

<b>MEETING</b>	<b>PEOPLE SCRUTINY PANEL</b> (Councillors Qaseem (Chair), Kelly (Vice Chair), Ajaib, Basra, Begum, Brooker, Matloob, Mohammad and Sandhu.  <b><u>EDUCATION VOTING CO-OPTED MEMBERS</u></b> Vacant  <b><u>NON-VOTING CO-OPTED MEMBERS</u></b> Slough Healthwatch Representative – Neil Bolton-Heaton Secondary School Representative - Paul Kassapian Slough Youth Parliament Representative - Fifi El Sayed
<b>DATE AND TIME:</b>	THURSDAY, 31ST MARCH, 2022 AT 6.30 PM
<b>VENUE:</b>	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL
<b>DEMOCRATIC SERVICES OFFICER: (for all enquiries)</b>	NADIA WILLIAMS  07749 709 961

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



**GAVIN JONES**  
Chief Executive

**AGENDA**

**PART I**

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Apologies for absence.

AGENDA ITEM	REPORT TITLE	PAGE	WARD
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## CONSTITUTIONAL MATTERS

- |    |                          |   |   |
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| 1. | Declarations of Interest | - | - |
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*All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.*

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| 2. | Minutes of the Meeting held on 31 January 2022 | 1 - 6 | - |
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## SCRUTINY ISSUES

- |    |  |          |     |
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| 3. | Member Questions   | -        | -   |
| 4. | SEND Written Statement of Action                               | 7 - 80   | All |
| 5. | Re-procurement of Adult Social Care Domiciliary Care Contracts | 81 - 104 | All |

## ITEMS FOR INFORMATION

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| 6. | Members' Attendance Record 2021/22 | 105 - 106 | - |
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### Press and Public

**Attendance and accessibility:** You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

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In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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**Covid-19:** To accommodate social distancing there is significantly restricted capacity of the Council Chamber and places for the public are very limited. We would encourage those wishing to observe the meeting to view the live stream. Any members of the public who wishes to attend in person are encouraged to contact the Democratic Services Officer before the meeting.

**People Scrutiny Panel – Meeting held on Monday, 31st January, 2022.**

**Present:-** Councillors Qaseem (arrived 7.56pm), Kelly (Vice-Chair, the chair for the duration of the meeting), Ajaib, Basra, Begum, Matloob, Mohammad and Sandhu

**Also present under Rule 30:-** Councillors Gahir and Hulme

**Apologies for Absence:-** Councillor Brooker

**PART 1**

**25. Declarations of Interest**

Councillor Basra declared that she carried out work for a number of organisations in the education sector. She stayed and participated in the meeting.

Councillor Mohammad declared that she worked for the NHS. She stayed and participated in the meeting.

Councillor Kelly declared that he worked for Slough and East Berkshire CofE Multi Academy Trust (SEBMAT). He stayed and participated in the meeting.

**26. Minutes of the Meeting held on 2 December 2021**

**Resolved** – That the minutes of the meeting held on 2<sup>nd</sup> December, 2021 be approved as a correct record.

**27. Member Questions**

No Member Questions had been submitted.

**28. Update on Draft Budget Proposals 2022/23 - People Directorates and Slough Children First**

The Panel received presentations from the Executive Directors of People (Children) and People (Adults) on the budget proposals and savings for 2022/23 relating to children and adult services respectively.

People (Children) services and Slough Children First

The Interim Executive Director Children, who was also the Chief Executive of Slough Children First, outlined details of progress made on the 2021/22 budget and savings proposals relating to Slough Children First and SBC children and education services for 2022/23.

The SBC savings for 2021/22 were on track to be achieved with a £8k adverse position to budget at present which could be mitigated from an

underspend in other related areas. The savings target for 2021/22 was £1.044m and Members were reminded of the areas within which this was achieved. Key issues for 2021/22 and 2022/23 were identified as –

- SEND local area inspection had highlighted major systemic and sustained weaknesses across the system since 2014. The service had been impacted from the downgrading of SEND case officers (resulting in 85% turnover) which meant that there was a significant backlog of overdue statutory EHCP applications. It was noted that an action plan to address the points raised following the inspection was due to be completed for submission by 18<sup>th</sup> February 2022 and would be reported to a future meeting of the Panel.
- Home to School Transport savings had been re-profiled across two years. Future changes would be subject to consultation.
- Children's Centres: the options to reduce centres of up to 5 had been carefully considered and would be consulted on.
- Staffing reductions across children's services: Although initial proposals had included a reduction of two Attendance Officers which would have resulted in the services' inability to track vulnerable children which in turn presented safeguarding issues; this had been revised to a reduction of one Attendance Officer.
- Slough Children First was reporting an overspend of £1.3m in 2021/22 and the reasons for this were explained. Additional savings totalling £1.5m had been identified to mitigate the pressures. Almost £900k of the additional savings were service efficiencies and income generation.
- The savings target for SBC children's services in 2022/23 was £1.1m and for Slough Children First the savings target was £4.7m including £2.01m of growth to be absorbed.
- The 2022/23 SCF savings proposals included £494k in service reductions in targeted early help by deleting some staffing posts; staffing savings of £1.2m through reducing management posts and reducing agency and Innovate team spend; and £2.0m of income generation such as health contributions to packages and public health income.

