

Appendix B

Essex Local Area Written Statement of Action in relation to Special Educational Needs and Disabilities

Purpose of this written statement of action

This document sets out our approach to improvement following recent inspection of the local area by Ofsted and the Care Quality Commission. The document includes the following:

1. Background to the written statement of action.
2. Statement of commitment from senior leaders
3. Areas of weakness identified
4. Key strengths identified
5. Our shared vision for children and young people with Special Educational Needs or Disability.
6. Principles of working together
7. Governance structure
8. The outcomes we want to achieve
9. Our action plan for improvement
10. A guide to the acronyms and content of this document

1. Background to this written statement of action

Between 30 September 2019 and 4 October 2019, Ofsted and the Care Quality Commission (CQC) carried out an inspection of the local area's effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities. Her Majesty's Chief Inspector determined that a Written Statement of Action is required to address three key areas of weakness in the local area's practice.

The following are jointly responsible for submitting this written statement of action, which has been co-produced in partnership with the independent parent carer forum, Essex Family Forum:

- Essex County Council (ECC)
- Basildon and Brentwood Clinical Commissioning Group (B&B CCG)
- Castle Point and Rochford Clinical Commissioning Group (C&R CCG)
- Mid Essex Clinical Commissioning Group (CCG)
- North East Essex Clinical Commissioning Group (NE CCG)

- West Essex Clinical Commissioning Group (CCG)

2. Commitment by senior leaders accountable for Essex SEND services

As leaders of our local area we fully accept the outcome of the Ofsted/CQC inspection of the local area's effectiveness in implementing the disability and special educational needs reforms (as set out in the Children and Families Act 2014).

Prior to the inspection we had already begun an improvement and development journey as our own self-assessment had identified areas that require improvement; these were confirmed by the inspection.

We see the report as a constructive part of this journey and take seriously the need to address and improve on the specific areas identified within the report. As a local area we are ready for the challenge ahead and determined to improve our SEND services for Essex children, young people and their families. We will continue to work alongside the Essex Family Forum to do so.

The action plan within this joint written statement of action has been developed following the inspection, by a group of senior officers from across our organisations, approved and endorsed by the SEND Improvement Board. It sets out how our improvements will be achieved, how we will work together with parents, carers, young people and school leaders, to improve outcomes for children and young people with special educational needs and disabilities (SEND).

As leaders, we are committed to ensuring that our SEND Improvement Programme is properly resourced, and our action plan implemented in full. We shall establish clear and effective governance practices to monitor the progress and impact of our action plan. We are confident that, when re-inspected, inspectors will see significant and sustainable improvements for Essex children and young people with SEND and their families.

3. Areas of weakness identified through the inspection

The three areas of significant weakness identified during the inspection, which we seek to address within this joint written statement of action, are:

1. The reasons for, and **accuracy of, the high proportions of children and young people identified with moderate learning difficulties (MLD)** are yet to be resolved.

- Potential over-identification could mask underlying difficulties in communication and language, and social, emotional and mental health development.
2. The **joint commissioning arrangements between the local authority and the CCGs do not work well enough** to provide children and young people with the services that they need.
 - Too much variation between the CCGs leads to inequality, inconsistency and unacceptably long waiting times for services.
 - Joint commissioning is not sufficiently informed by what is already known about the gaps in services for health and education across the 0–25 age range, across the whole local area.
 3. Too many **EHC plans do not include the information needed** to secure high-quality outcomes for children and young people.
 - The EHC plans do not consistently secure the right professional advice to meet children's and young people's needs, and do not have specific details of the provision that will be put in place.
 - Strategic oversight is not effective in making sure that EHC plans are fit for purpose.

4. Key strengths identified through the inspection

The inspection identified a number of areas of strength, which we will continue to build upon;

- Since 2017, partners in education, health and care have **worked more closely to improve services**. Senior leaders now have a shared commitment to learn from one another, make use of what they know, and make sustainable change.
- School leaders understand the need to **change the way that local authority leaders and schools work together** to improve the outcomes for children and young people with SEND.
- In some aspects of their work, **senior leaders have in place the foundations for improvement**, including an ambitious programme for additional specialist educational provision. Leaders have an honest and broadly accurate picture of the current strengths, weaknesses and complexities of the practice.
- The Emotional Well-being and Mental Health Service (EWMHS) and the Essex Child and Family Well-being Service were **co-produced with parents and carers**. The services are starting to make a difference to the support available to parents and carers and their children.

