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SEND & Inclusion Improvement Programme: Priority Action Plan								
Ref	Actions <i>(what we will do)</i>	Owner	Timescale	Success criteria <i>(how we know it's achieved)</i>	Progress <i>(what steps we have taken so far)</i>	Outcome/impact <i>(the difference this made)</i>	Evidence <i>(how we show this)</i>	RA
<p><b>Priority area 1</b> : Leaders at Oldham Metropolitan Borough Council and NHS Greater Manchester and Oldham Integrated Care Board should cooperate to urgently improve the shared strategic governance, oversight, support, challenge and planning to deliver effective strategies to meet the needs of children and young people with SEND in Oldham.</p> <p><b>Priority area 2</b> : Leaders at Oldham Metropolitan Borough Council and NHS Greater Manchester and Oldham Integrated Care Board, including commissioners and providers, should act urgently to identify and address the delays and gaps in access to health services, especially speech and language therapy, neurodevelopmental pathways and community paediatrics and reduce the negative impact on children and young people with SEND, aged 0 to 25, in Oldham.</p>						<p><b>Responsible bodies</b> : Oldham Metropolitan Borough Council (OMBC) and NHS Greater Manchester Integrated Care Partnership (GMICP)</p> <p><b>Responsible bodies</b> : NHS Greater Manchester ICB (GMICP) and Oldham Metropolitan Borough Council (OMBC)</p>		
<b>PAP 1</b>								
PAP: 1.1	Create Local Inclusion Partnership Executive Board (to sit above Local Inclusion Partnership Board) to ensure higher level accountability and challenge, including: 1. Review and update the ToR. 2. Appoint high level chairs. 3. Ensure that the DCS, ICP Place Lead or Deputy Place Lead and other senior leadership representation from the LA, ICP, PHE and providers attend and engage in meetings.	Amber Burton & Steve Larking	Sep-23	DCS and ICP Place Based Lead (or deputy place based lead) attend 100% of meetings. Independent Chair, who has extensive SEND system experience, is appointed by end of Dec 2023.	Sep 23: All strategic groups for the partnership are in place for the academic year 23/24. ToR have been updated and submitted for approval at the Sep LIP Executive Board, which has a high level strategic membership who have decision making powers. High level chairs agreed (Harry Catherall, Oldham MBC Chief Executive and Mark Fisher, Chief Executive of NHS Greater Manchester Integrated Care in phase one, to oversee a process to recruit an independent chair, which will begin phase two of the LIP Exec'. Sep 23: High level, nationally recognised independent chair agreed, to commence Jan 2024.	There is high level investment and accountability across the partnership, and this leads to better joint commissioning and decision making. Children, young people and families benefit from improved services as a result.	1) Membership list and attendance log. 2) Updated ToR. 3) Meeting minutes. 4) Action tracker and risk register.	
PAP: 1.2	Review and agree governance system to ensure appropriate level of support and challenge at all levels.	Steven Larking & Matt Bulmer	Oct-23	Governance system is agreed by key organisations and is in place.	Draft of governance system is complete and is going forward for approval at the Sep 23 LIP Board. Structure has been approved by key partners.	There is confidence across the system that improvements remain high on the agenda for key organisations, and this leads to actions that, in turn, support children, young people and their families.	1) Structure charts. 2) Papers on consultation and coproduction with parents/carers. 3) Minutes detailing challenge, support and approval.	
PAP: 1.3	Clarify and implement process for each workstream under the SEND & Inclusion Improvement Programme to escalate issues through highlight and challenge reports to the LIP Executive and Partnership Boards, which they can use to challenge progress (alongside KPIs) for resolution, decision making and sign-off.	Amber Burton & Steve Larking	Jan-25	A risk register and highlight/challenge report is in place for all LIP Executive and Partnership Board meetings.	Highlight and challenge reports (to report and escalate issues to the LIP EB) were discussed at SEND Programme Board in Sep 23 and new system agreed and were circulated to all chairs. These arrangements came into place from Nov 23 as planned (meeting the PAP target.) That said, further work was required to improve reporting from SEND programme board workstreams to the LIP EB. Recommendation to close (agreed by LIP EB May 25).	There is regular reporting to the strategic decision makers, and this leads to actions that improve services, ultimately benefitting children, young people and families.	1) Meeting minutes. 2) Highlight reports. 3) Evidence (in minutes/reports) of robust decisions made because of highlight reports.	
PAP: 1.4	Agree shared protocols for reporting and use of data across the LA and the ICP and implement through a regular cycle of reporting, including NCA providing data monthly, manually collected and reported.	Abi Ajayi	Nov-23	Data sharing protocol is in place and data sources and reporting timescales are all identified and provided every month. NCA provide data monthly, manually collected and reported.	Meeting has taken place between LA and ICP commissioners to look at data sharing protocol and next steps. LA has escalated to the CEO of GM ICP that fact that timely performance data in relation to S&LT must be made available. Sep 2023: service level data being shared between NCA and LA. Nov23-AA: Confirmed complete	Data and intelligence will be more joined up, enabling gaps and priorities to be identified and this leads to mitigating actions to address.	1) Data sharing protocol. 2) Monthly reporting system.	
PAP: 1.5	Review DCO role and strengthen the job description to attract candidates before re-advertising. Liaise with GM partners to explore potential for securing interim DCO capacity until a permanent appointment is made.	Mike Barker & Mandy Philbin	Jan-24	DCO is in place.	Job description has been reviewed as part of ICP restructure. Appointments planned for Oct/Nov 2023. Dec23-DCO job description is currently under review again and will be going out to advert shortly. Jan24 AW - still awaiting a date to go out to advert. Will need to be advertised internally in the first instance. Discussions being held at GM about reviewing the DCO role and JD and a proposal to be brought forward. Mar24 AW - advert went out but no applications received. Interim arrangement with NCA has been agreed to provide cover 3 days per week. Start date tbc.	Connections and joint working at the service level is in place, ensuring that services are joined up at the operational level. This benefits children, young people and families as there is improved collaboration between services.	1) Job description for DCO role. 2) Service structure clearly showing DCO post is filled.	