The Panel was informed of the considerable pressures that children's services faced in terms of demand for services, cost pressures and workforce issues such as recruitment and retention. The work being undertaken to mitigate these pressures were set out.

Members asked a range of questions and the discussion is summarised as follows:



- SEND – Members expressed concern about the statement that weaknesses had been evident since 2014 but had apparently not been satisfactorily addressed. Members asked about the plans in place to address the weaknesses. The Associate Director for Education & Inclusion explained that it had been an area inspection with joint responsibility shared between the Council and other partners. A detailed Written Statement of Action (WSOA) was being produced jointly by the Council and Clinical Commissioning Group and was due to be considered by the Cabinet in February. One of the immediate actions was to address the issue of the downgrading of SEND case officers in the previous restructure as staffing capacity was key to reducing the significant backlog of overdue statutory EHCP applications.
- Agency staffing – it had been stated that workforce issues had been a major pressure and there had been an over-reliance in SCF on agency staff. Members therefore asked about the potential impacts of the proposed reduction of £0.9m in agency staff spend and whether management was confident permanent recruitment and retention would be successful. The SCF Director of Operations commented that good progress had been made in 2021/22 on the workforce and making Slough a place social workers and other professionals found to be an attractive place to work, including with good development opportunities. A detailed workforce plan was therefore in place and whilst it was recognised the targets were ambitious they were considered to be achievable. In response to a question it was stated that a 'good' authority would generally have approximately 15% of its workforce as agency with Slough currently at 35%.
- Income generation – Members asked how confident Officers were that the £2.0m of income generation could be secured. The Executive Director was confident the figure could be achieved by working closely with health partners in particular, and that this approach had worked well elsewhere. Expertise had recently been brought in to Slough to take this work forward.
- Attendance services – a number of questions were asked about the issue of school attendance in the post-Covid period and the enforcement and monitoring activity for children out of school, particularly those that were causing anti-social behaviour issues in places such as Chalvey. The respective roles of the attendance officers, youth work, early help and, if required, other agencies such as the Police were noted.
- Statutory duties – the Panel asked whether Officers were confident the Council could meet its statutory duties relating to children's services within the budgets proposed. In response, it was noted that resources would need to be prioritised to certain services, e.g. SEND to improve the timeliness in processing statutory EHCP applications. There were pressures of rising demands and costs and these would need to be

managed by ensuring the right support was provided at the right time by the right agency working together with partners. Continuing to meet statutory requirements over the coming years with the need to make further savings would be challenging.

- Vacant posts – a question was asked about the amount of time vacant posts in children’s services had been unfilled. It was agreed this information would be collated and provided to the Panel outside of the meeting.
- Home to School Transport – Members asked about the size of the total budget in view of the saving in year of £0.1m and whether it would be possible to reduce this spend through the admissions process by placing children in schools closer to their homes. The total budget was approximately £3.8m. There were statutory provisions in place for schools admissions and the Home to School transport policy would be further reviewed in the next year.

The Panel discussed a range of other issues including provision for unaccompanied asylum seekers, safeguarding issues and the continuation of DfE funding. At the conclusion of the discussion the budget and savings proposals related to SBC children’s services and SCF were noted.

### People (Adults) services

The Executive Director People (Adults) gave a presentation on the current budget position, risks and proposed savings for 2022/23. The net budget in 2021/22 was £46m and delivery on savings totalling £3.8m was progressing well. The emerging risks included the ongoing impacts of the Covi19 pandemic and demand for social care above planned levels. Members noted the position regarding national social care reform and concerns about increased provider and workforce costs. The savings proposals in 2022/23 totalled £5.9m of which £4.8m was the Adult Social Care Transformation Programme. The key elements of the programme were summarised and it was noted there would be a consultation on client charging in the next year.

