st, 6th September.
- We are improving the information and resources to support families while they wait for appointments or interventions. Draft resource document has been reviewed by Parent Carers and Healthwatch. This is being reviewed in line with our recent co -production workshop and will be published within 3 months and along with feedback from co-production workshop, will be further developed. To be published within 3 months.
- We have agreed further coproduced face to face support for children and young people while waiting.
- WPCF to host discussion with voluntary and independent providers on how they could be more involved in support while waiting provision.

Priority Action 2

- The partnership has actively involved WPCF in the development of the PAP through the weekly PAP review meeting.
- Parent carers attended the SEND & AP Partnership Board on 25th July and provided input on the development of the Priority Action Plan.
- We held a co-production workshop with ten parent carer representatives and representatives of the partnership board on 14th August with a focus on the priority actions. Further meetings to be organised with parent carers from September for the areas for improvement and further PAP development.
- Senior responsible officers across, health, education and care met with the Worcestershire Youth Cabinet on 6th August to secure their engagement with the SEND partnership. The outcome of this is that they have committed to being involved and seek to extend their reach and communication to young people with SEND.
- The Senior responsible officer will be meeting with the Health and Care Trust Youth Board on the 16th September.
- We are planning co-production of the new Autism and ADHD pathway with young people in the Autumn term (October 2024).

5b. Priority Action 1

Priority Action 1 - local area partnership should urgently address the long waiting times for:

- community paediatrics;
- the neurodevelopmental assessment pathway;
- occupational therapy; and
- physiotherapy.

Leaders should also improve the support available while children and young people wait.

Partnership Leads:

(1) Jade Brooks and Matthew Hall

(2) Daniela Carson

What parent carers told us when we asked how we can improve waiting in Worcestershire in a PAP co-production workshop:

- Support is more than signposting to services who are already struggling to meet demand
- Parents want to understand who they have been referred to and the status of the referral
- Parents want to be updated to know they are still in the system and approximate waiting times
- Peer support is viewed as very helpful, especially as a new parent of a child with SEND
- It is not always clear what services and help are available
- Schools need to improve their understanding of SEND e.g. Oliver McGowan and other training
- Schools should not need a professional report to accept a person's needs

NOTE: text in blue within the action plan below shows the actions we have included based on the above

Priority Action 1 - Outcomes we will strive for:

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
1.1	To understand the total number of children and young people	1.1.1	Improve the tracking of waiting times for children and young people 0-25 years.	Director of Operations & Delivery - System	September 2024	Establish Data and Performance dashboard for waiting times	We understand the needs of our local population.	100% compliance with monthly reporting for overall CYP health waiting times.

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
	aged 0-25 years with SEND waiting above 18-weeks for Autism and ADHD assessments, Community Paediatrics, Physiotherapy and Occupational Therapy first appointments		Improve the data and intelligence of waiting times for CYP with SEND	Programmes, HWICB (Jade Brooks)		Establish weekly reporting of activity over 52 week wait initially Implement a system to flag CYP with SEND (waiting for assessment and diagnosed) as part of overall referrals. Undertake a waiting list validation process to ensure current lists are accurate	Baseline established for waiting times Improved System understanding of presenting need	100% compliance with weekly tracking of long waits above 52 weeks. Evidence of outcomes of validation process
1.2	To understand the experience of children and young people aged 0-25 years waiting above 52-weeks for Autism and ADHD assessments, Community Paediatrics, Physiotherapy and Occupational Therapy first appointments	1.2.1	Establish baseline for complaints and incidents related to each service area (themed) Review risk of CYP 0-25 years waiting longer than 52 weeks for first appointment	Associate Director for Children Young People & Families HWHCT (Sonja Upton)	November 2024	HWHCT produce a report for the ICB of compliments, complaints and incidents related to each CYP Service area. Implement contact with families waiting over 52 weeks initially to understand their current clinical needs and escalate as appropriate	We better understand the experience of our local population. Service improvements based on learning from complaints and incidents are understood and acted on by the system We have improved understanding of clinical risk	To be determined once baseline report received. 100% admin and clinical review of patients waiting above 52 weeks by December 2024 100% admin and clinical review of patients waiting 18-52 weeks by September 2025