5. Our shared vision for children and young people with SEND in Essex

Our vision for children and young people with SEND is the same as our vision for all children. Regardless of age, stage, unique characteristics or circumstances, our children and young people will have access to appropriate, high quality health and social care support and an education which provides:

- A positive experience of learning;
- A sense of belonging, value and worth;
- Aspirational outcomes;
- The right support at the right time;
- Information and opportunities to enable informed decision making, choice and control;
- Successful, planned transition at any point of movement, between phases or settings;
- Thoughtful and thorough preparation for their future progression to a fulfilling adult life.

Our vision is for a SEND system which identifies and assesses need at an early stage and which provides appropriate and impactful support without high dependence on statutory services. We would like our children, young people and families to have confidence in the type, quality and amount of support received and see year on year impact of the support in their child's life.

We have a greater commitment to working collaboratively across organisational boundaries to accelerate progress towards our vision, and the impact of the improvement and development journey that we have been on. As partners we see the report as a constructive next part of this journey and are committed to improve on the areas identified within the report in a timely way.

The newly implemented Local Authority SEND Service is now in a positive position to be able to implement required changes, work differently and improve quality.

The Essex Family Forum are a crucial part of our improvement team and will share with us the lived experience of families in Essex throughout our improvement journey, enabling us to assess progress and impact.

We strive to increase consistency and reduce the variation in level of service – ensuring equity in access to high quality support, whilst also enabling community capacity and local differences based on need.

We will streamline processes, reduce waiting times and remove barriers to accessing appropriate provision and support.

The role of education settings will be crucial to our success. **The Head Teacher Round Table will drive forward the work around inclusive schools. Leading on the development of ‘The Case for Being an Inclusive School in Essex’ and associated implementation, so that schools have the ownership and accountability required for success.** As a cohesive group of organisations, we will work in partnership with schools and settings to ensure accurate identification of need, timely and appropriate provision, increased consistency and improved experiences for children and young people with SEND in Essex and their families.

6. Our principles for working together

Our SEND Improvement Programme is underpinned by the following set of agreed principles:

- ECC and the CCGs fully accept the outcome of the Ofsted/CQC inspection. The leadership and workforce from across all of our organisations are fully committed to improving our SEND services for Essex children, young people and their families
- We will accelerate the pace of change – we are agile and able to implement improvements quickly.
- We shall work collaboratively, across organisational boundaries to increase our effectiveness.
- Essex Family Forum and the experiences of Essex families will be at the heart of our improvement journey.
- Families will feel listened to and have a greater level of confidence in the provision and support they receive.
- There will be greater consistency in timely access to good quality provision across the county.

7. Governance Structure

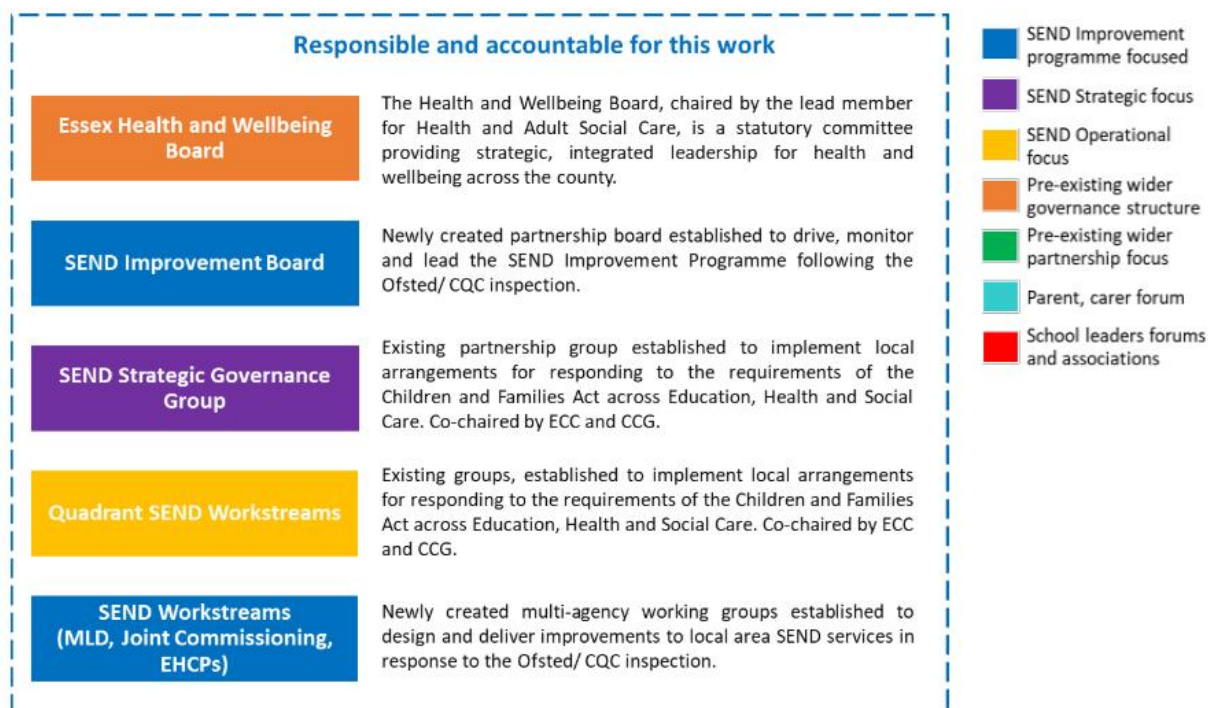
A review of our SEND governance and partnership structures is currently underway, below is a visual of the current elements.