An update on the closure of provider services was provided following scrutiny of the proposal in September 2021. The Panel was assured that by the end of December 2021 all people had been offered a new assessment and care plan and most people had alternative services in place to meet their needs. The breakdown of alternative provision as set out in the report was noted as was the fact that all people would receive a further review at 6 weeks. Feedback from families had been positive overall. The savings target was on track to be achieved. Members particularly welcomed the fact that the report included the lesson learned during the process including early engagement with legal and HR, early and meaningful consultation, keeping clear audit trails and that change can mean better outcomes for service users. The Panel agreed these points be taken forward in any future such exercises across the Council when making changes to services.

*(Councillor Qaseem joined the meeting)*

Members asked a range of questions and the discussion is summarised as follows:

- Workforce – in response to a question about the impact of the business support savings, the Director commented that there would be a staff consultation for relevant posts but the impacts for the service could be managed as the main retention issues were not in business support roles but were for social workers, occupational therapists and in the commissioning team.
- Unit costs for residential care – it was noted that Slough currently paid slightly less for places for neighbouring areas but that the cost pressures were rising, partly because of peoples complex needs.
- Provider services – a question was raised about why some service users had not had their assessment and whether those that now had alternative provision had accessed other services locally. In response, it was noted that a small minority of services users (3) had stated that they no longer required a service hence no further assessment was undertaken. The Panel was assured that where alternative provision had been identified that it was local and met people’s assessed needs, often better than previous provision had done. Members asked for further detail be provided to members of the Panel outside of the meeting on the continued monitoring following the six-week reviews. It was noted these reviews took place six weeks after the alternative provision began so the feedback was likely to be sometime after March 2022. In terms of the staff redundancies it was reported that all staff were given the necessary opportunities and support for redeployment.
- Statutory duties – Members asked if the Director was confident the Council could continue to meet its statutory duties whilst continuing to deliver savings. The Director confirmed that the Council was currently managing to meeting statutory requirements at the present time and was in a reasonable position for the future, although there were significant pressures on social care services and the scale of future budget savings requirements for Slough meant that any future proposals would need to be carefully considered and it would be challenging to deliver further significant savings.
- Adult social care reform – the Director summarised the emerging picture on the Government’s proposed reforms. There were no significant new resources in the short term for local authorities and the financial implications of the care cap were yet to be fully worked through. There would also be a new audit regime for adult social care and this would require resource for performance and data support which wasn’t currently in place in Slough.

At the conclusion of the discussion the report was noted.

**Resolved** – That the budget updates for children’s and adult services be noted.

**29. Forward Work Programme**

The Panel considered the work programme for the remainder of the municipal year. This would include a report on the SEND action plan and adult social care commissioning contracts in March.

The Panel agreed that in the next municipal year it should scrutinise the impacts of the health and care system changes with the establishment of the Integrated Care System.

**Resolved** – That the work programme be agreed.

**30. Members' Attendance Record**

**Resolved** – That the record of Members’ attendance for the 2021/22 municipal year be noted.

**31. Date of Next Meeting - 31 March 2022**

The date of the next scheduled meeting was confirmed as 31<sup>st</sup> March 2022.

Chair

(Note: The Meeting opened at 6.31 pm and closed at 8.44 pm)

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** People Scrutiny Panel

**DATE:** 31<sup>st</sup> March 2022

**CONTACT OFFICER:** Johnny Kyriacou  
Associate Director – Education & Inclusion

**(For all Enquiries)** (01753) 875120

**WARD(S):** All

**PART I**

**FOR COMMENT & CONSIDERATION**

**SEND WRITTEN STATEMENT OF ACTION**

1. **Purpose of Report**

This report presents to the people scrutiny committee the completed and approved Written Statement of Action (WSOA), which the LA and CCG filed with Ofsted and the CQC on 18th February 2022 (Appendix A) in response to the Special Educational Needs and Disabilities (SEND) local area inspection.

2. **Recommendation(s)/Proposed Action**

- The committee is requested to comment and consider next steps to ensure effective scrutiny and decision-making in relation to addressing the concerns raised in the SEND inspection report (Appendix C).
- The committee is requested to comment and consider the action contained in the completed WSOA and the recommendations provided by Ofsted upon review (Appendix B)
- The committee is requested to comment and consider the risks associated with non-delivery of the WSOA.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The People Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3a. **Slough Wellbeing Strategy Priorities**

The effective scrutiny of the council's decision making and work in the area of people - children underpins the delivery of two out of four of the Joint Slough Wellbeing Strategy priorities:

Priorities:

1. Starting Well
2. Integration

The JSNA data shows the number of children in schools with an Education, Health and Care Plan.

**Table 3a**

	Slough		South East		England	
	Count	%	Count	%	Count	%
Primary school pupils with a statement of Special Educational Needs or Education, Health or Care Plan	484	2.8	16,318	2.2	95,601	2.1
Secondary school pupils with a statement of Special Educational Needs or Education, Health or Care Plan	265	1.8	10,964	2	68,370	2
Special school pupils with a statement of Special Educational Needs or Education, Health or Care Plan	354	99.4	22,159	98.5	132,306	98.6

At primary school level Slough is above the South East and England average. At secondary school level Slough is below the South East and England average. At special school level Slough is above the South East and England average.