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
			Review consistency of usage of clinical prioritisation framework		Complete prioritisation review by end of November 2024	<p>Agree an audit programme of the use of the reprioritisation process</p> <p>Reprioritise where clinically indicated based on learning from family conversations with those on waiting lists</p>	Ensuring those at greatest risk are prioritised	Will determine KPI after initial audit
1.3	<p>Children and young people aged 0-17 years have timely access to assessment, diagnosis and intervention as required from Community Paediatrics</p> <p>*ADHD and Autism assessments will be addressed in section 1.4</p>	1.3.1	<p>Agree investment in additional activity and short-term solutions to increase the number of new assessment appointments available for children and young people aged 0-18 years.</p> <p>Partnership to agree trajectories for improvement based on investment</p>	Children and Young People Lead, HWICB (Maria Hardy)/ Associate Director for Children Young People & Families HWHCT (Sonja Upton)	September 2024	<p>Identify and agree opportunities to create additional capacity</p> <p>Agree investment for initiatives for short term initiatives</p> <p>Monitor recovery trajectories to inform next year's areas of focus by January 2025</p>	<p>Reduction in waiting times and number of children waiting</p> <p>Timely clinical intervention in relation to identified needs.</p>	50% reduction in children and young people in waiting longer than 52-weeks for Community Paediatric service by March 2025

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
1.4	Children and young people aged 0-25 years have timely access to assessment and diagnosis of Autism and ADHD	1.4.1	Provide written information on Right to Choose local accredited services for families so they can make an informed choice about which Autism or ADHD assessment pathway to access	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)	December 2024 20 th September 2024 31 st October 2024 October 2024 November 2024	Complete accreditation of adult ADHD assessment providers against specification. Finalise specification for alternative children's providers through ICB governance framework. Accredit interested independent service providers for CYP. Co-produce public facing information for children, young people and families on patient choice for publication on Local Offer & ICB websites. Published on Local Offer and ICB website.	Timely assessment in relation to identified needs. Addresses current backlogs by slowing referrals to HWHCT & promotes patient choice for families to switch from HWHCT to another.	Current NHS service accepted referral number remains static Accredited providers to report quarterly on activity levels and waiting lists by February 2025

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
		1.4.2	Increase capacity of current Autism and ADHD diagnostic service by outsourcing / insourcing from external providers for the short to medium term	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)	September 2024	Identify potential providers and available capacity and agree where to focus capacity within current services	Additional capacity in place, improving timeliness of assessments.	Target to be set for the reduction in the number of children and young people on NHS waiting list for Neurodivergence assessment. (Target to be developed by February 2025).
					September 2024	Develop plan to implement agreed options	Reduction in waiting times and number of children and young people waiting for ND assessment.	Improvement in waiting times for Autism assessments for those 16 yrs plus
					September 2024	Young people aged 16-18 years waiting for Autism Diagnostic Assessment pathway to be offered opportunity to transfer to a local provider by October 2024		
					October 2024	Model the impact of the additional capacity on current volumes of CYP waiting and develop a recovery trajectory for autism and ADHD assessments by November 2024		

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
		1.4.3	Review HWHCT Autism diagnostic assessment processes for 0-5 years ensuring provision is specified and timely	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)	March 2026	Review current pathway in line with NICE guidance	Reduction in waiting times and number of children 0-5 years waiting for ND assessment.	No child is waiting longer than 26-weeks to start neurodivergence assessments by March 2026.
		1.4.4	Agree and commission an ICS wide combined Autism and ADHD assessment service for children and young people aged 5-17.5 years with robust transition arrangements to adult ADHD and Autism services which is in line with NICE guidance	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)	April 2025	<p>Combined Care Pathway is agreed by ICB by October 2024</p> <p>Submit a costed business plan to the ICB for agreement by November 2024.</p> <p>Procure new service to be operational by June 2025</p>	<p>Reduction in waiting times and number of children and young people waiting for ND assessment.</p> <p>Addresses longer-term service delivery model.</p>	<p>No child or young person is waiting longer than 52-weeks to start neurodivergence assessments by March 2026.</p> <p>From commencement of new service, 80% of CYP or parent carers would recommend the service to friends and family</p>
		1.4.5	Commission a new pathway for adult ADHD assessments (inc. YP aged 18-25 years), and commission short-term capacity to address the waiting lists	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)	December 2024	<p>Pathway is signed off by ICB.</p> <p>Procure medication reviews from GP's</p> <p>Procure capacity to address backlog</p>	<p>Reduction in waiting times and number of young people waiting for ADHD assessment.</p> <p>Addresses longer-term service delivery model.</p>	No young person is waiting longer than 52-weeks to start ADHD assessments by March 2026.

