

Annex A: Accelerated Progress Plan (APP) for Devon Local Area following the judgement by Ofsted/CQC that sufficient progress had not been made against the weaknesses outlined by the Inspection

Name of the Local Area	Devon Local Area
Date of Inspection	23-25 th May 2022
Date of Publication of the revisit report	XXX
Accountable Officers from the LA and CCG	Jane Milligan, Chief Executive, NHS Devon Clinical Commissioning Group and Melissa Caslake, Chief Operating Officer, Devon County Council
SEND and NHS England Advisers	

Governance and Accountability

Please describe here the governance and accountability structures and processes that will be supporting your next phase of improvement. Please make clear which are information/reporting lines and where the challenge accountability sits within both the Local Authority and the CCG.

<p>Governance and accountability structures and processes</p> <p>The Devon SEND Strategic Partnership Board provides strategic leadership to the local area provision of SEND. The main legislative partners included are:</p> <ul style="list-style-type: none"> • Devon County Council (DCC), including Education and Early Years, Public Health and Social Care (SBC) • • Devon Integrated Care System / NHS Devon Clinical Commissioning Group (CCG) • The contracted parent/carer forum -Devon Parent/Carer Forum (DPCF). • Education partners across all phases-Early Years, primary, secondary, and post-16-as well as special schools. • Young people’s representative group. <p>In accordance with the legislative requirements of the SEND Code of Practice 2014, the DSSPB Board reports directly into Devon’s Health and Wellbeing Board (HWBB).</p> <p>SEND is an agenda item at HWBB meetings a minimum of XX twice a year and any communication in the interim is made via CCG management structures. The SEND Strategic Partnership Board also provides quarterly updates of progress to the CCG Governing Body and DCC governance structures.</p>

The focus of this plan is each area of weakness from the original inspection where, in the revisit, Ofsted/CQC have judged that sufficient progress has not been made. For each weakness, you should identify:

- *The actions you are taking to achieve improvement.*
- *The timescales for completing actions*
- *The KPIs that you will use to measure the success/impact of the actions.*

Area of weakness identified in the original inspection

1. The fact that strategic plans and the local area's SEND arrangements are not embedded or widely understood by stakeholders, including schools, settings, staff and parents and carers.

From updated draft report June '22:

- a) At the time of the previous inspection there was a SEND strategy and vision strategy in place, but the impact of the work was not evident. This remains the case today. A new strategy is in place, launched in spring 2020. Like the previous strategy, its aims are laudable: hoping that the work of the area will enable children and young people with SEND to 'dream, believe and achieve, and fulfil their potential'. However, the strategy fundamentally fails to address the significant weaknesses that were apparent at the previous inspection and are still evident now. The lack of coherent action is significantly affecting the lives of children and young people and their families.
- b) Plans do not address the challenges that Devon is experiencing currently, for example, related to recruitment and retention of staff.
- c) At the previous inspection, it was clear that staff, parents, and carers were not clear about arrangements to support children and young people with SEND. This is still the case.
- d) Staff do not know about the workings of different agencies.
- e) They do not engage in established processes to identify and support children and young people consistently well.
- f) Parents, carers, and staff are unclear about what different services can provide. They do not know the level of service they should expect. This is compounded by different practices across the CCG, so parents and carers have to negotiate different criteria for basic services depending on where they live. Parents and carers are frequently signposted to services that are not

appropriate. Individual staff give advice to get around the system or take alternative action to get what parents and carers might want. Expectations are raised. They are not met. This leads to further frustration and more dissatisfaction.

Actions designed to lead to improvement

Action	By when	Responsible officer	Action RAG	KPI used to measure
a) Action on EHC plans and pathway as below at 3. Establish clear information about what families can expect at SEN Support, from respite etc. and health across all levels.		Jackie Ross and:		
b) Recruitment and retention-review pay structures and length of contract and training offer. Other plans?		Jackie Ross and:		
c) Improve local offer and information to families-set out clear processes and pathways so that parents and young people know the arrangements.		Jackie Ross and:		
d) and e) Local area arrangements set out clearly for all professionals as well as for education settings, and families. Local offer. Training and performance management.		Jackie Ross and:		
f) Clear local offer drawn up for all across the Local Area. To cover universal, targeted and specialist levels.		Jackie Ross and:		

Area of weakness identified in the original inspection

2. The significant concerns that were reported about communication with key stakeholders, particularly with parents and families.