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PAP: 1.6	Ensure joint commissioning arrangements are robust and supported by data, intelligence and insight and use this to develop key priority areas and recommendations to address gaps. This includes revisiting the joint commissioning framework, consideration of pooled budgets, and reviewing and updating the JSNA.	Julie Daniels & Mike Barker	Revised date: May-25	There is an aligned structure for performance reporting measures and metrics to generate key lines of enquiry related to delivery of services through new governance system and potential pooled budgets. A coproduced strategy, and supporting materials, is in place and embedded, informed by a current JSNA.	Nov 23: MBA: High Level discussions have been held between OMBC Chief Exec, DCS and the ICB Place Based Lead on the broad agreement for an enhanced Section 75. A framework agreement could be agreed quickly however more detailed work is required on the pooling of budgets and which services would be in scope. Joint Commissioning arrangements are being enhanced with draft governance proposals due to be taken forward for implementation in early 2024. Jan 24: SL: Arrangements for Joint funding packages to be tabled in March/April 2024. Sep 24: Signed off as complete in LIP EB May 24: AB: meeting with PHE and business intelligence to look at re-freshed approach to scheduled updates for JSNA to ensure needs remain current and accurate. Planning a paper to the H&W Board, which will also include recommendations for development. Sept 24: SL: JSNA has been populated with SEND and Health data and has been published on the website. Children's Partnership Joint Commissioning Group established and first meeting this month. Joint Commissioning governance has been agreed and put in place. Presented to September LIP Executive Board. Children's elements for the Section 75 have been reviewed and additional services submitted. Nov 24: LIP EB to continue to monitor for 6 months. Reports to LIP EB in Feb and May 25. Recommendation to close (to be agreed by LIP EB May 25).	Improved data and intelligence influences joint commissioning decisions and gaps are targeted as a result. In turn service users have a good experience when accessing support and provision.	1) Specific data dashboards for commissioned services. 2) SEND data dashboard. 3) Data linked to procurement plans. 4) Reports on recommissioning, evidencing improved specifications. 5) Young People's Commissioning video.	
PAP: 1.7	Agree a set of outcomes that partners are seeking to achieve together through the services that they commission and strategic actions they take.	Amber Burton & Angela Welsh & Abi Ajayi	Revised date: March 25	Updated KPIs have been shared and review of CAMHS outcome framework has been carried out. Outcomes agreed by Barrier Breakers and Oldham PCF have been revisited. All of this results in a high level KPI outcomes framework.	YP Conference planned for December 2023 and will include sign off from young people. This will be used to inform outcomes agreed by partners. 21/03/24: AB: LAIP had been drafted and this includes outcomes section that still requires finalisation. Still on track for completion in April 24. Feb 24: Local Area Inclusion Plan (LAIP) drafted. Sep 24: AB: Outcomes framework is drafted. Work is now being done to implement data gathering. Launch of the outcomes framework is the next step towards closing this action. April 25: Outcomes Framework to go to May LIP EB, recommendation to complete action once agreed at board (May 25). August 25: Outcomes Framework will be monitored at programme board. July LIP EB agreed to close the PAP action.	Children and young people's priorities will drive performance for services, and this will lead to a better user experience.	1) Outcomes framework. 2) KPIs from services (showing alignment to outcomes framework).	
PAP: 1.8	Using IThrive as a model, scope out existing provision of health services with providers and commissioners including alignment with education and early help specialist provision.	Steve Larking & Paul Cosens & Angela Welsh	May-24 Revised date: June 24	There is clarity about what each service is doing, and roles are clearly understood. IThrive work in partnership (Health) and the graduated response (Education) is in use across the local area.	Nov23: SL: GM CYP MH Transformation group is working through the implementation of the iThrive model in each locality. Dec23 AW - resource is being secured to update the iTHRIVE directory early in the new year Jan24 AW - CYP MH commissioning support is now in post and has already commenced scoping existing provision in line with iTHRIVE Mar24 PC - initial high level system mapping document completed / excel service directory completed / iTHRIVE directory source document reconstructed into editable format / iTHRIVE directory update in progress. Briefing delivered to Local Authority Heads of Service/Assistant Heads 11th Mar 24 on system mapping and next steps. May 24: <a href="https://m-thrive.org/">https://m-thrive.org/</a> ICB commissioning engaging with developers to explore cost implications for future commissioning option. Updated iTHRIVE directory submitted as evidence 13/05/24. Feedback and refinement of iTHRIVE directory sought with stakeholders second half of May. Jun 24: PC: Deadline closed 15 June for all suggested amendments by local stakeholders. All feedback is being incorporated. Final version on track for logging as evidence and distribution to stakeholders end of June. Sep 24: Complete and all key stakeholders have given final feedback.	There is more join up across the system for key services leading to children and young people having better access to the support they need.	1) Report on scope of existing provision.	

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PAP: 1.9	Develop a children and young people's health improvement commissioning plan as part of the local partnership transformation work. This will be centred around joint commissioning, integration, contracts and service specs, SLCN, CYP mental health and community paediatrics.	Steve Larking	June-24 Revised date: Sept 24 – contract register completed June 24	Plan is in place and clearly details the responsible owner of actions. Closure of escalated issues is at least 30% by March 2024.	Nov23: SL: A draft ICB CYP Health Transformation Tracker will be tabled at the next ICB Delivery and Transformation Group in November for sign off. It is aligned to the SEND LIP Improvement Programme and PAP with wider actions for the CYP Health System. Dec 23 SL: Edits being made following discussion, workshop to be held on 13/12/23 to finalise and will be tabled at ICB D&T Board in Dec/Jan Jan24 SL: Tracker being further developed following appointment to CYP MH post. CYP Programme at GM is now in place with representation from Oldham, and our CYP Transformation governance will now be established in line with the GM arrangements. First Oldham CYP Transformation Board to be held in February. Mar24 PC: CYP MH commissioner joined GM CAMHS service specification rewrite group. Meetings with social care, education, public health colleagues to identify current contract arrangements re: CYP MH with a view to create a joint commissioning CYP MH contract register in May 24 (post financial year). Mar24 AW - CYP Health Transformation Tracker now forms part of the locality & GM governance with monthly highlight reports. May 24: Paul Cosens has also joined the GM CAMHS service specification rewrite group. Meetings with social care, education, public health colleagues are taking place to identify current contract arrangements with a view to creating a joint commissioning CYP MH contract register in May 24 (post financial year - meeting the PAP target). Jun24: - CYP MH partnership group first meeting completed which will oversee the co-production of a local CYP MH review, strategic priorities and improvement programme, informing commissioning intentions for 25/26. The tracker is now routinely completed with over 40% of actions completed for each workstream, The tracker is used to update GM SEND HLRs and the LIP Exec HLR. The process is now fully embedded and operational	Clear accountabilities for key services across the system lead to improvements in partnership working and subsequent service delivery. This supports children and young people who benefit from more targeted services.	1) Health improvement commissioning plan. 2) Service specifications.	
PAP: 1.10	Review and clarify the resources required to meet current needs, including what each partner will contribute, leading to agreeing and implementing contract monitoring arrangements for all health services related to SEND and the S75 agreements (including for 0-19 service).	Steve Larking	June-24 Revised date: Sept 24 - to keep in line with timeline for joint commissioning strategy	S75 agreements have been reviewed against requirements to meet current needs and there are revised contract monitoring arrangements in place.	Nov23: MBA: High Level discussions have been held between OMBC Chief Exec, DCS and the ICB Place Based Lead on the broad agreement for an enhanced Section 75. A framework agreement could be agreed quickly however more detailed work is required on the pooling of budgets and which services would be in scope. Joint Commissioning arrangements are being enhanced with draft governance proposals due to be taken forward for implementation in early 2024. Jan 24 SL: Section 75 programme being led at GM level with Oldham representation, previously no input on CYP requirements but this is now being addressed. May 24: A section 75 review programme is being led at GM level with Oldham representation. There has previously been no input on CYP requirements, but this has now been addressed through Steve Larking's involvement. Amber Burton and Steve Larking continue to work with the health and Wellbeing board on the JSNA update and a review of the S75 agreements. Sept 24: SL: The system information from complex cases has been reviewed and agreement reached to enhance core services for SLCN and CYP MH given a large number of cases have this requirement of need. The new joint commissioning system is now in place with data capture of service requirements feeding into commissioning decision making.	Clear accountabilities for key services are included in S75 agreements and leads to improved service specifications. As a result, children and young people benefit from more targeted services.	1) Section 75 agreements. 2) Review schedule and plan. 3) Agreement for contract monitoring arrangements	