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
		1.4.6	Review Autism diagnostic assessment capacity for 18-25 years ensuring provision is timely and meets future demand	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)	April 2025	Explore options to ensure autism assessments are accessible in this age group in line with NICE guidance. Include reporting on ICB dashboard	Reduction in waiting times and number of young people waiting for Autism assessment.	No young person is waiting longer than 52-weeks to start Autism assessments by March 2026.
		1.4.7	Agree and commission a Neurodivergence Support Service for children, young people 0-25, and their families	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)	April 2025 September 2024 November 2024	Explore options based on national best practice Explore joint commissioning opportunities with Local Authorities Pathway is signed off by ICB	Families & wider professionals understand local services, and the pathway for their child Supports families with meeting the needs of their child.	From commencement of new service, 80% of CYP or parent carers would recommend the service to friends and family
1.5	Children and young people can access Occupational Therapy advice, assessments and interventions in a timely manner that meets their needs.	1.5.1	Short term measures to reduce waiting times: Utilise EHCP interim funding to offer assessments to CYP on the waiting list who trigger an EHCNA Improve access to the Occupational Therapy Helpline	Associate Director for Children Young People & Families HWHCT (Sonja Upton)/ Children and Young People Lead, HWICB (Maria Hardy)	March 2025	ICB to agree funding for short term measures Recruit to agreed posts Review impact of additional capacity to inform future staffing and skill mix Maintain, promote and gather feedback on telephone advice	Reduction in waiting times and number of children waiting Timely clinical intervention in relation to identified needs. Audit type of contact and outcome of call.	50% reduction in children and young people in waiting longer than 52-weeks for Occupational Therapy service by March 2025 Occupational Therapy EHCNA reports are completed in line with statutory timeframes. (6 weeks) Establish baseline Develop KPI

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
						service by December 2024		
		1.5.2	Long term service sustainability established by transformation of Occupational Therapy moving to a universal, targeted and specialist approach. (Balanced System Transformation)	Children and Young People Lead, HWICB (Maria Hardy)/ Associate Director for Children Young People & Families HWHCT (Sonja Upton)	March 2026	Operational partnership group established September 2024 Establish task and finish groups Autumn 2024. Establish feedback loop for families, settings and schools Review responsible commissioner guidance to ensure appropriate commissioning arrangements are in place to meet need New model specified and is understood by partners to support a sustainable system approach.	CYP will be able to access a sustainable and responsive Occupational Therapy service Families and schools will have access to advice and support Learning from pilots will influence new sustainable model	From commencement of new approach, 80% of CYP or parent carers would recommend the service to friends and family 30% decrease in complaints relating to waits for Occupational Therapy appointments by September 2025 Families and schools report increased ease of access to advice and support by July 2025
1.6	Children and young people can access Physiotherapy advice, assessments and interventions in a timely	1.6.1	Short term measures to reduce waiting times Utilise EHCP interim funding to offer assessments to those waiting (1 full time post for 1 year)	Children and Young People Lead, HWICB (Maria Hardy)/ Associate Director for Children Young People & Families HWHCT	October 2024	Utilise agreed recurrent investment to implement waiting list initiatives (increase of one full time role) Review priority waits with Balance	Reduction in waiting times and number of children waiting Timely clinical intervention in relation to identified needs.	50% reduction in children and young people in waiting longer than 52-weeks for Physiotherapy service by March 2025 Physiotherapy EHCNA reports are completed in line with statutory timeframes