A local area SEND Improvement Board has been established with all organisations represented and chaired by the Director of Education (ECC). This board is responsible for the development and delivery of the JWSOA and the subsequent work to improve our services.

Workstreams have been established to address each of the identified areas of weakness, with dedicated representation from health, social care, education and the parent/carer forum.

These workstreams will:

- Agree specific targets for the improvements detailed in the measures of the action plan, based on 2019 baselines, historic data, national data and the Essex context
- Maintain detailed action plans in response to initial findings
- Take forward the actions detailed in our action plan
- Obtain relevant input from other professionals, parent/carer or young people representatives
- Measure the impact of initiatives put in place from baseline measures taken in 2019 at the time of the inspection. These will include both quantitative and qualitative measures against specified indicators.
- Report on progress against specified indicators and impact to the SEND Improvement Board



8. The outcomes our SEND improvement programme will achieve

Our aims for the SEND improvement programme are aligned to the outcomes of our existing Essex Children and Young People's Strategic Partnership Plan (below). The full plan can be viewed [here](#).

Outcomes for Children and Young People

Children and young people are well looked after and safe, with their basic needs being met within resilient families	Children and young people are emotionally healthy and make good decisions	Children and young people are engaged in positive activities and are physically healthy	Children, young people and families positively support each other within their communities	Children and young people have good quality education, training and work opportunities
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The specific outcomes we aim to achieve for each workstream are:

Workstream & Ofsted / CQC Feedback	Outcomes	Action Plan Ref	What will be different as a result?	How will this be measured?
<p>Identification of Need:</p> <p>The reasons for, and accuracy of, the high proportions of children and young people identified with moderate learning difficulties (MLD) are yet to be resolved.</p> <p>Potential over-identification could mask underlying difficulties in SLC and SEMH development.</p>	<p>The needs of children and young people are accurately identified at the earliest opportunity.</p> <p>This leads to timely and appropriate support for children, young people and their families and the result is sustained, positive impact on their individual outcomes.</p>	<p>ID 1</p> <p>ID2 – 8</p>	<p>For Children, young people and their families:</p> <p>Children, young people and their families will be involved in early discussions and decision making about their individual needs.</p> <p>Children's needs will be accurately identified through effective One Planning, leading to co-produced, meaningful outcomes and support.</p> <p>Children and young people will know their outcomes, interim targets and what support is in place to help them achieve their outcomes.</p> <p>Families will experience a tell us once approach.</p>	<p>Qualitative data regarding parental and children/young people's confidence in One Planning, SEN Support and ongoing support/provision with an EHCP – <i>baseline measure POET survey (closing date July 2019, respondents n= 2471)</i></p> <p>Data to be collated through:</p> <ul style="list-style-type: none"> Essex Family Forum engagement the Young People's POET Challenge 2020 Multi schools council Feedback from those accessing services such as short breaks Independent parent carer support groups Quadrant SEND teams capturing family experience Feedback from schools and settings <p><i>Baseline experience:</i></p>