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1.11	Enhance access to shared partnership data to support joint decision-making and early identification of need.	Abi Ajayi & Martin Burroughs	Sep-26	All Executive Board decisions consistently reference the same integrated intelligence set ("one version of the truth"). Data quality issues reduce quarter-on-quarter through proactive reconciliation and verification. Monthly cross-partner dashboards are produced on time with clear trend analysis and early-warning indicators.	Continued data maturity with improved shared access to mediations and tribunals data.	Leaders make faster, more accurate decisions rooted in reliable shared intelligence. Emerging pressures (e.g., rising waits, school pressures, workforce gaps) are identified earlier and mitigated sooner. CYP receive earlier intervention because partners share insights that highlight need before escalation.	1) SEND and Inclusion Dashboard	
1.12	Develop a comprehensive oversight and assurance model—mirroring the SALT/ND/Paediatrics structures—for Occupational Therapy, Physiotherapy, Dietetics and Specialist School Nursing; Children and Adult Community LD services. This will ensure that issues with access, workforce, commissioning, clinical governance and service quality are visible, assessed and acted on at LIP Executive Board level.  To include 'avoidable hospital admissions' for CYP with MH needs.	Abi Ajayi & Martin Burroughs	Sep-26	Comprehensive performance dashboards for OT, Physiotherapy, Dietetics and Specialist School Nursing are live and reported monthly. Baseline demand, capacity, workforce and waiting times are understood and formally reviewed each quarter. Identified issues (access, clinical governance, quality, workforce shortfalls) result in time-bound improvement actions.	OT, Physiotherapy, Dietetics have been added to the SEND dashboard, with targets to be added	CYP and families benefit from improved access, reduced delays and more consistent therapy and nursing pathways. System leaders have full visibility across ALL health services, preventing hidden backlogs or unmet need. Supports sustained progress in Priority Action Area 2 by extending assurance beyond SALT/ND/Paediatrics.	1) SEND and Inclusion Dashboard	
1.13	Strengthen Multi-Agency Quality Assurance to Ensure Consistent, High-Quality Practice Across Education, Health and Social Care	Katie Charlton	Jun-26	A single multi-agency QA framework is embedded across education, health and social care, covering all key SEND pathways. QA findings routinely inform training, commissioning and service improvement, reducing variation across partners so that children, young people and families experience consistently high-quality support.	We have taken significant steps to strengthen EHCP QA processes. A programme of monthly, in person multi agency QA sessions is underway, building shared expectations and strengthening practice across partners. The QA framework is being expanded to include SALT advice quality, ND assessment quality, emotional wellbeing pathways and LD assessments. In addition, we are exploring ways to establishing PCF involvement in the QA process to strengthen lived experience insight and increase transparency. Senior leaders are routinely dip sampling cases to ensure QA influences frontline practice.	CYP receive more consistent, high-quality support regardless of service, provider or setting. System variation reduces, resulting in more equitable access and provision. Leaders have clear insight into strengths and weaknesses, enabling earlier corrective action and better outcomes.	1) Quality Assurance Framework 2) QA report to LIP Exec	
1.14	Develop and implement improvements to the Annual Review Process	Katie Charlton	Jun-26	Carry out a thorough review of the Annual Review operating model to strengthen consistency, practice quality and the experience for children, young people and families. By Sep 2026, 70% of amended EHCPs will be issued within 12 weeks of the Annual Review meeting	Clear progress has been made in strengthening the Annual Review process through improved prioritisation, strengthened monitoring and increased oversight. Engagement with settings has been enhanced, and training has supported greater consistency in expectations. Additional capacity has been introduced, and the development of the Annual Review Recovery Plan and forthcoming VITA implementation are providing a more robust operational framework to sustain improvement.	Increased timeliness and quality of Annual Reviews lead to a noticeably improved experience for children, young people, parents and carers, with the process consistently perceived as valuable and effective.	1) Quarterly reporting shows sustained improvement in Annual Review timeliness 2) Feedback from children, young people, parents and carers demonstrates improved confidence in the quality, experience and value of the Annual Review process,	
1.15	Embed co-production and lived-experience insight at every governance and QA tier. Formalise PCF/Barrier Breakers' roles, feedback loops ("you said, we did"), and impact tracking across programmes and commissioned work.	PCF/Katie Charlton	Sep-26	Co-production, ToR and impact measures adopted across all boards and QA cycles; quarterly "you said, we did" published on the Local Offer.	Impact log template prepared for partner sign-off	Decisions and improvements demonstrably shaped by families and young people; higher confidence and transparency.	ToR, impact logs, published updates, meeting minutes.	

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<b>PAP 2</b>								
PAP: 2.1	Identify the opportunities to strengthen the early identification and SEN support offer in schools/settings as part of the DfE Delivering Better Value programme and implement this.	Victoria Harold & Amaara Khan	Nov-23	DBV final grant bid submitted, outlining plans for SEN support, with delivery taking place over the next 18 months.	Jul 23: Final stage 1 grant bid submitted and approved by DfE. Sep 23: Stage 2 grant bid submitted, and final approval given. All workstreams agreed and focus on early identification, SEN support and transitions. Nov23: VH: DDR drafted and awaiting funding from DfE. On receipt of funding the recruitment processes will need to be followed before advertising posts. Two posts also need new JD/PS and job evaluation which is underway at present Dec 24: all posts about to be established and expedited recruitment approval agreed. started to approach appointable candidates from previous recruitment drives. meetings in diary to plan look at data needed to target schools, plan outcomes and plan posts in detail. HT engagement taken place.	Delivering Better Value programme will provide 1m of additional funding to conduct support at the early identification and SEN support level.	1) DBV grant bid. 2) DBV implementation plan. 3) DBV evaluation.	
PAP: 2.2	Audit health and social care partner contributions to education, health and care needs assessment decision making panels for complex cases (including joint commissioning) and agree/ implement new processes that ensure a robust response for all cases.	Paula Green & Nick Whitbread & Steve Larking	Dec-23	A full range of partnership joint commissioning panels are in place which report through joint commissioning governance arrangements. A pathway for joint funding decision making is in place, and 95% of decisions are reached within 2 weeks from original request [case being heard at panel].	Nov23: PG: Complex case panel meets monthly, TOR in place and 'at risk register' updated and discussed in detail. Education, Health and Social Care in attendance and joint solutions and commissions as necessary. Child/young person focused and instant decision making on cases at the CCP. EHCP and AR QA workstream implemented and TOR in place. First meeting early December 2023 and formal EHCP audit following this. Joint Health, Education and Social Care advice, first audit on Wednesday 13 December 2023 to audit advice given for EHC needs assessments. Themes and lessons learned will be taken from this for the training schedule and requests from the DfE.	Joint working and commissioning process improves, through system for gathering better advice that informs decisions. This benefits children and young people with the most complex needs as provision and agreed placements in their EHCPs better reflect their needs.	1) Audit report. 2) EHCPs. 3) Quality assurance quarterly report.	
PAP: 2.3	Independently review current service delivery to identify the delays and gaps in access to S&LT and make recommendations to the LIP Board about how these should be addressed, including alternative ways of service delivery and the 0-25 range as this bridge's child and adult services.	Steven Larking	Revised date: May 24	Independent review conducted (linked to GM Balanced System project). Links made with S&LT Lead for GM (Michelle Morris). Full business case for future requirements and recommendations for service delivery of SLCN in Oldham is submitted to the LIP.	The Balanced System work is currently underway. Some data is emerging but not yet available. Dec 23 SL: SLCN workshop scheduled for January 2024 which will review all national, regional and local programmes / scope out the current delivery model and compile a directory and then out what a new model should be and a roadmap to achieve it. Jan 24 SL: Workshop 1 of 2 held with wide ranging representation across the partnership, an exercise to identify gaps in provision was completed as was an outcomes and activity roadmap. The findings will be pulled together and agreed at Workshop 2 with a report coming to LIP Exec in March/April 2024. May 24: Proposals will be tabled at the LIP Executive Board in May. The April board was replaced with the DfE/NHSE SEND Stocktake meeting and therefore couldn't be presented at this meeting. The broad assessment of gaps by tier of support and how to address them is included in the proposals and following Exec Board approval to move forward to implementation, then this action can be closed. un 24: StLA presented the proposals at the May LIP Exec which received full support, and can therefore move to full business case stage. This action can now be closed.	There is confidence at the strategic level, that service delivery for S&LT is robust and sustainable. This, in turn, provides a service that children and young people benefit from as they have improved access.	1) Balanced System reporting. 2) Independent review report on S&LT. 3) Minutes from LIP Executive.	
PAP: 2.4	Evaluate effectiveness of the DBV programme and report recommendations for future sustainability to the LIP Executive, including a costed implementation plan.	Victoria Harold & Katie Charlton	Dec-25	Evaluation report on DBV is submitted to LIP Executive Board, including recommendations and resource implications, for approval.	Links to PAP 2.1  On track with initial appointments. First evaluation will occur in Dec 24 April 25: VH to write DBV evaluation report and bring to Sep LIP EB. Sep 25: DBV paper presented at September's LIP EB.	Effective and evidenced based approaches, identified and tested through DBV, are sustained so children, young people and families benefit from an ongoing improved system.	1) DBV evaluation report.	