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
	manner that meets their needs.		Utilise agreed recurrent investment to increase capacity to pilot waiting list initiatives (increase of one full time role) from October 2024 with outcomes by March 2025 e.g. drop in screening clinics	(Sonja Upton)		Delivery Team implementing suggested actions.		
		1.6.2	Long term service sustainability established by transformation of Physiotherapy transformation of children's therapies (0-18 years) moving to a universal, targeted and specialist approach. (Balanced System Transformation)	Children and Young People Lead, HWICB (Maria Hardy)/ Associate Director for Children Young People & Families HWHCT (Sonja Upton)	March 2026	Operational partnership group established September 2024. Establish task and finish groups Autumn 2024. Establish feedback loop for families, settings and schools. New model specified and is understood by partners.	CYP will be able to access a sustainable and responsive Physiotherapy service Families and schools will have access to advice and support. Learning from pilots will influence new sustainable model	From commencement of new approach, 80% of CYP or parent carers would recommend the service to friends and family Families and schools report increased ease of access to advice and support by July 2025 30% decrease in complaints relating to waits for Physiotherapy appointments by September 2025
		1.6.3	Review Physiotherapy capacity for 18–25-year-olds with SEND ensuring provision is timely and meets future demand	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)		Explore options to ensure Physiotherapy capacity is sufficient for future needs	Timely clinical intervention in relation to identified needs.	92% of young people receive their referral to treatment within 18-weeks by March 2027

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
1.7	Develop a co-produced sustainable model of children's community health provision	1.7.1	Review and develop a co-produced revised model of children's community health provision with sufficient capacity to improve timeliness of response to the needs of the child.	CYP Transformation Lead, HWICB (Deta Almond)	March 2026	Establish a co-production workstream by September 2024. Agree of model by September 2025.	Reduction in waiting times and number of children waiting Improved timeliness of response to the needs of the child.	92% of children and young people receive their referral to treatment within 18-weeks by March 2027.
1.8	Children, young people and their families can access support while they wait.	1.8.1	Review HWHCT information available on assessment pathways & service offers in collaboration with Youth Board and Parent Carer Forum.	Associate Director for Children Young People & Families HWHCT (Sonja Upton)	October 2024	Review of HWHCT website including user testing. Refresh of information based on review feedback. Establish feedback loop for families and wider professionals	Families & wider professionals understand local services, and the pathway for their child Supports families with meeting the needs of the child.	Families & wider professionals report information is accessible and accurate by December 2024
		1.8.2	Develop local area 'support while waiting' information in collaboration with Healthwatch Worcestershire, Youth Board & Parent Carer Forum, linked to the Local Offer	Children and Young People Lead, HWICB (Maria Hardy)/ Associate Director for Children Young People & Families HWHCT (Sonja Upton)	October 2024	Co-produce a Neurodivergence information booklet for CYP & families going through the diagnostic assessment pathway by September 2024 Finalise information for Neurodivergence Zone on the Local Offer by July 2024 which will go live in September 2024. Develop a SEND 'Support while	Families report improvement in ease of access to information. Better utilisation of Local Offer. Supports families with meeting the needs of their child. Coordinated information demonstrates integrated pathway approach and improves families'	From publication of new resources, 80% of CYP or parent carers would recommend these to friends and family

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
						waiting' document which can be shared with families by October 2024 Develop ways of monitoring feedback on the 'support while waiting' information.	confidence in services.	
		1.8.3	Implement new waiting list management communication approaches to provide regular updates to families on the status of referrals	Chief Operating Officer, HWHCT (Matthew Hall)	Feb 2025	HWHCT to identify digital communication solution systems available and evaluate. HWHCT to procure and implement new communication system	Families would understand who they have been referred to and if the referral has been accepted Families would receive 3 monthly updates to know they remain on the waiting list Automated service would free up admin time for other tasks	100% of families report they received notification of their referral status 100% of families receive a 3 monthly update sent out to all waiting
		1.8.4	Commission Autism and ADHD workshops for parent carers and young people to support families while they wait	Programme Director for Mental Health, Learning Disability and Autism, HWICB (Richard Keble)	October 2024	Develop a specification and agree funding for workshops Co-produce Evaluation of the workshop the outcomes	Families and Young People can access support relevant to their needs during or after diagnosis	Provider to report quarterly on numbers attending sessions and feedback from attendees
		1.8.5	Commission face to face peer group sessions co-produced with the Parent Carer	Co-Chair of Worcestershire Parent Carer	October 2024	Develop a specification and agree funding for	Families can access support relevant to their needs during or after diagnosis	From commencement of new peer groups, 80% of parent carers who attend would recommend the sessions to friends and family

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact measures (KPI's/ Targets)
			Forum to support families while they wait (1yr funding)	Forum - PCF, (Hazel Shaw) / Children and Young People Lead, HWICB (Maria Hardy)		the peer support sessions Co-produce evaluation and the outcomes		

5c. Priority Action 2

Priority Action 2 –

The local area partnership should urgently develop genuine co-production with children and young people with SEND at a strategic level. Children and young people should feel they have fully participated in the process of developing services, improvement strategies and plans that meet their needs.