				<p>- POET survey (closing date July 2019, respondents n=2471);</p> <p>-Essex Family Forum engagement workshops (2019)</p> <p>-High Need Block survey (2018, respondents n=1800)</p>
		EHC 11	<p>For professionals:</p> <p>Information sharing between partner agencies, such as Section 23 and pregnancy notifications, will be consistent, timely and specific.</p>	<p>Increase in number of identifications shared between trusts and ECFWBS such as pregnancies and s23.</p> <p>Decrease in variation between geographical areas/ trusts. <i>Baseline measures and indicators to track progress through improvement workstreams (as per specified in paragraph 8 of this document).</i></p> <p>Quality of S23 information will be increased. – <i>data by LA, CCGs and ECFWBS.</i></p>
		EHC15	<p>Increased consistency and delivery of 2½ year old checks improves the early identification of children’s needs.</p>	<p>Quantitative data shows an increase in the number of integrated checks since 2019 and decrease in variability between geographical areas - <i>data from ECFWBS.</i></p>
		EHC16	<p>Increase in the number of 14 – 25year olds with LD undertaking the annual GP health check.</p>	<p>Increased percentage of children and young people with Learning Disability health checks delivered – <i>data from ECFWBS.</i></p>

				<p>Consistency in rates across the local area.</p> <p>Evidence that health checks result in identification of health needs and delivery of support – <i>data sampling, data provided by ECFWBS.</i></p>
		ID11	Partners will have confidence that identification of need is accurate and in-line with national/ evidence based expected averages.	<p>Data analysis of the numbers of children and young people identified with MLD, SLCN and SEMH show a reduction in deviation from the national averages – <i>via census data and national DfE data</i></p> <p>Forecasting data - <i>joint SEND data set.</i></p>
		1D10	Systems and processes will be in place to track, question and understand where there is deviance from the expected.	
		ID9	Census data will be an accurate reflection of children's needs enabling accurate joint forecasting, budgeting and future planning.	
		ID8	School and setting staff will feel more confident, and supported, in the correct identification and provision of early support, in relation to speech and language and social emotional mental health needs.	<p>Qualitative data regarding confidence in identifying needs and how to support their child – <i>via survey with schools and settings and training feedback.</i></p>
		ID9- 11	Records of children's needs will be accurate – enabling effective planning, forecasting, tracking and budget management.	<p>Children's progress - <i>as measured through termly One Planning and annual reviews</i></p> <p>Budget information</p>
		ID7 ID11	There may be a reduction in appeals in relation to schools for children with MLD.	<p>Quantitative data in relation to appeals for schools for children with MLD – <i>via data held by the LA.</i></p>

Joint Commissioning Workstream: Arrangements between the local authority and the CCGs do not work well enough to provide children and young people with the services that they need.	Children, young people and their families experience equitable access to a consistent, high quality range of educational support, health services and specialist provision, appropriate to their needs and circumstances. Commissioners share a common, accurate view of need across the county and use this to jointly commission consistently high-quality services, which are accessible across the county.	JC15 JC17	For Children, young people and their families: The autism and speech, language and communication needs pathways are clear and easily accessible to families.	Positive feedback from families regarding the clarity and effectiveness of the pathways – <i>captured through specific new question to be included in Essex personalised POET 202, Feedback from the Essex Family Forum, independent Parent Carer Groups and users of local authority and health services.</i>
		JC8 -17	A pathway is established that allows re-referrals as necessary without having to start again.	Re-referral data. Positive feedback from families on the services listed in J8-17 of the action plan
		JC8 -17	Waiting times are reduced and consistent across the county, in particular for ASD and Speech and language assessments. Children & young people receive a timely & thorough assessment and access to the appropriate level of support.	Quantitative data regarding clear reduction in waiting times for assessments for ASD and SL assessments - <i>via data held by CCGs.</i> Consistency in wait times across the county - <i>via data held by CCGs.</i> Timescales of the Neurodevelopmental pathway are compliant with NICE guidelines.