From the updated draft report June '22:

Communication remains poor. In fact, in many cases communication has got worse.

- a) Telephone calls are unanswered. Complaints and documents are lost.
- b) There is a failure to keep families informed.
- c) Incorrect information is shared with others.
- d) Appointments are missed with no reason given.
- e) There is a multitude of different ways to connect to different services. Managers do not know whether these are effective or not.

f) Poor communication contributes to the anger many parents and carers feel about provision in the area. Parents and carers feel poor communication is symptomatic of a lack of understanding by staff of their lives and the challenges they face. It is contributing to an atmosphere where many parents and carers now view the area with suspicion and hostility. They do not trust the very agencies that should be supporting them. Many now believe that services are working against them.

Actions designed to lead to improvement

Action	By when	Responsible officer	Action RAG	KPI used to measure
a)-Robust performance management/training. Feedback from parents Implement new parent/carers survey for feedback		Jackie Ross 0-25, EPS, Inclusion		
Across the local area		Social Care		
Across the local area		Health		

Area of weakness identified in the original inspection

3.The time it takes to issue EHC plans and the variable quality of these plans. Plans do not consistently capture a child and young person’s needs and aspirations. EHC plans are not able to be used as a valuable tool to support the planning and implementation of education, health and care provision to lead to better lived experiences for the child and their families.

From the updated draft report June’ 22:

- a) The area improved the timeliness of EHC plans in 2020 to close to national averages. However, this has slipped back considerably in the last year.
- b) There are 1600 delayed annual reviews outstanding.
- c) Parents and carers describe the process of their child receiving an EHC plan as a battle.
- d) Parents and carers do not find the process helpful. They experience significant delays.
- e) They cannot access key documents or contact key professionals.
- f) Parents and carers talk about how they lead the work, not the professionals.
- g) They have to tell their story over and over again.
- h) The quality of professional advice in the assessment process is variable. Inspectors highlighted this in the 2018 inspection. It has not improved. Leaders themselves in 2021 recognised that this lack of understanding was impacting on tribunal decisions.

- i) Completed EHC plans are very variable in quality, and in many cases poor.
- j) Until recently, there was no quality assurance process in place.
- k) Plans do not capture the child or young person’s needs and aspirations sufficiently.
- l) Targets are frequently vague.
- m) EHC plans are not an effective tool to make a difference. They are a bureaucratic exercise that is not done well. Staff who receive the plans say they are ‘flimsy’, ‘not worth the paper they are written on’ and they are often ‘embarrassed’ by them. They do not meet the expectations of the SEND Code of Practice (2015). EHC plans do not sufficiently guide staff to support the child or young person effectively. There is a lack of professional ownership to make sure that quality is high.
- n) There is a lack of ongoing monitoring and action to make sure that needs continue to be met and children and young people receive high quality provision.
- o) In some cases, this results in children being out of educational provision for far too long
- p) Parents and carers’ battles with the local area are having significant impact on the well-being of families and the mental health of parents and carers. Parents and carers told inspectors that they have had to give up their jobs to ensure their child or young person receives the education and care they need. As parents and carers are so dissatisfied, many are paying for their own private assessments. Some are using legal mechanisms to challenge the area. As there are no consistent quality measures, this is causing inequity in the system. Those who shout the loudest are getting heard. On occasion, this results in an improved plan or different provision being provided, further increasing inequities.