Partnership Leads:

(1) Daniela Carson

(2) Susan Harris

What parent carers told us where we asked how we can improve co-production in Worcestershire in a PAP co-production workshop:

- Co-production needs to be meaningful.
- Parents should be believed, respected and trusted as their children's advocate
- Children should feel they are valued.
- We should appoint a full-time member of staff dedicated to the role of co-production.
- We should consider using the Council for Disabled Children FLARE model of co-production.
- Everyone needs to understand what co-production looks like. We need a uniformed approach.
- We need to consider how we reach the none speaking community. Our co-production strategy should include how we reach the child's voice.
- We could use trusted professionals as a starting point to identify what concerns are CYP raising with them, including those not in the system such as play therapists.

NOTE: text in blue within the action plan below shows the actions we have included based on the above

Priority Action 2 – Outcomes we will strive for

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact Measures (KPI's/Targets)
2.1	The voice of children, young people and their families informs service planning and delivery	2.1.1	The Partnership will work to develop the involvement of children and young people in strategic co-production and contribution at Partnership Boards	Director for All Age Disability (0 – 25), Worcestershire Children First (Daniela Carson) / Director of Strategy and Partnerships, H&WHCT (Susan Harris)	November 2024	<p>Work with Youth Cabinet and Health Youth Board to develop the diversity of representation to include SEND young people.</p> <p>Identified SEND young people to be invited to co-produce in specified live development work</p> <p>Partnership to consider how young people will be rewarded/recognised for participating in co-production</p> <p>Agree mechanism to inform the system that participants agree that content has been co-produced</p>	<p>Children and young people's views are understood by the system and contributions are evident and meaningful</p> <p>Young people can see contributions are valued and meaningful</p>	<p>Children and Young people and parent carers tell us that the Partnership has a culture where co-production is valued, and they feel listened to. Evidence of accreditation marker to demonstrate co-production which can be quantified</p> <p>A live list of SEND young people willing to be involved in co-production and their contact details who are actively being invited to co-produce and become co-producers.</p> <p>Co-production reward to be defined.</p>
		2.1.2	The Partnership will identify live development work where we can involve SEND young people and their families in strategic co-production.	Director for All Age Disability (0 – 25), Worcestershire Children First (Daniela Carson) / Director of Strategy and Partnerships,	<p>November 2024</p> <p>January 2025</p>	<p>List of cross partnership live development work collated</p> <p>Co-production lead to support young people to co-produce live development work and support their involvement</p>	We will ensure existing development work includes co-production	<p>Feedback from CYP to understand their experience of co-production and how they feel about it following participating in co-production activity.</p> <p>All live development work and future development work includes one or more young person involved in co-production.</p>

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact Measures (KPI's/Targets)
				H&WHCT (Susan Harris)				
		2.1.3	The Partnership, including children, young people and parent carers, will develop a partnership wide, co-production lead role.	Director for All Age Disability (0 – 25), Worcestershire Children First (Daniela Carson) / Director of Strategy and Partnerships, H&WHCT (Susan Harris)	September 2024 November 2024 January 2025 March 2025	Resource for post to be agreed by leads for local authority and health Post to be recruited to. Develop baseline of current co-production and opportunities Create a hub and spoke model with organisations working with young people to support, promote and identify SEND young people interested in ongoing co-production opportunities.	Establishing a route map and key points of contact within groups will help us to readily connect to relevant children and young people to facilitate co-production. We will have a defined route map to identify how we connect with young people to invite them to co-produce with us at a strategic level.	The role will report directly to SEND and AP partnership committee, regularity to be agreed.
		2.1.4	We will work with children and young people, and WPCF, to co-produce new strategies. These will include how we hear the child's voice, particularly in nonspeaking and deaf communities.	Director for All Age Disability (0 – 25), Worcestershire Children First (Daniela Carson) / Director of Strategy and Partnerships, H&WHCT (Susan Harris)	February 2025	Co-production workshops to be held with CYP, families and representatives from across the partnership to: - Develop Co-production Strategy - Develop Participation Strategy - Develop Communication Strategy	This will strengthen partnership communications with children, young people, parents carers, and front line staff. To provide clear, strategic direction on how we co-produce with CYP with SEND and their families and across the Worcestershire local area partnership. Outline how the partnership is improving and embedding co-production in partnership culture to	Partnership's strategies to be revised to reflect newly co-produced strategies. New co production strategy and delivery plan incorporated within the SEND strategy. Partnership to define KPI on how we understand culture change