		JC 17	<p>Children, young people and families who are in receipt of specialist provision benefit from a coordinated and consistent approach by the service and other professionals, in supporting them to make progress against their outcomes.</p> <p>Parental satisfaction regarding access, quality and consistency of specialist provision is increased.</p>	<p>Positive qualitative data regarding parent and child satisfaction in access, quality and consistency of services received – <i>via Essex Family Forum consultation and/or survey.</i></p> <p>Consistency in the provision available across Essex.</p>
		JC15 JC9	<p>Parents have access to quality information and resources and are encouraged and supported in their role as primary communicators.</p>	<p>Positive feedback from families. Data from Talk, Listen, Cuddle website will show increased use.</p> <p>Data from Talk, Listen Cuddle social media accounts will show increased numbers of followers and/or members.</p> <p>Evidence of outcomes for children from parental engagement – <i>sample data, annual reviews.</i></p>
		JC15	<p>The Local Offer website provides meaningful information for families and families are utilising the information available to them.</p> <p>The creation of an up-to-date, user friendly and searchable platform for Local Offer advice and signposting.</p> <p>Jointly commissioned across health, education and social care The Local Offer shall include all relevant information and represent all sectors.</p>	<p>Qualitative data on parental awareness and use of the website– <i>via google analytics, monthly data, annual review survey measured from the 2018 baseline. (HNB survey of parents 2018).</i></p>

			<p>The Total Offer work will ensure the content of the Local Offer remains up to date and meaningful</p> <p>A structured and wide reaching communications and marketing strategy will be delivered for the Local Offer to increase awareness and access.</p>	
		JC2 JC3	<p>For professionals:</p> <p>A joint data set and provision map for the local area is in place and robust arrangements enable partners to use data and intelligence from across all agencies to form a shared understanding of the needs of the local area.</p>	<p>Creation of the joint SEND data set (JSNA), which informs joint commissioning strategy and shared sufficiency plan.</p> <p>Creation of joint commissioning strategy with clearly articulated shared ambitions to improve services and consistency across the county.</p> <p>Jointly commissioned:</p> <ul style="list-style-type: none"> • SENDIASS service • Essex Family Forum • Local Offer <p>Systems mapping to identify gaps reviewed pre and post integrated systems – <i>data gathered from LA, CCGs, third sector organisations and partners.</i></p>

		JC5	Develop of a joint SEND Strategy with outcomes framework will give clear strategic direction.	Production of SEND strategy and outcomes framework cp-produced by all partners and EFF.
		JC17	Essex has an integrated system for the delivery of specialist services (such as SALT) across the county, eliminating duplication of effort and financial resources between partners.	Successful implementation of the redesign of Speech & Language Services – complete Aug 1 st 2021. Planning in place for OT/Physiotherapy
		JC17	Essex has a clear and coherent pathway for the delivery of therapy services (inc. SLT), that clearly identifies roles and responsibilities needed across the system, to support children and young people with identified Therapeutic Needs. Removing duplication and aligning resources. To ensure that the children and young people receive the right support, at the right time, delivered by the right person.	for SLCN initially and other areas of need to follow. Quantitative data around spend and reduction in overlap between partners <i>from a baseline in 2019-budget information.</i> Qualitive data regarding effectiveness of partnership working – <i>staff consultation.</i>
		JC17	Therapists have confidence in the ability of the wider workforce to support children following intervention, allowing for timely and appropriate discharge.	% increase in the availability and reach of training and resources to support the wider workforce force to identify and meet need at an earlier stage as well as support following discharge - Measure of take up of courses. % increase in the frequency of discharge - Measure of re referrals to provider teams.

				<p>% reduction in the number of inappropriate referrals for specialist therapy support.</p> <p>Improved quantitative data around timeliness of discharges – <i>held by the services.</i></p>
		JC9, JC17	<p>Therapy pathways across Essex are coherent and equitable in order to meet the needs of the Essex population. All professionals working with children and young people are aware of how to access the appropriate support.</p> <p>The speech, language and communication needs pathway is clear and easily accessible to professionals</p>	<p>No. and reach of communications available.</p> <p>% reduction in the number of inappropriate referrals for specialist therapy support.</p> <p>Qualitative data on Staff awareness of the pathway.</p>
<p>EHCP Workstream:</p> <p>Too many EHC plans do not include the information needed to secure high-quality outcomes for children and young people.</p>	<p>Children and young people have high quality, specific and effective EHC plans, which have been co-created with them by education, health and social care through an efficient process. Plans continue to have meaningful impact on the child's outcomes.</p> <p>Staff across all agencies are confident and proficient in the production and</p>	ECH5	<p>For Children, young people and their families:</p> <p>Outcomes in EHC plans are co-created and fully consider educational, social care and health needs. Outcomes are measurable and it is clear to children, young people and their families how services are working together. Families and young people feel well supported by the local area to achieve high quality outcomes.</p>	<p>Increase in % of professional advice provided within timescales – <i>measured from Capita quarterly by provider and type</i></p> <p>Qualitative data re quality of plans shows an increase in quality of written advice – <i>moderation, sampling of plans and POET new plan survey</i></p> <p><i>Feedback from SENCOs on quality of new plans.</i></p>