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<b>Speech &amp; Language Therapy: backlog recovery</b>								
PAP: 2.5	Analyse and report on current position of waiting times to include trends in identification, trajectory of demand, key cohorts that need to remain on the list, etc. and use this information as a rescreening tool.	Heather Martin-Netherwood	Oct-23	Monthly monitoring report submitted to LIP Exec Board.	Sept 2023: Initial meeting with Business Support re data requirements. Service level data shared and needs to be formalised to provide consistency for monitoring system. Summary report prepared for LIP Exec Board in Oct. Nov23: AB: Data dashboard for LIP Exec' in place and highlight report for PAP and SEND&IIP submitted for every meeting.	There is a better understanding of the existing waiting list, and this can be used to identify improvements which result in a better support offer for children, young people and families.	1) Data analysis of existing waiting list. 2) Monthly data report.	
PAP: 2.6	Agree numbers of new referrals to be seen to start to reduce the waiting list and align this with performance measures for contract monitoring purposes.	Steve Larking & Heather Martin-Netherwood	Nov-23	Agreed plan in place, including staffing resource required, with timescales for reduction of waiting list.	Waiting list cleanse and validation for preschool age has been completed and is in process for school age. Waiting well resources have been produced and are sent out to parents/carers of children on the waiting list. Summary report prepared for LIP Exec Board in Oct (linked with 2.5). Nov 23: S&LT recovery plan drafted for approval at Nov LIP Exec'. Dec 23: HMN: Waiting list validation update as per PAP 2.10 update below. January 2024: HMN: Waiting list validation for mainstream schools waiting list- see update as per PAP 2.10.	There is a reduction in waiting times so children and young people benefit from more timely access to services that enable them to have their needs met earlier.	1) Monthly reporting.	
PAP: 2.7	Produce a detailed S&LT waiting list recovery plan and agree this through the LIP Executive Board.	Kate McKenna & Heather Martin-Netherwood	Nov-23 Revised date: April 24 (CPS/CAM HS review new ND referral process)	S&LT waiting list recovery plan is in place and being implemented. This leads to a reduction in waiting times. Target 50% reduction by Sep 2024.	Actions taken to cleanse the S&LT waiting list. All schools contacted. S&LT waiting list recovery plan has been drafted and some actions taking place in anticipation of approval. Nov 23: S&LT recovery plan drafted for approval at Nov LIP Exec'. Dec 23: HMN: Request for authorisation to recruit to additional S&LT and Assistant Practitioner posts submitted on TRAC (NCA recruitment IT system). January 2024 HMN: Posts advertised with closing dates of 7/1/24. Interviews for Assistant posts being held this month. Band 7 interviews one candidate withdrew and one on holiday and band 6 no applicants- to be readvertised. March 2024: HMN: Successful recruitment to Assistant Practitioner and band 6 and band 7 SaLT posts as per the Recovery Plan with x3 start dates in April and recruitment checks being completed for the remaining posts.	Children and young people have their needs identified and met at the earliest opportunity.	1) S&LT waiting list recovery plan. 2) Data dashboard related to recovery plan.	
PAP: 2.8	Agree protocol for S&LT response to education, health and care needs assessment requests to ensure appropriate level of assessment of need is contributed within six weeks of notification/request for information.	Heather Martin-Netherwood & Paula Green	Nov-23	95% of assessment of need for S&LT contribution to EHCP is completed and provided within 6 weeks, by April 2024. 100% of assessment of need for S&LT contribution to EHCPs is completed and provided within 6 weeks by September 2024.	Sep 23: Work between key services has begun and further task and finish groups planned. Nov23: PG: EHCP and AR QA workstream implemented and TOR in place. First meeting early December 2023. This will ensure protocols and processes for ensuring adequate advice is returned within the 6 week statutory timescale for EHC needs assessments. Joint Health, Education and Social Care advice, first audit on Wednesday 13 December 2023 to audit advice given for EHC needs assessments. Nov23: HMN: Date set to meet on 29/11/23 to progress the work further. Dec 23: Meeting on 29/11/23 identified that to meet the required submission deadlines this needs staffing capacity. If we started this now there would be groups of children that would not be seen/current activity that would need to stop. Requires discussion and decision at Board across the Partnership. 21/03/24: AB: Consideration being given to enhance the Better Communication Team to focus on EHC needs assessment requests as S&LT service not able to provide level of service required. May 24: PG - being actioned via the S&LT recovery plan and balanced implementation. The QA audits have been undertaken in December 23 and March 24 and a system has been purchased to QA plans on a monthly basis going forward from end of June 24 and will take place monthly continuously. Jun 24: PG: better join up and more accuracy in the system for S&LT advice giving. Action complete although will develop more as part of the transformation work.	Quality and timeliness of advice for the EHC needs assessment process improves, leading to better quality EHCPs that accurately reflect the needs and provision for children and young people.	1) Protocol agreement. 2) QA of EHCP audit reports.	

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PAP: 2.9	Scope out the potential requirement for use of the independent sector to support waiting list backlog recovery.	Mandy Philbin	Dec-23	Scoping exercise has taken place and reports to LIP Executive. SLA is in place with an independent sector provider, to increase capacity by +500 hours of clinical time.	Nov23: SL: Use of the independent sector on a non-recurrent basis is included within the proposed S&LT waiting list recovery plan. Await approval of the recovery plan from the LIP Exec before proceeding further. Feb 24 SL: Embedded in SaLT recovery plan. March 2024: HMN: Some independent sector support secured equivalent to 1 day per week commencing on 19/03/24 with dates confirmed until 23/7/24 and further subsequent dates to be set. April 24: HMN: further dates secured in the school holidays and x1 day per week from September to December 2024..	I here is improved capacity to support reduction in waiting times so children and young people benefit from earlier support.	1) Scoping report.	
PAP: 2.10	Reduce the numbers of children and young people on the waiting list for S&LT services from the August 2023 figures of 992 mainstream/399 complex/114 clinic:	Kate McKenna & Heather Martin-Netherwood	Sep-24	By April 2024, -100 for mainstream/-100 for complex needs. By September 2024: -200 for mainstream/-200 for complex needs. Target 20% reduction of S&LT waiting list by April 2024 and a 50% reduction by September 2024).	Nov23: SL: A S&LT waiting list recovery plan has been produced and will be tabled at the November LIP exec. for sign off. The plan details the timescales for reduction of waiting list numbers. We have already seen a 6% reduction from June to end of August. Dec 23: HMN: Validation of the mainstream waiting list from 6th October to 6th December 23. All parents/carers have been contacted by Therapists via telephone to discuss any current areas of concern re SLCN and schools if further information needed. Where no concerns the child has been discharged from the service. Waiting well advice has been provided to parents and schools for children who still require S&LT input and they remain on the waiting list. Opt-in letters have been sent to parents/carers who were not contactable with a 2 week deadline to respond. January 2024 HMN: Mainstream schools waiting list validation- there has been contact from a cluster of schools and families since the Christmas holidays which staff are responding to. Sep 24: 928 waiting as of end Aug, so on track for the target/trajectory. Commentary submitted via business intelligence team. Oct 24: Marked as complete as waiting list has halved (waiting list reduced by 898 since inspection, longest waits from 202 weeks to 185 weeks).	There is a bigger reduction in waiting times and the trajectory shows this is continual so gains made to address waiting lists are sustained. Children and young people benefit from more timely access to services that enable them to have their needs met earlier.	1) Monthly reporting. 2) Reports to LIP Executive and Partnership Boards.	
PAP: 2.11	In partnership with the SEND & Inclusion Service, review the training offer for SENCOs and strengthen the offer for SLCN to improve workforce development.	Heather Martin-Netherwood & Emma Dewar	Dec 23 Revised: May 24.	A coproduced SLCN training offer from across education and health services is rolled out.	Intel gathering has begun regarding training offers available plus service support for SENCOs/school staff. Via the RSA workstream, a document is being compiled that details service offers available to educational settings. Intel gathering has begun regarding training offers available across services. Nov23: ED: scoping meeting to be scheduled before 01/12 to review current OSSS and SaLT training offers and identify any gaps, planning as required. Opportunity to discuss training offers available at the SLCN workshop on 15/11/2023. SLCN workshop cancelled and awaiting new date. Dec 23: HMN & ED: Final details will be gathered and shared at the SLCN workshop (date to be confirmed). Once finalised, training will be mapped against universal, targeted and specialist levels to identify any gaps. April 2024 HMN: Cluster and Link Therapist work initially targetting the x15 mainstream schools with the highest number of children on the waiting list. As of 31/3/24 there were 698 children on the mainstream schools waiting list. May 24: Following the 2nd SLCN workshop, which was delivered on the 8th May, we have planned to meet on the 14th May to collate this information. Gaps will be identified along with any overlap; training will be mapped against universal, targeted and specialist levels. A final co-produced offer will then be available to propose to SENCOs at the SENCO Development Day/Early Years Meetings (Summer 2024) ready to go live in the new academic year 2024 – 2025. 18/06/2024 - ED & H M-N - Following the 2nd SLCN workshop, which was delivered on the 8th May, we met on the 14th May to collate this information. Gaps were identified along with any overlap; training will be mapped against universal, targeted and specialist levels. A final co-produced offer will then be available to propose to SENCOs at the SENCO Development Day/ Early Years Meetings (Summer 2024) ready to go live in the new academic year 2024 – 2025.	Children and young people will be supported by professionals who better understand their needs and the provision they require and as a result will be supported to achieve improved outcomes.	1) SLCN training offer to schools/settings.	