Ref	Aim	Action Ref	Action	Action Lead	Action Completion Date	Implementation Activity (key milestones)	Benefits	Impact Measures (KPI's/Targets)
						Review Co-production charter and link to wider partnership co-production strategies	create sustainable change.	
		2.1.5	We will ensure staff are trained in co-production and that this is embedded in daily practice	Director for All Age Disability (0 – 25), Worcestershire Children First (Daniela Carson) / Director of Strategy and Partnerships, H&WHCT (Susan Harris)	<p>November 2024</p> <p>February 2025</p> <p>February 2025</p> <p>April 2025</p>	<p>Baseline data to be collated on children and young people and their families current experiences and feelings of co-production, including a survey to trusted professionals</p> <p>Co-production training to be offered across partnership, including commissioned providers and community groups</p> <p>Co-production objectives for partnership established linked to the co-production delivery plan</p> <p>Co-production workshops and surveys to understand what they have experienced differently and how they have felt differently since the change.</p> <p>Co-pro lead to report to partnership committee and to evidence impact of co-production on decision making and policy both at an individual and strategic level</p>	<p>Embed an understanding of co-production and how to adopt it in practice across the partnership, prompting a cultural change enabling workers to co-produce with CYP and their families at an individual and a strategic level.</p>	<p>Performance objectives to be set across the partnership which focus on facilitating effective co-production with SEND young people and their families.</p> <p>95% of staff have completed co-production training (for organisations that monitor training)</p> <p>Improvement against baseline in CYP and their families experience of co-production and improved feelings on co-production</p> <p>Quarterly reporting on how co-production in Worcestershire has influenced decision making and policy</p>

6. Communication Routes

- We will develop a partnership communication strategy and a route map, to include:
 - Updates to the local offer – shared via social media platforms across the partnership
 - PCF will consult with, inform, influence and advocate on behalf of our collective membership
 - Updates to the Youth Cabinet and the Health Youth Board
 - Social media snapshots of what we are doing and how it is making a difference
 - Updates in the school bulletin
 - Updates via the SENCO network
 - Updates via HAF and Short Break Group and Activity providers
 - Representation at SEND and AP partnership committee from youth cabinet and health youth board and parent carer forum
 - Updates via the children with disabilities register where 'ok to receive marketing' has been selected
 - Existing partnership board links to community groups
 - Direct connection to parent carers via timetabled 'forums' with representatives of the board providing updates on progress against plan and opportunity for question and answers

7. Delivery Partners

- NHS Herefordshire and Worcestershire Integrated Care Board
- NHS Herefordshire and Worcestershire Health and Care Trust
- Worcestershire Children First
- Worcestershire County Council
- Parent, carers, and children and young people
- Health services
- Education settings
- Worcestershire Parent Carer Forum
- Local authority services including Children's and Adult Social Care
- Youth Cabinet and Health Youth Board

- SEND youth clubs and groups

8. Glossary

ASCH Adult Social Care and Health

C&YP Children and Young People

CAMHS Child and Adolescent Mental Health Services

ICB Integrated Care Board

CEO Chief Executive Officer

CoP SEND Code of Practice

CPD Continuing Professional Development

CQC Care Quality Commission CSC Children's Social Care

DCO Designated Clinical Offer

DCS Director of Children's Services

EHC Education, Health and Care

EHCNA Education, Health Care Needs Assessment

EHCP Education, Health and Care Plan

Health relates to Primary care, Secondary Care and Community Care Providers

JSNA Joint Strategic Needs Analysis

LA Local Authority

LO Local Offer

Ofsted Office for Standards in Education

PEP Personal Education Plan

PfA Preparation for Adulthood

QA Quality Assurance

SENCo Special Educational Needs Coordinator

SEND Special Educational Needs and/or Disabilities

SMART Specific, measurable, achievable, realistic, timely

ToR Terms of Reference