	contribution towards high quality plans with relevant advice and provision.	EHC14 EHC5	New plans are of a high quality and accessible, so children and their families clearly understand the outcomes and support. Families and young people feel they have been listened to and have contributed to outcomes, targets, support and provision. Children and young people understand how they are going to make progress towards their outcomes.	Qualitative data re quality of new plans shows an increase in quality of written advice – <i>through moderation, sampling of plans and joint QA processes</i> <i>Young people's POET challenge - Priority two - measured through a young people's survey to peers.</i>
		EHC3 EHC5	Parents/ carers are informed in a timely way if EHC plans will cease. <i>Annual reviews will consistently review progress against the CYPs outcomes and families will be informed at each stage that support may change with progress made and/or needs changing. The fact that a plan is ceased will be a natural response to outcomes being met and not a surprise for families.</i> <i>The consultation process around post 16 will be improved so information is shared in a more timely way with colleges so the decision regarding support and communications with families are more informed</i> Increased parental confidence that the One Planning process leads to their child's needs being met in school.	Qualitative data re parental satisfaction with One Planning, EHCP, Annual Review processes and quality of plans - <i>through Essex Family Forum consultation and/or survey.</i> <i>Data on consultations with post 16 settings. Feedback from those settings regarding the consultation process and transition process into post 16.</i> <i>Feedback from families regarding the consultation process and transition process into post 16.</i>
		EHC5	Specialist provision identified within EHC plans is received.	Feedback from families re satisfaction with receipt of provision – <i>EFF/ POET.</i>

		EHC14	For professionals: The workforce, including evidence writers, receive training, guidance and support on the statutory processes and high-quality plans. As a result, all parties have an increased professional understanding, confidence and capability with regards to statutory processes and EHCPs.	Development or commissioning of training and guidance content. Data re staff confidence, quality of plans - <i>Training registers, moderation, staff survey and development plans.</i>
		EHC9	Effective multi-agency moderation of plans is in place, leading to better quality co-production of plans, strategic oversight, shared learning and improved outcomes.	Processes and systems in place such as moderation, recording, data sharing - <i>process maps, staff feedback.</i>
		EHC5 EHC6	Processes and systems enable professionals across the local area to work together when identifying, assessing, determining and reviewing support. All partners have robust oversight of the provision specified in EHC and there is assurance that it can be delivered.	Qualitative data re quality and joint working – <i>moderation, sampling and staff feedback.</i>
		EHC10	Annual reviews of EHC plans, including those for children and young people placed in independent schools outside the local area, are consistently completed within the required timescales to a consistently high quality.	Quantitative data re annual reviews – <i>data held by the LA</i>
		EHC7	Reduction in appeals related to receiving the specialist provision stated in plans.	Reduction in appeals - <i>data held by the LA</i>
		JC8	The Special Educational Needs Information, Advice and Support Services (SENDIAS) standards are met.	Improved quantitative data regarding access to SENDIASS

			<p>The service is jointly commissioned by Education, health and social care.</p> <p>The capacity within the service is reviewed and inline to meet local need.</p> <p>The website is improved and fit for purpose and accessible, through a renewed design.</p> <p>Training offer are is reviewed and in-line with need, delivered to professions in a way that directly improves practice.</p>	<p>services – <i>data held by the SENDIASS service.</i></p> <p>Data in line with national standards.</p> <p>SENDIASS Peer Review undertaken and improvements identified are implemented.</p> <p>Learning is gained from tribunals and acted on.</p> <p>Training registers and feedback. Service level data around training delivered and accessed, volumes of requests for support and advice and types of queries logged.</p>
		JC10	<p>We will have a streamlined process that ensures that specialist equipment is made available to all identified pupils in a timely way.</p> <p>Timescales will be measured and reduced to ensure no delay for children and young people.</p>	<p>Process in place by Sept 2020</p> <p>All children and young people will receive any required specialist equipment within 6 weeks of identification.</p>
		EHC5	<p>Children and young people have clear and measurable outcomes</p>	<p>Development of individual outcomes tool – life without labels</p> <p>Positive result/ feedback from pilot schools.</p> <p>Successful implementation across project schools.</p>