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PAP: 2.12	Agree, through partnership working as part of the DfE Change Programme Partnership, implementation of the ELSEC programme.	Angela Welsh & Amber Burton	Dec-23	ELSEC programme planned and implementation stage beginning.	Initial meetings held to discuss ELSEC, which has been allocated to Oldham as part of the Change Programme. Nov23: AB: Funding agreed (50/50 split from DfE and NHSE that will be pooled). Dec23 AW - funding now received in locality for year 1. Stakeholder group met 8.12.23 to agree implementation plan. Jan24 AW - implementation plan developed by locality project team and agreed with national team. Nov 24 – project is now in early stages of delivery with majority of staff in post. 10 participating settings have identified areas of need through self-evaluation. Visits and action planning with each setting has commenced. Communication clinics planned for the second half of autumn term. Work ongoing with national team to understand evaluation/impact of project.	Children in primary schools will have access to more support for early language, ensuring they have their needs met at the earliest stage.	1) ELSEC implementation plan. 2) Change Programme Steering Group minutes.	
PAP: 2.13	Review and identify the workforce and resources required, over the next five years, to meet the needs of children with complex SLCN who are referred into the core S&LT service.	Heather Martin-Netherwood	Feb-24	An analysis document and briefing note has been completed which details the required staffing resource for current and future needs. This is presented to both the LIP and the Joint Executive for Commissioning.	Revised referral form, acceptance criteria and clinical triage process are in place to ensure that only those children whose needs require input from S&LT are accepted into the service. Dec 23: HMN & ED: SLCF also introduced on 8/11/23 however further session needs to be planned for Spring SENCO DD (jointly plan session for March DD). March 24: HMN: SLC transformation workshop 1 attended on 11/01/2024. Awaiting 2nd workshop date to be organised by SL for sharing of the intel gathered at workshop 1. April 2024 HMN: As per March update. Once it is available the intel from workshop 1 will inform gaps in provision alongside the Balanced System report findings re targeted provision.	Children and young people will have access to support from a more enhanced workforce regarding early language, ensuring they have their needs identified and met at the earliest stage.	1) Transformation plan. 2) Change Programme Steering Group minutes. 3) SENCo development days.	
PAP: 2.14	With SEND & Inclusion Service, promote/embed the Speech, Language and Communication Framework (SLCF) to support universal identification and intervention for speech, language and communication needs (SLCN).	Heather Martin-Netherwood & Emma Dewar	May-24	SLCF and Total Communication Policy is used and embedded within >60% primary school settings. Regular monitoring of use is promoted at SENCo Development Days and networking events.	Promote/share the SLCF at upcoming SENCo Development Day (Sep 23) alongside the updated Total Communication Policy. Total Communication Policy to be presented by the S&LT Service on 8/11/23 at a SENCo Development Day. Nov23: ED & HMN: revised Total Communication Policy Session re-launch at SENCo Development Day on 08/11/2023. TC policy shared with all SENCos. SLCF also introduced on 08/11/2023 however, a further session needs to be planned for Spring SENCo DD. ED and H M-N - 19/03/2024 - The SLCF will be trialled as an eligibility tool for the ELSEC project. Schools selected will use an adapted version of the SLCF to self evaluate SLC knowledge and provision within their setting. Action amended to incorporate an adapted version of the SLC framework into the ELSEC project. This action is now complete.	Using the SLCF, education practitioners will be able to identify and appropriately support universal speech, language and communication needs so that children and young people benefit from improved understanding of universal provision in schools and settings.	1) SENCo development day plans. 2) SLCF take up by SENCos with monitoring through QEST. 3) Total Communication Policy.	
PAP: 2.15	Scope out and explore joint commissioning of either Primary WellComm or SpeechLink and LanguageLink to address the gap re the Universal and Targeted offer for SLCN in schools, including screening and interventions as part of the tool.	Heather Martin-Netherwood & Emma Dewar	May-24	Programmes have been collaboratively reviewed and then agreement made on standardised tools to be commissioned/promoted within educational settings.	Secondary Language Link commissioned for all LA maintained and academy secondary schools from Sep 23. Primary Wellcomm established in most primary schools. Better Communication Team and LA advisory roles recommend and support use within primary settings. Quote received for Infant and Junior Language Link for all maintained and academy primary schools. Primary WellComm is being used in some Oldham primary schools. The Better Communication Team and Health and Education services recommend and support the use of this tool within primary and early years settings. Nov23: Secondary Language Link feedback will be gathered at the Secondary SENCos network event on the 13/02/2024. This intel will be used as part of the scoping out work. Dec 23: HMN & ED: Language Link are currently undertaking a research project with a small number of Oldham primary schools, intel to be gathered as part of the PAP action. Intel will also be gathered at the Spring Development day- a survey will be issued to SENCos about schools use of WellComm. Paper to be completed reviewing both tools by Sept 2024. This review will also be part of the ELSEC project. There are ongoing conversations between Education, Health and ICB colleagues regarding commissioning options.	Through standardised assessment tools, education practitioners identify and support universal and targeted levels of SLCN within the education setting, leading to more accurate identification of those to be referred to S&LT. In turn this will lead to a reduction in the numbers on the S&LT waiting list.	1) Commissioning agreements. 2) S&LT waiting list. 3) Screening tools evaluation.	