3b. **Five Year Plan Outcomes** (Compulsory Section)

The work of the People Scrutiny Panel reflects the following priority of the Five Year Plan:

- Outcome 1: Slough children will grow up to be happy, healthy, and successful

4. **Other Implications**

(a) **Financial**

4.1.1 As part of developing a detailed action plan the resource implications will be identified, considered, evidenced and a fully resourced plan created which will be built on a robust and deliverable programme of improvement to ensure that the Council is meeting its SEND duties in accordance with its best value duties. Until that stage any resource implications will remain within existing budgets

4.1.2 The Council has in previous years very significantly overspent on the high needs block of the Dedicated Schools Grant (DSG) and has taken little action to address this. This grant is provided for schools-based education services and the majority of it is passported directly to schools. However, a proportion is maintained to fund SEND education in schools and to fund SEND provision as set out in Education, Health and Care Plans. Work to begin to address this growing problem began in the summer of 2021 and as part of this the Council submitted a deficit management plan to start to bring down the deficit over a number of years. It is critical that the DSG is managed tightly each year to avoid the deficit increasing year on year and to resolve the in-year position. Further details on the DSG management plan were presented to the people scrutiny committee on the 8<sup>th</sup> March 2022, and to cabinet on 9<sup>th</sup> March 2022. The DSG management plan was approved at full council on the 10<sup>th</sup> March 2022.

**(b) Risk Management**

There are several risks arising in relation to this report. Firstly, the significant concerns have led to a conclusion that the Council and CCG, alongside partners, are not effectively meeting their duties under the Children and Families Act 2014. Secondly, the proposed WSOA identifies a number of areas where additional resources are likely to be required in a climate where the Council has significant financial challenges.

**The Table below must be completed fully for each recommendation from Section 2**

Recommendation from section 2 above	Risks/Threats/ Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
The council does not make sufficient progress as laid out by the submitted WSOA	<p><b>Risk</b> Ofsted/CQC will return in 12-18 months and deem that sufficient progress has not been made, further damaging the reputation of the council, in addition to not fulfilling statutory duties to children with SEND.</p> <p><b>Threats</b> The council will need to consider the resources at</p>	<p>There is a number of internal scrutiny and governance processes for the WSOA that have been set up. These include:</p> <p>The SEND and Inclusion Strategic Board</p> <p>The DSG Management Plan Board</p> <p>Oversight from the people scrutiny committee</p>	<p>15 (Political risk – high probability)</p> <p>20 (Legal/Regulatory risk – high probability)</p> <p>20 (Financial risk – high probability)</p>	The council will need to consider the resources at its disposal, including staffing, capacity and input of partners such as social care and health colleagues.

	<p>its disposal, including staffing, in light of its current financial situation.</p> <p><b><u>Opportunities</u></b>          Good progress on the WSOA will lead to better outcomes for children with SEND. The LA will be fulfilling statutory obligations and the reputation of the council will be enhanced.</p>	<p>Reports to Cabinet</p>		
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(c) Legal Implications

4.1.3 The Children Act 2004 (Joint Area Reviews) Regulations 2015 state that the Chief Inspector of Schools must make a written report where a review has been completed. The Chief Inspection of Schools must determine whether it is appropriate for a written statement of proposed action to be made in light of the report and if so, determine the person or body who must make that statement.

4.1.4 Where a determination has been made that a written statement of proposed action should be made, the principal authority must make this statement within 70 working days of receiving the report. The written statement must (a) state who it is proposed should take action; and (b) include a statement of the period within which action is to be taken.

4.1.5 The written statement must be sent to the Chief Inspector of Schools, any other person who conducted the review and the Secretary of State. The statement must also be published on its website and supplied to the public on demand on payment of a reasonable charge.

4.1.6 The local area inspection relates to the delivery of services under the Children and Families Act 2014. Part 3 of this Act contain provisions which were a major reform of the previous statutory framework for identifying children and young people with SEN, assessing their needs, and making provision for them. The Act requires local authorities to keep local provision under review, to co-operate with statutory partners to plan and commission provision and to publish clear information on services that are available locally. Provision for those children and young people with SEN who require support beyond that which is normally available should have their needs set out in an education, health, and care plan, which will bring together the three strands of support in place for these children.