				Impact against individual outcomes shows clear and measured progress.
Additional Actions	<p>Increased social and academic outcomes, for pupils with special needs, through being educated in inclusive schools.</p> <p>Pupils with special educational needs have an improved sense of belonging, and feeling part of their local community.</p>		<p>HeadTeachers Round Table to develop the 'Case for Being an Inclusive School in Essex'</p> <p>Partnership SENCOs (from Essex Schools) will work with the ECC inclusion team and health partners to improve quality of practice amongst all SENCOs in Essex.</p> <p>The SEND clusters of schools will be a key vehicle in the delivery of identified improvements. These groups of schools will have access to cluster level data, will provide a level of peer to peer challenge and support around SEND improvement.</p>	<p>Academic outcomes for children with SEND in Essex.</p> <p>Information gathered through One Planning and Annual Review re progress against outcomes.</p> <p>Life without labels – feedback from schools and settings.</p> <p>Highly skilled workforce within schools.</p> <p>Increased staff retention.</p> <p>Feedback from CYP and their families regarding their outcomes and achievements.</p> <p>SEND cluster level data and feedback through Inclusion Partners and SEND Quadrant Managers.</p>
	Effective Governance for SEND Improvement is implemented.		<p>Education, Health and Social Care leaders will have an equal role in the leadership and evaluation of the SEND improvements identified throughout the programme.</p> <p>The roles of all sectors will be represented in the review of the governance (OV6): The Children and Young People's Partnership Board is a joint health,</p>	<p>Clear vision and shared outcomes framework, which all organisations have jointly developed and signed up to.</p> <p>Performance framework/ data dashboard that sits under the shared outcomes framework will</p>

			<p>care and education board. The SEND Improvement board will report into this. There are quadrant level meetings, which the operational activities are shaped by and progress shared with.</p> <p>All parties are represented on all workstreams, at an appropriate level.</p> <p>SEND Improvement risk register will be established which identifies and risks & the mitigating actions in place along with an escalation process.</p> <p>Implementation of effective operational leadership structures will result in improved quality of EHCPs through the moderation process, escalation of any trend and improvements implemented system wide so impact is greater.</p>	<p>measure progress and impact of our improvement. It will be reviewed and regularly reported to SEND Improvement Board.</p> <p>Governance structure, terms of reference and clear accountabilities.</p>
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9. Our action plan



2020-06-26 - JWSoA
Project Plan v0.6 AA.xl

10. A guide to the acronyms and content of this document

This document has been prepared to outline the actions we are taking following the inspection of the local area by Ofsted and the Care Quality Commission. We acknowledge that the document may contain technical language. Below is a list of some of the acronyms and a brief explanation of some of the services and content.

SEND – Special Educational Needs and/or Disability

OFSTED – Office for Standards in Education, Children's Services and Skills.

CQC – Care Quality Commission – the body that regulates all health and social care services in England.

CCG – Clinical Commissioning Group – A CCG plans and buys healthcare services for their residents.

JWSoA – Joint Written Statement of Action – our response and actions following the inspection

SALT – Speech and Language Therapy

MLD – Moderate Learning Difficulty

SEMH – Social Emotional and Mental Health

POET – Personal Outcomes Evaluation Tool

An online survey completed anonymously by young people, families and practitioners to give feedback on the support their child receives in Essex.

<http://www.essexlocaloffer.org.uk/listing/poet-personal-outcomes-evaluation-tool/>

EFF – Essex Family Forum

Our parent carer network. The Forum gather and share the lived experience of families in Essex through a network of family champions.

<https://essexfamilyforum.org/>

SENDIASS – Special Educational Needs Information, Advice and Support Service

<http://www.essexlocaloffer.org.uk/listing/send-information-advice-and-support-service/>

The Action Plan

The owner – the group or person that is accountable for the action.

A contributor – Teams, services or voluntary groups that are working together to improve the service or process. Contributors are not accountable for the outcomes.

Colour coding – this measures our progress

Blue: completed

Green: underway and on-track to deliver in time and expected benefits

Amber: medium risk to delivery time or expected benefits

Red: significant risk, not yet started, significant impact on time and/or expected benefits

Where can I find out more?

We intend to publish a summary of this document for families and young people on the Essex Local Offer. This will explain how you can be part of the improvements and help us to understand the changes and impact for you and your family.