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PAP: 2.16	ELSEC: Review impact of ELSEC programme and make recommendations for sustainability, using evidenced based evaluation to inform decision making.	Angela Welsh & Amber Burton	July-25 (timescale revised)	Formal review of ELSEC has taken place and recommendations taken forward into the sustainability stage for ongoing support and provision.	Nov23: SL: Review of the programme has been built into project timescales. A workshop is being held on 15/11/2023 to bring together all national, regional and local SLCN programmes to assess how they can be aligned, and lessons learned for future sustainable models developed from the outset. Dec23 AW - Project Implementation Plan agreed 8.12.23. Jan24 AW - feedback loop and evaluation is currently being developed as part of wider national programme. Further information will emerge from national team in due course. Mar24 AW - implementation plan in place. Job descriptions for ELSEC team are still to be agreed and posts recruited to but this isn't due to take place until the Summer term. Plan to carry out monthly informal evaluations of the programme, through the SEND&IIP Programme Board. Full evaluation to be determined. April 25 - ELSEC Paper coming to LIP EB June 25. August 25 - ELSEC paper presented in June to LIP EB. Impact presented and continually reported/monitored in C&I Workstream. July LIP EB agreed to close PAP action.	Key benefits from the ELSEC programme have been identified and established on an ongoing basis and this benefits children in primary schools as their support needs are identified and addressed.	1) ELSEC evaluation. 2) Proposal for ongoing sustainability of key success outcomes.	
<b>Community Paediatrics</b>								
PAP: 2.17	Develop proposal for sleep pathway.	Catherine Fox & Angela Welsh	Revised Date: March 2027	Proposal finalised and taken through system governance.	Task & finish group has been set up to develop proposal. Engagement from wider stakeholders to inform development. Nov23: CF: Meeting held on 13/11/23 to further develop proposal and include comments from partners. Dec23 AW - final draft proposal to be shared with wider stakeholder group w/c 11.12.23 for opportunity for final comments. Dec23 CF: CF & AW meeting with partners to review final document on 14/12/23. Jan24 AW - further updates have been made to document following feedback from stakeholder group. Awaiting confirmation on appropriate governance. Jan 24 - CF: Document reviewed and revised, AW & CF to gain clarification of next steps. Mar24 AW - the sleep proposal has been drafted and is currently being socialised informally with locality colleagues. A number of comments have been received, and it may be that we need to revise the proposal. Further comments awaited. May 24: The proposal will be presented to the LIP Exec in May 2024 and at the next Clinical Senate. Nov 24: First Sleep Proposal that was presented to LIP Exec and Locality Management Team in July. Version 1 not approved. Version 2 paper to be submitted to SLT in mid December. March 25 - Sleep will form part of the GM ND pathway in due course. Nov 25 - Task & finish group established to review data and develop proposal. Whilst proposal being reworked, GM launched the ND new model of care for implementation in 2025. Sleep will form part of the new GM wide offer. Development of the new GM sleep offer will commence 26/27	Families have access to community sleep support. Further reductions seen in spend on sleep medication. Reduction in demand for community paediatrics.	1) Meeting minutes. 2) Medicines optimisation data. 3) Community paediatrics activity data.	
PAP: 2.18	Conduct waiting list cleanse to reduce wasted appointment slots.	Kate McKenna	Nov-24	Waiting list is a true reflection of demand and there is a reduction in wasted slots.	Secretaries contacting new patients due an appointment within the next month to determine appointment still required. Nov23: CF: In addition to sending text reminders admin team are making telephone calls to families to check they will be attending and offer the slot to another family if required. Was not brought rate reducing over time- was as high as 10% in July - 4% in October.	Families have access to community paediatric services with shorter waiting times.	1) Waiting lists and data.	
PAP: 2.19	Plan meetings with partners and stakeholders to support knowledge and understanding of services resulting in a reduction in inappropriate referrals.	Kate McKenna	Dec-23	Re-audit of triage outcomes shows increase in appropriate referrals to the service	Dr Shipp scheduled to attend SENCo forum to update on expectations of service in November 2023. Requested meeting slot on GP forum. Nov23: CF: CPS staff attended Health Visitor Team Meeting in April, SENCo forum 8/11/23 to deliver presentation to support and improve quality of referrals and provide update on age criteria for CPS and CAMHS alongside CAMHS colleagues. Updated referral form and criteria distributed with all partners. Requested meeting slot on GP forum - awaiting date for availability - CPS to provide comms via GP cascade to support quality referrals.	Families have confidence in services as they see their views considered for improvements. Stakeholders will make appropriate referrals and families will have access to the relevant service.	1) Meeting minutes. 2) Briefings and communications.	

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PAP: 2.20	Review triage outcome letter to identify advice and signposting to be included.	Catherine Fox	Dec-23	Families are provided with signposting and advice to support them whilst awaiting an appointment with community paediatric service.	Taken up acknowledgement letter devised and shared in the team and with POINT for comments. Nov23: CF: New letter now implemented with detailed rationale for the triage outcome decision and signposting included for families.	Families have access to the right information regarding community paediatric services and this leads to more confidence in the system.	1) Triage letters and comms. 2) Online information about community paediatrics.	
PAP: 2.21	Review transition between children's and adults' services and, where gaps are identified, include recommendations, to be approved at LIP Executive Board, to address these.	Catherine Fox	New timescale: Dec-24	Audit YP (14+) transferred to GP/transition to adult service plan in place.	Dr Howard attending regular transitions meetings including GM level to ensure effective transition for children. Transitions framework shared with all community paediatric team with approval to embed in practice. Nov23: CF: Dr Howard attends NCA transition group -focus on disease specific transition. Dr Howard chairing local working group with partners- children and adults LD, children and adult therapies and transition lead for CCNT. Dr Howard has also requested a GP rep to attend the meetings. Jan 24 operational pathway in place, agreed with clinicians based on an MDT approach in CPS. Consultant and transition nurse to develop audit template. Working group ongoing and working at engaging primary care in an agreed universal approach. March 24 CF - Dr Howard and Lisa Fern to be included in Prep for Adulthood meetings. GP lead for ICB attending working group led by Dr H. Audit template now being developed to highlight gaps. Health passport shared with all working group members for young people with complex health care needs. Clear transition pathway in place for dietitian for transition to adult LD dietitian. June 24: Paper to be completed reviewing both tools by Sept 2024. This review will also be part of the ELSEC project. There are ongoing conversations between Education, Health and ICB colleagues regarding commissioning options. Dr Howard planning audit to identify operational gaps and awaiting date to speak to GPs re the transition pathway. Nov 24: Transitions framework shared with all community paediatric team with approval to embed in practice. Dr Howard chairing local working group with partners- children and adults LD, children and adult therapies and transition lead for CCNT and GP lead for ICB. Operational pathway in place, agreed with clinicians based on an MDT approach in CPS. Consultant and transition nurse to develop audit template. April 25 - Recommendation to close (agreed by LIP EB May 25). Work has been completed and Dr Howard invited to PfA workstream which will feed up to LIP EB.	Reduction in parental concerns incident reported due to waiting for an appointment. The Partnership understand the gaps in provision and process to support successful transition.	1) Report on the review into transition between services. 2) LIP Executive Board minutes.	
PAP: 2.22	Improve capacity within the service to recover long wait times.	Catherine Fox	New timescale: Dec-24	Review of medics' clinic templates to increase new patient slots has been conducted and ND Nurse clinics are in place to assess new patients 5yrs+ on the ASC pathway. Data results of true waiting times reflect evidence of prioritisation for those with high need/risk. There is a reduction in waiting times as a result. Reduction in waiting times.	Neurodevelopmental patients transferred to nurse clinics for diagnostic feedback and follow up. Additional clinical sessions planned in addition to current job plan to support waiting list. Nov23: CF: Review of medics' clinic templates to increase new patient slots has been conducted and ND Nurse clinics are in place to assess new patients 5yrs+ on the ASC pathway. Neurodevelopmental patients transferred to nurse clinics for diagnostic feedback and follow up to support capacity for new patient medical slots. Additional clinical sessions in addition to current job plan to support waiting list for new patients. Waiting times reduced from 46 weeks in July to 41 weeks in October. Number on new patient waiting list reduced from 470 in July to 364 in October. Number of new patients waiting in November - 292. Jan 24 CF: New patient waiting list = 260. May 24: The number of new patients on the waiting list continues to reduce and in early May this was reduced to 216 with a waiting time of 24 weeks. By comparison the waiting time in July 2023 was 46 weeks with 470 new patients waiting. June 24 - 207 patients on the new patient waiting list and current wait time is 24 weeks for most new patients - staff sickness has impacted on clinical capacity in June. Sep 24: Significant improvement. Gone from 46 to 22 weeks.	Stratification to ensure correct age groups are seen by the correct team (developmental phase to paediatrics, older age review with CAMHS) means that waiting times reduce and more appropriate decisions are made. These benefit individuals who require services through earlier identification leading to support being better targeted.	1) Data re: waiting lists. 2) Templates for clinics. 3) Pathways maps. 4) Analysis of results from questionnaires.	