4.1.7 The SEND Code of Practice: 0 to 25 years provided statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. This is a substantial code setting out guidance on the principles of the new legislation, the requirements around information, advice and support, the need for joint working to deliver outcomes, the requirements for a Local Offer (being a list of services available to children and young people with SEND and their families). The Code also provides guidance to early years providers, schools, and further education providers, as well as providing guidance on preparing for adulthood. Detailed guidance is given on the processes for assessing, identifying, and meeting needs in education, health and care plans and the needs of children and young people in specific circumstances, including looked after children, care leavers, children educated at home and children in youth custody.

*(d) Equalities Impact Assessment*

4.1.8 The Council has a duty contained in section 149 of the Equality Act to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation, and other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

4.1.9 The broad purpose of this duty is to integrate considerations of equality into day-to-day business and to keep them under review in decision making, the design of policies and the delivery of services.

4.1.10 An equality impact assessment is appended at Appendix D. The impact of the WSOA will have a disproportionate impact on children and young people with disabilities, working age adults who are caring for children and young people with disabilities. The purpose behind the Children and Families Act 2014 provisions is to promote inclusion and to ensure equality of opportunity for children and young people with SEND. The EIA will be kept under review and updated during the lifetime of the action plan to improve SEND services. It is also critical to ensure that data is captured and monitored to identify the impact of changes and service provision in general.

*(e) Workforce*

4.1.11 This will be reviewed as part of the delivery of the WSOA

**5. Supporting Information**

5.1 The WSOA was first presented to Cabinet on 21<sup>st</sup> February 2022. Due to time constraints the full and complete WSOA was not able to be presented before submission by the LA/CCG on the 18<sup>th</sup> February 2022.

5.2 In summary Ofsted identified that the LA/CCG were required to address the following main areas of weakness:

- Weak arrangements for ensuring effective joint leadership and accountability, self-evaluation, and improvement planning at a strategic level across education, health, and care services (including considering the high turnover of staff and an area-wide commitment to inclusion).
- The overlooked voice of the children and young people with SEND and their families and consequent lack of understanding of their lived experiences and the lack of readily available, helpful, and accurate information in this regard.
- The lack of effective use of meaningful performance information to inform the area's strategy and planning, as well as to evaluate its effectiveness.
- The limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services.
- The timeliness with which EHC plans are produced and updated, particularly nearing transition points and the absence of systematic processes for the quality assurance of EHC plans.
- the absence of social care considerations in EHC plans, for children and young people not known to children's social care, and in services in the area, including the lack of age-appropriate social opportunities for children and young people and limited offer of short break or respite services for parents and carers.
- the inequitable access to SALT and OT services, excessive waiting lists and waiting times and the absence of a dysphagia service for those aged five and over.

5.4 In addition to the main areas of weakness the LA/CCG were required to address weaknesses in each of the other areas identified in the inspection report.

5.5 At the time of presentation to cabinet on the 21st February the LA/CCG were awaiting feedback from Ofsted and the CQC as to whether the WSOA was deemed fit for purpose.

5.6 On 10<sup>th</sup> March 2022, Ofsted/CQC wrote confirming that the submitted WSOA was deemed fit for purpose. However the letter also identified some points for improvement as follows:

“The statement of action does not address strongly enough how the area will tackle the legacy of parental frustration and struggles to have their children's needs identified and supported. The proposals in the statement of action focuses on how the area will review its communication systems rather than how it will bring about cultural change in terms of listening to families and learning about the lived experiences of children and young people. In addition, the statement of action does not specifically identify exactly how the area will survey parents – including those who may be harder to reach – to gather their feedback on the improved service. The area's response to the second, fourth and seventh priorities identified in the inspection are not sufficiently coherent in terms of timeliness, focus and how success will be achieved and measured. Plans to improve resemble a menu of ideas about engagement and co-production and some of the impact measures outlined in the statement are not sufficiently quantifiable. Proposed actions to reduce waiting times and waiting lists for assessments and provision of therapies do not include measurable targets, percentages or benchmarks. Given the scale of what needs to be improved in this aspect of the area SEND provision, a more staged and systematic approach to ensuring that children's and families' voices are heard would be likely to be more successful.”

5.7 Scrutiny members are specifically asked to consider and comment on how the Council could address this feedback.

6. **Comments of Other Committees**

Comment from Cabinet meeting on 21<sup>st</sup> February 2022 was as follows:

That the Joint Written Statement of Action attached at Appendix A to the report be noted. That the following next steps be approved:

- That a detailed action plan is prepared and incorporated into the Council's wider Recovery and Improvement Plan.
- That the SEND action plan be presented to the People Scrutiny Panel in Quarter 1 of 2022/23.
- That a report be brought back to Cabinet in the next 6 months giving an update on progress against the action plan.