Actions designed to lead to improvement

Action	By when	Responsible officer	Action RAG	KPI used to measure
a) i) Increase capacity in the team-including EP capacity ii)Review EP service and allocation system. iii)develop clear targets and performance monitoring.		Jackie Ross		Timeliness at least over national average of 58%
b) Create annual review backlog team-develop clear targets and performance monitoring. Liaise with social care and health partners for a graduated response to annual reviews.		Jackie Ross		Annual review backlog mitigated.
i. Training		Jackie Ross		Ongoing to improve culture-impact shown by parent/carer survey.

i. Capacity-reduce caseloads		Jackie Ross		Backlog reduced And annual reviews completed in a quality way. QA shows 95% =quality. 90% Parents understand the process and are satisfied. Impact survey)
ii. Reduce bureaucracy-simplify paperwork		Jackie Ross		
iii. processes		Jackie Ross		
d) Create roadmap of the EHC pathway. Simplify bureaucracy and paperwork. Put on Local Offer		Jackie Ross		Completed
e) Improve access via closer relations between caseworker and families. -consider not using hub		Jackie Ross		See Appendix 1-Impact.  Draft action plan based on Parent sur
f) Develop clear professional lead and casework culture.		Jackie Ross		
g) Ensure caseworker allocation is consistent. Work across the Local Area to improve information sharing.		Jackie Ross		
h) Lead and train advice writing and set out clear lead on what this should look like. Lead on advice template.		Jackie Ross		
i) Set clear standard and train on what a good EHC Plan should look like. Back to basics-SEND Code of Practice.		Jackie Ross		
j. Quality assure-multi-agency across the local area. Agree common QA framework (make use of the tool as well)		Jackie Ross		
k. Train on golden thread from aspirations-set in context of wider PFA/transitions protocol.		Jackie Ross		
l. Training on outcomes-within strategic context of local area shared outcomes.		Jackie Ross		
m. as at d, h, l and j above.		Jackie Ross		
n. Training across the local area on annual review-review and simplify paperwork on annual reviews. Strategic training to schools.		Jackie Ross		

Strategic development of mainstream schools for inclusion. Use of flexible range of provision.				
o. Robust review of all pupils -statutory compliance and ensure pupils have what they need appropriately to achieve outcomes. Training to schools. Develop schools as commissioners.		Jackie Ross		
p. Ensure suitable provision and education-clear service performance targets of ensuring robust quality annual reviews and suitable placements/provision. Establish multi-agency placement panel with education provider collaboration.		Jackie Ross		
p. Consistent quality measures and expectations in relation to provision-published on the local offer and communicated individually to families through 0-25 team caseworker.		Jackie Ross		

Area of weakness identified in the original inspection

4. Weaknesses in the identification, assessment, diagnosis and support of those children and young people with autism spectrum disorder.

- a) There has been a reduction in the overall number of children and young people waiting for an ASD assessment. However, children and young people still wait too long. Currently there are almost 2,000 children and young people on the waiting list, and almost half of these have been waiting for over a year. These numbers do not capture the whole picture of need.
- b) Parents and carers describe battles to get onto the waiting list.
- c) There is a separate service for under five years olds. This service holds their own waiting list. As shortages in the health visiting services persist, there are delays in healthy child programme reviews. This means that some young children are at risk of not being identified in a timely way.
- d) Parents and carers say that the support they receive while waiting for an assessment does not meet their child or young person's needs. Similarly, when a child or young person has been identified as having ASD it is not clear what support is available. As one parent put it 'you may be on a pathway, but it doesn't make a difference'.
- e) Special needs co-ordinators and other staff are unsure about the difference an assessment makes to a child or young person.

- f) A new autism strategy and a new neurodiversity pathway are being developed. In the meantime, staff have made changes to their working practices and increased avenues for communication. However, parents and carers are still not getting the support they need in a timely way.
- g) Despite initiatives such as additional training or information, leaders are not able to show the impact on the vulnerable groups that were identified at the previous inspection. These groups include girls with ASD and those requiring access to mental health services. A key worker scheme has been introduced to prevent in-patient hospital admission. It is too early to evaluate the impact of this initiative.

Actions designed to lead to improvement

Action	By when	Responsible officer	Action RAG	KPI used to measure

If you have a council wide risk register format you can insert that here, otherwise please use this one. At this stage it is critical both for yourself, DfE and DHSC that you identify early any risks and can demonstrate appropriate and decisive action. The progress of your Plan will be evaluated with you initially at 6 months to determine any further action which may be required.

Risk Register

Date	Risk	Severity/Impact	Mitigation	Severity / Impact Post-mitigation	Progress following action

Impact score card

This is the summary of all the ways you are going to measure the overall effectiveness of your plan.

KPI reference	KPI	Baseline	3 months	6 months	12 months