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<b>CAMHS</b>								
PAP: 2.23	Implement updated pathway between Community Paediatrics (age 7 and below) and CAMHS (age 8 and over) to ensure seamless approach and eliminate duplication.	Angela Welsh & Cliff Wilson	Nov-23	Clear guidance for partners regarding which service to refer to, dependant on YP's age at presentation, is agreed and disseminated. There are reduced numbers of cases requiring additional discussion between CAMHS and Community Paeds leadership team.	Referrals being forwarded to correct service for assessment. To be reviewed in April to see service impact. Nov.23. GF: Now Implemented. Nov23: VCo: CAMHS attended SENCO Forum in Nov23. PC: performance reporting from community paediatrics indicates a month by month decrease in the waiting list since Aug 23. Mar24 AW - a review of the updated pathway to be undertaken 3.4.24. CAMHS & CPS have already met with the Primary School Heads to share the new referral pathway. Same planned for Secondary Heads but unfortunately not until May.	Clear guidance for referrers means that more appropriate referrals are made, resulting in more targeted support and intervention at the earliest opportunity.	1) Pathways maps. 2) Guidance re: pathways. 3) SENCo development days (agenda and evaluations).	
PAP: 2.24	Development of ICB Greater Manchester plan for 18+ pathway.	Steve Larking	Nov-23	Report finalised and presented to ICP Board.	DRAFT has been provided for ICB boards in Sep 23 (timescales to be determined following board meetings). Nov23: GF: Proposal has been developed for clinical criteria to prioritise patients based on clinical need and complexity - the proposed criteria have not been approved yet by ICB governance - timescale of Apr 24 to start the triage teams across GM. Mar24: PC: GM ICB ND transformation programme started and is currently in phase 1 (see 'GM MD Transformation programme' tab) with new initiatives, inc Autism in schools, PINS, hub pilots. Phase 2 mapping of pathways underway at GM level. Phase 3 - pathway design phase planned for Q1/Q2 24/25 with Phase 4 full implementation planned in 24/25 and 25/26. Aim: the development of a best practice, evidence-based model for consistent implementation across GM. Key principles: Co-produced, using learning and feedback from existing pilots, incorporating the previously agreed GM support standards, Including an agreed neuro-profiling tool, age-appropriate (0-2 years; 2-5 years; 5-16 years incl secondary school transition; post-16 and post-19; transition to adults), trauma-informed, Integrated VCSE support, single front door (per locality), evidence-based, best practice elements included consistently, outcome-focused, 'leveling up' across GM.. May 24: May 24 – PC: ICB Board members were presented with and agreed a plan for Oldham Mental Health commissioning leads, with Bury and Heywood, Middleton and Rochdale leads, to progress with a procurement process for a new service (3 year contract) across the North East GM sector. This service will provide ADHD/ASD assessments for 16-18 year olds and any previously waiting for assessment who have turned 18. Optimise are commissioned currently by GM ICB to provide assessments for this cohort. Jun 24: ICB GM ND programme in progress with workstreams and named leads. Transition workstream in progress. Third ICB workshop scheduled in July 24. Nov 24 - Agreed as complete during LIP EB. MBa to request timeline from GM.	Agreed GM pathway for ASD/ADHD 18+ ensures there is consistency across GM.	1) Evaluation report of agreed provider.	

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PAP: 2.25	Review transition between children's and adults' neurodevelopmental services and, where gaps are identified, report to LIP Board with recommendations to address these.	Steve Larking	Revised Date: September 2026	Report and recommendations submitted to LIP Board in November 2023.	Currently post 16 assessments are conducted by Optimise. CAMHS ND cases are transitioned to Optimise at age 16. Nov23: GF: ADHD medication monitoring cases transferred and process in place; until CAMHS recruit to comprehensive offer (see PAP 2.30). Transition identified as a key priority in GM ICB ND transformation programme (see PAP 2.24). May 24: May 24 - PC: Commissioner-operational meetings in progress to review progress of recruitment to £700k of additional recurrent clinical capacity. Meeting planned in June with CAMHS operational manager and Optimise operational manager to review the link up re: ADHD/ASD referrals. Update to the SEND LIP Exec Board scheduled for end of June. Jun 24: Comprehensive CAMHS recruitment in progress. ND pathway 16-18 will commence with Oldham CAMHS in Sep 24. Meeting with CAMHS, Optimise and locality commissioning completed to review link up for current 16-18 ADHD/ASD assessments. DSR themes to be reviewed for 18-25 age range in July/Aug to inform multi agency transitional planning. Jun 24: Comprehensive CAMHS recruitment in progress. ND pathway 16-18 will commence with Oldham CAMHS in Sep 24. Meeting with CAMHS, Optimise and locality commissioning completed to review link up for current 16-18 ADHD/ASD assessments. DSR themes to be reviewed for 18-25 age range in July/Aug to inform multi agency transitional planning. Action can be closed when reported and agreed at LIP Exec. April 25: Paper came to LIP EB Feb 25, this is being progressed as part of the ND development work. July 25: Agreed at LIP EB, action to remain open.	Improve transition experience for our YP in service.	1) Report on ND services, identifying gaps in provision. 2) LIP Executive Board minutes.	
PAP: 2.26	Review and identify increased capacity requirements in community paediatrics to support waiting times. Use this to inform future commissioning.	Catherine Fox & Angela Welsh	Revised date: August 2024	Capacity requirements in community paediatrics to support waiting times have been reviewed and report produced, including recommendations, and reported to LIP Executive Board.	Nov23: CF: Devised agreed process to manage referrals (1/8/23) based on age criteria with clinical oversight to determine most appropriate service in cases when other clinical indicators for the specific service. Wait list cleanse, process to manage reduction in WNB rates, additional new patient clinics-all influencing improvements in waiting times. Dec23 AW - funding to support SALT recovery plan has been approved. Jan24 AW - can the date be changed to align with review of ND pathway pilot which is taking place in March 24. Jan24-CF: to review in April in line with CAHMS/CPS pathways review. May 24: This action is on track to recover waiting time to 18 weeks by August 2024 if clinic capacity remains stable. The current waiting time is 24 weeks which has reduced from 46 weeks in July 2023.	Better informed commissioning means that more appropriate levels of service are commissioned. Children and young people benefit as a result, as they have better access to services.	1) Report on capacity of community paediatrics. 2) LIP Executive Board minutes.	
PAP: 2.27	Improve the quality of referrals through partnership approaches such as mutual aid to identify and implement more joined up working to ensure better referrals across the system.	Sarah Leah & Catherine Fox	Dec-23	Referral processes and pathways are clear and accessible in the most appropriate way for service users. New referral forms are launched in collaboration with POINT.	Once finalised Community Pead's and CAMHS to advise referrers, including schools and GP surgeries of the referral pathways. This will occur after review of process in April 2024. Nov23: CF: Referrers informed of changes and process devised to support both services managing the interim change. CPS and CAMHS working together and utilising SPOE to support any complex decisions in relation the most appropriate clinical assessment. Jan 24 CF: no issues highlighted from either service. CPS & CAMHS plan to attend SENCO development day in May 24 to support schools' knowledge of quality referrals. Awaiting date to attend GP forum.		1) Data showing reduction in signposting of referrals. 2) Minutes from partnership meetings. 3) Feedback from users.	