7. **Conclusion**

The people scrutiny committee is requested to comment and consider this report as stated in section 2, above.

8. **Appendices Attached**

A - Witten Statement of Action

B - Ofsted/CQC Fit for Purpose Response

C - Local Area Inspection Report can be found here [50172328 \(ofsted.gov.uk\)](https://www.ofsted.gov.uk/inspections/50172328)

D - Equalities Impact Assessment

9. **Background Papers**

None

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# Slough Written Statement of Action for SEND





## Co-Produced Written Statement of Action for SEND Local Area

### Introduction

In Slough, we are deeply committed to supporting all our children and young people to have the best possible start in life and to grow up to be happy, healthy and successful. For our children and young people with special educational needs and disabilities, this requires us to recognise their learning needs early, have the provision required to meet their diverse range of needs, and form a strong partnership with them, their parents or carers and professionals. In addition, we help parents and carers to get the best support for their children and make informed decisions.



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Our shared ambition as leaders across Slough, in partnership with parents, carers and children and young people, is to secure real change through the concerted and combined efforts of all our partners across the local area. This co-produced Written Statement of Action has been a truly collaborative endeavour and

includes input from the LA, social care, health, parents/carers and school leaders. It is underpinned by our common purpose and shared values and principles, which are embedded in our desire to reduce inequality, remove barriers to learning and enable children and young people to flourish. The actions outlined here signal our intention to collectively ensure that improving the outcomes for children and young people with special educational needs and disabilities within our communities remains our absolute priority.

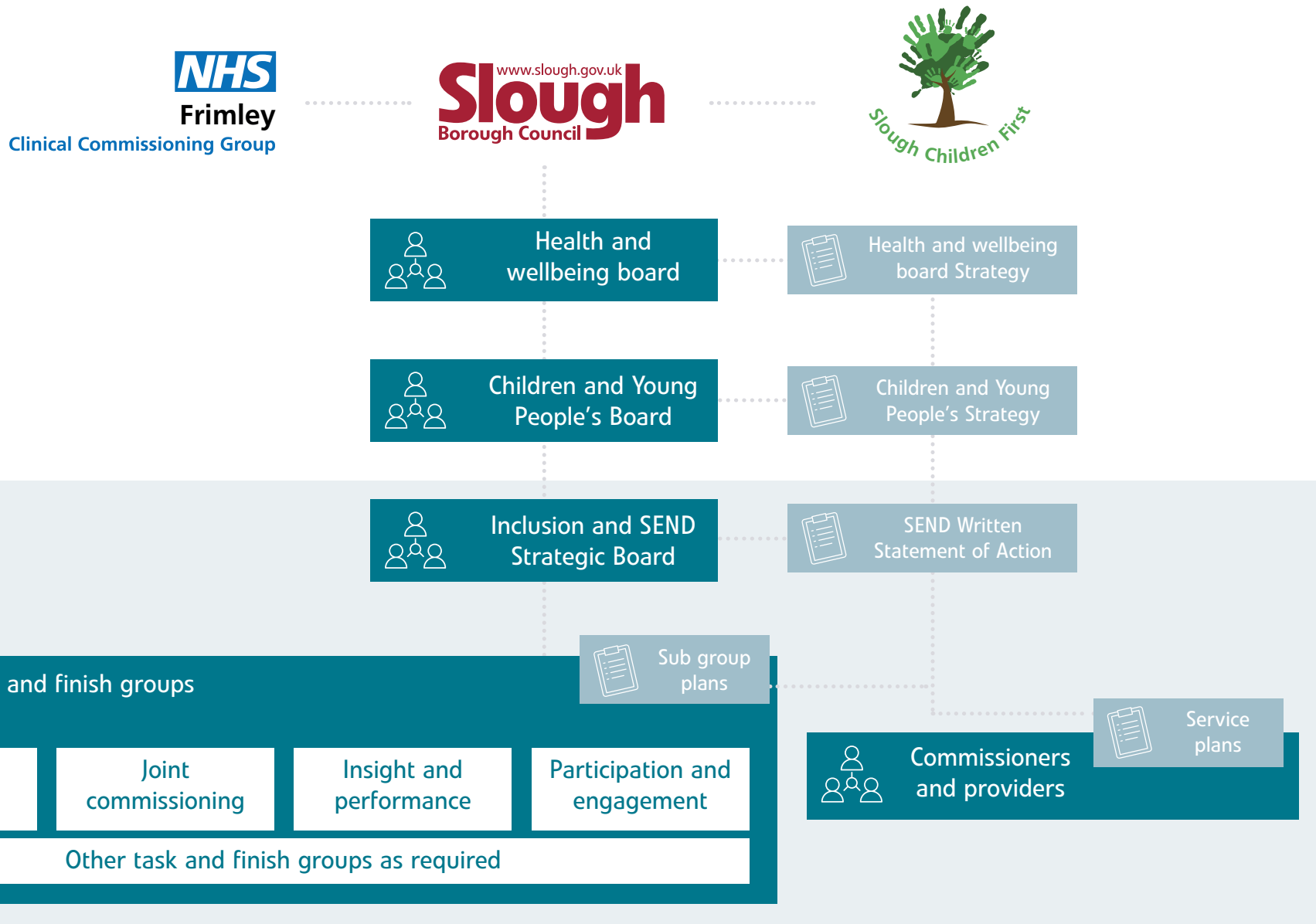
### Background

Between 27 September and 1 October 2021, Ofsted and the Care Quality Commission (CQC) inspected services provided by practitioners and professionals who support children and young people (0-25 years) with SEND. During this inspection they assessed how well the local area has worked together to implement the 2014 SEND reforms. The local area comprises Slough Borough Council (education, public health, children's social care and adult social care), education providers, NHS Frimley Clinical Commissioning Group (CCG), associated health partners, parents and carers, and children and young people with SEND. Although there were strengths identified, inspectors also identified seven areas of weakness and as such Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required to address these.





### Leadership and Accountability Structure



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**The seven areas for improvement were identified as:**

**1.** There are weak arrangements for ensuring effective joint leadership and accountability, self-evaluation and improvement planning at a strategic level across education, health and care services (including considering the high turnover of staff and an area-wide commitment to inclusion).

**2.** The overlooked voice of the children and young people with SEND and their families and consequent lack of understanding of their lived experiences and the lack of readily available, helpful and accurate information in this regard.

**3.** There is a lack of effective use of meaningful performance information to inform the area's strategy and planning, as well as to evaluate its effectiveness.

**4.** There are limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services.

**5.** The timeliness with which EHC plans are produced and updated, particularly nearing transition points, and the absence of systematic processes for the quality assurance of EHC plans.

**6.** The absence of social care considerations in EHC plans, for children and young people not known to children's social care, and in services in the area, including the lack of age-appropriate social opportunities for children and young people and limited offer of short-break or respite services for parents and carers.

**7.** There is inequitable access to SALT and OT services, excessive waiting lists and waiting times and the absence of a dysphagia service for those aged five and over.

As leaders of our local area, we fully accept the outcome of the Ofsted/CQC inspection of the area's effectiveness in implementing the special educational needs and disabilities reforms. Prior to the Ofsted/CQC inspection we had already commenced strategic and operational service improvements as a result of our own self-assessment process. We had identified areas that required improvement, and these have been confirmed by the recent inspection. We view the outcome of the inspection as a constructive part of our journey, and as leaders we are determined to deliver progress in all the focus areas set out within this Written Statement of Action. We are committed to ensuring that every child and young person across Slough who has special educational needs and disabilities receives all the support and services they need in a timely and meaningful way, so they have every opportunity to thrive. We will therefore continue to develop our action plan based on our SEND Strategy and our self-assessment alongside those actions identified within the WSOA.

**About Slough**

Slough is an urban town in the east of Berkshire, approximately 20 miles west of central London. It is home to 42,365 children and young people, 13,188 of whom are aged 0-4. Out of a total population of approximately 145,734, this equates to 29% being below the age of 19, making the population of Slough significantly younger than the average for South East local authorities. The borough also includes a higher proportion of young adults aged 25-44, suggesting a large number of young families are resident. (Source: ONS 2015 Mid-Year Population Estimates - June 2016)

Slough unitary authority area was ranked 79th out of the 326 English local authorities for deprivation in the 2015 Indices of Deprivation, making it significantly more deprived than other East Berkshire areas: Reading (143rd), Bracknell Forest (287th) and Windsor and Maidenhead (306th). (Source: Department for Communities and Local Government - Sep 2015)



## Education providers

### Early Years

There are 69 settings in Slough. This includes 10 children’s centres and five nursery schools.

Three nurseries have specialist provision for SEND.



### Schools

There are 47 state-funded schools in Slough.

- 29 primary schools, 14 secondary schools, 1 all-through school, 2 special schools and 1 alternative provision academy
- 9 secondary schools and 17 primary schools are academies
- 4 secondary phase schools are selective grammar schools; all the secondary phase schools have a sixth form
- 1 infant school, 7 primary and 5 secondary schools have specialist provision for SEND
- 8 primary schools were judged as outstanding at their most recent Ofsted inspection, the rest were judged as good
- 8 secondary schools were judged as outstanding at their most recent Ofsted inspection, 4 as good, 1 as requiring improvement and 1 as inadequate

The all-through school is awaiting its first inspection.