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PAP: 2.28	Launch revised pathways approach with external partners at a high profile SEND & Inclusion conference aimed at headteachers and partners.	Gary Flanagan & Emma Dewar	Dec-23	Revised pathways agreed and launched at SEND & Inclusion conference (SEND sector and parents/carers).	Opportunities to launch at: Headteachers and partners conference (provisional date 28 November 2023). Currently piloting new criteria with regards to community paediatrics and CAMHS. Review April 2024 to see how this process is working and then cascade information to referrers. Nov23: ED: Different forum needs to be considered as the agenda for the HT's conference is currently full. Consider SENCo networking events and DD plus Primary and Secondary Headteachers meetings. CAMHS staff attended DD 08/11/2023 to share service updates. Dec23: ED: email chain discussion as to best forum to launch the revised pathways - awaiting decision. ED 19/03/2024 - Revised Pathways launched with Headteachers - Community Paeds and CAMHS colleagues attended Primary Headteacher's Forum on the 11th March 2023 and planned attendance at Secondary Headteacher's Forum on the 2nd May 2024. Action will be completed by May 2024. 18/06/2024 - ED to confirm if secondary heads forum went ahead as planned at the June PAP meeting.		1) Pathways maps.	
PAP: 2.29	Undertake review of the updated ND pathway at 6 months.	Angela Welsh & Catherine Fox	Mar-24	Review of ND pathway at six months has been conducted and reported, including recommendations for improvements to LIP Board.	Nov23: GF: review of action 2.23 in March24 by CAMHS operational lead and community paediatrics. Mar24 AW - Review date set for 3.4.24. to include CAMHS, CPS & commissioners	Improvements are made to the ND pathway and service users have their needs identified earlier, leading to better outcomes.	1) Report on review of ND pathways at six months to LIP Executive Board. 2) Pathways maps.	
PAP: 2.30	Mobilise comprehensive CAMHS in Oldham, addressing commissioning gaps for 16-18y.	Cliff Wilson	Revised date: Sept 24	Commissioning gaps for CAMHS have been identified and recommendations made to LIP Board.	In process of recruiting to posts to provide comprehensive CAMHS service. Recruitment remains an issue at present nationwide. CYP MH commissioner established monthly meetings with the Oldham CAMHS operational lead to oversee implementation of clinical capacity Mar24 AW - a number of appointments have been made but these will fill the gaps in the core service May 24 - PC: Commissioner-operational meetings in progress to review progress of recruitment to £700k of additional recurrent clinical capacity. Update to the SEND LIP Exec Board scheduled for end of June. Jun 24 - PC: Comprehensive CAMHS recruitment in progress. 16+ go-live for Pennine CAMHS ND pathway on track for Sep 24.	Young people are assessed by appropriate services, resulting in confidence in the system.	1) Staffing structures showing vacant posts filled 2) Pathway maps.	
2.31	CYP with Social, Emotional and Mental Health (SEMH) needs will receive the right help at the right time.  Improve timely access to emotional wellbeing and mental health support through the implementation of a 'one front door' needs led approach (utilising the Thrive framework across all SEND system partners).	Steve Larking	Apr-27	Average waiting times for CAMHS, TOG Mind, SaLT, LD and SEMH services show a quarter-on-quarter reduction. No child waits longer than the agreed multi-agency maximum waiting time standard for initial triage or first contact.		CYP experience shorter and more consistent waits across mental health and specialist services. Improved emotional wellbeing, stability, participation in education, and family confidence. Clearer pathways, faster triage, and earlier intervention, reducing escalation and crisis.	A clear SEMH & MH Pathway is produced. An SEMH MDT Hub is established and operational (this could be a standalone MDT or part of the neighbourhood working model built around primary care)	

SEND & Inclusion Improvement Programme: Priority Action Plan

Ref	Actions <i>(what we will do)</i>	Owner	Timescale	Success criteria <i>(how we know it's achieved)</i>	Progress <i>(what steps we have taken so far)</i>	Outcome/impact <i>(the difference this made)</i>	Evidence <i>(how we show this)</i>	RA
2.32	<p>Implement an evidence-based early-years emotional wellbeing and mental health population health approach for children in the Early Years. <i>Link with Best Start in Life</i></p> <p>This should include development and commissioning of an evidence-based <u>clinical</u> intervention for children and families with increased risk and/or reduced protective factors - to ensure that children aged 3–5 receive timely assessment, advice, and intervention that prevents escalation and supports early identification of social, emotional, and developmental needs.</p>	Steve Larking / Sheila Garara / Bruce Penhale	Sep-26	Joint commissioning arrangements for early-years emotional wellbeing and CAMHS are established and monitored through partnership boards. All families waiting for specialist assessment or CAMHS for a child aged 3–5 receive proactive support: check-ins, strategies, and access to resources.		Early-years children (3–5) access appropriate emotional wellbeing and early-help mental health support without unnecessary delay. Strengthened early identification reduces escalation into higher-tier CAMHS and supports readiness for school.	Published pathway documentation, patient feedback and lived experience of parent/carers	
2.33	Standardise a Support While Waiting offer across all pathways (SALT, ND, CAMHS, Community Paediatrics)	Steve Larking / Andrea Greenwood	Sep-26	Every waiting family receives standardised information and resources; 90% satisfaction with clarity and usefulness; reduction in DNAs		Improved confidence and support while waiting; fewer escalations and missed appointments	Waiting support, contact logs; satisfaction surveys; DNA trends.	
2.34	<p>Co-produce and implement a needs led partnership approach to Learning Disability identification and support pathways.</p> <p>Improve uptake of LD annual health checks (from aged 14 years+); to include identifying potential gaps in provision and supporting a needs led approach for improved health and wellbeing outcomes.</p>	Steve Larking / Sheila Garara	Sep-26	LD pathway live on the Local Offer; 90% of LD referrals triaged to the correct service first time; quarterly LD QA audits show improving quality.		Quicker, clearer routes to assessment and support; safer, more consistent clinical decision making.	Published pathway; training attendance; QA audit findings.	
2.35	Introduce experience-led service design across key SEND pathways (SALT, ND, Annual Reviews, CAMHS and Community Paediatrics), ensuring all improvement projects demonstrate how lived-experience from children, young people, parents and carers has shaped the model.	PCF	Sep-26	All pathway redesigns and improvement projects include a lived-experience impact statement. Quarterly experience-led learning reports presented to the LIP Executive and used to inform commissioning and improvement. Improved feedback from children, young people and families following pathway changes.	We have begun reviewing mediation data through the lens of lived experience, exploring how children's and young people's perspectives can inform our understanding of mediation themes.	Strategic planning and commissioning decisions are consistently shaped by the experiences of children, young people and families, resulting in more meaningful, accessible and effective services across all key SEND pathways.	Lived-experience impact statements in project documentation Quarterly insight reports Local Offer analytics CYP/parent-carer feedback Updated pathway documentation	
2.36	Local implementation of the GM ND Transformation Programme. This includes: revised CAMHS spec; review of waiting list against new GM assessment criteria; delivery of assessment & triage MDTs; and the launch of needs-led hub	Steve Larking	Sep-26	reduced waiting time for CAMHS. Increased satisfaction rates for CYP and families as needs will be met earlier in the pathway	CAMHS spec has been written in to contracts to commence March 2026 Waiting list review work has commenced, although not yet completed first MDT meeting is scheduled for 24 April 2026 ND hub - POINT have been awarded lead provider to deliver all requirements of the hub. Riding the Rapids courses commenced autumn term 2025 with excellent feedback received. navigator team in post since December. Officially launching 25th April 2026.	support available to CYP and families without the need for lengthy waits for assessment	CYP/parent-carer feedback quarterly monitoring and performance reporting	

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2.37	Balanced System model implementation for improved access to speech, language and communication support.	Angela Welsh	Sep-26	Needs led support for CYP	local governance arrangements agreed with LIP Exec signing off the three priority actions. Mapping exercise undertaken with key stakeholders to understand our services and where our gaps are. Dates set in April for 2 task and finish groups to work up specific outcomes & impact with a view to getting these signed off by the Programme Board (C&I Steering group) in May.	CYP experience a system where their needs are met without waiting for access to specialist services they may never need. Improved emotional wellbeing, stability, participation in	Published pathway documentation, patient feedback and lived experience of parent/carers	

Key

**Not yet started:** The action is planned as part of expected delivery timescales but is not yet due and/or is dependent on preceding actions.

**On track:** The action has started, is on track for completion, and there are no issues raised requiring escalation.

**Vulnerable:** Action looks unlikely to be achieved, or timescales met, as planned and this may have implications on improvements, so requires escalation.

**At risk:** There is a risk that this action will not be completed, and escalation is required and a plan to mitigate risks must be implemented.

**Complete:** Action fully completed and intended impact/outcome is evident.