One special school was judged as good at its most recent Ofsted inspection. The other was judged inadequate and has since closed and reopened as part of a multi-academy trust.

There are five independent schools.

### Colleges

There is 1 main further education college in Slough – Windsor Forest College Group. At its most recent Ofsted inspection in 2019 it was judged as good.

### Project Search

Project Search is a one-year transition programme which provides training and education leading to employment for individuals with special educational needs and/or disabilities. The programme is provided at Hilton London Heathrow Airport Terminal 5. Windsor Forest College Group provide the training for this programme.





## Vision

As stated in our SEND and Inclusion Strategy 2021–2024, our vision statement for SEND and inclusion across the area, created with our partners, is:

**“Through inclusive practice all children and young people are happy, healthy, safe, take an active part in their community and have fulfilled lives.”**

## Principles and Approach

Our principles and approach to SEND and Inclusion, created with our partners, will be founded upon:

1. Participation, engagement and co-production, in partnership with children, young people, parents and carers, will ensure that needs are met and outcomes are improved.
2. Inclusion will remove the barriers that create undue effort and separation, and enable everyone to participate equally, confidently and independently in everyday activities.
3. Clear governance and accountability will eliminate the variation and fragmentation in commissioning practice.
4. Robust self-evaluation, which is open and transparent, will inform future work and enable the partnership to continuously improve.
5. The implementing cycle of Assess, Plan, Do and Review will lead to consistency and longevity.
6. A graduated response model will ensure appropriate services are in place to meet the population need, reduce bureaucracy and offer support quickly, regardless of diagnosis.
7. All partners’ services will be person centred, needs led and seamless.
8. Holistic assessments and planning will lead to better experiences, outcomes and use of resources.





## Priority One

**Statement:** There are weak arrangements for ensuring effective joint leadership and accountability, self-evaluation and improvement planning at a strategic level across education, health and care services (including considering the high turnover of staff and an area-wide commitment to inclusion).

**Outcome:** There will be strong and clear strategic leadership across education, health and social care. There will be effective joint commissioning structures in place which promote inclusion, and these will be governed and driven by local data ensuring that the right services are in place for the community. Organisations will work together and be accountable in the shared vision of improving services to better meet the needs of our children and young people. In achieving this, Slough will become an area where professionals wish to work and wish to stay, creating a strong, consistent, experienced workforce.

### Focus Area 1.1

Over time, leaders in Slough have not effectively implemented the reforms. The council, Slough Children First and the CCG have not worked together to develop an effective strategy for doing so. Arrangements for joint oversight and accountability for work across education, health and care services have not been tight enough. There has been too little focus on the reality faced by children and young people with SEND and their families in Slough. (1)

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Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress
1.1.1 Co-produce a new SEND and Inclusion Strategy that clearly lays out roles and responsibilities for all stakeholders	LA SCF CCG	New and updated SEND and Inclusion strategy document	<p>New co-produced SEND and Inclusion strategy document produced and distributed</p> <p>The implementation of the strategy is analysed, evaluated and acted upon with regular feedback at each board meeting from parents/carers and young people</p> <p>Feedback includes emphasis on the lived experiences of parents/carers and children and young people with SEND</p>	May 2022	In progress



<p><b>1.1.2</b> Review and develop SEND and Inclusion Strategic Board to ensure joint oversight and accountability for the area on a systematic basis. This will ensure joint working and accountability between education, health, and care services</p>	<p>LA SCF CCG</p>	<p>Updated ToR  Notes of minutes of each board meeting</p>	<p>Regular meetings  Notes of meetings demonstrate progress in all areas of WSOA  All partners understand their roles and responsibilities and are demonstrating evidence of oversight and accountability</p>	<p>April 2022</p>	<p>In progress</p>
<p><b>1.1.3</b> Elected council members to ensure strategic oversight and accountability</p>	<p>Lead Member, Education and Children's Services Scrutiny Committee, SBC</p>	<p>Cabinet and Scrutiny Committee reports</p>	<p>Elected members have clear strategic oversight and can set direction of strategy</p>	<p>March 2022</p>	<p>In progress</p>

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**Focus Area 1.2**

Staff turnover across the area has been high, including in senior leadership positions. There is no coherent workforce development strategy. Linked with a high staff turnover, the completion of EHC plans within the statutory timeframes has fallen. Figures indicate a low of 14% in August 2021, with a year average of 42%. (1)

<p><b>1.2.1</b> Review, develop and implement a coherent workforce strategy</p>	<p>LA</p>	<p>Policy produced</p>	<p>Clear strategy understood by all partners  CPD and approach shows improved retention of staff and increasing use of effective practice</p>	<p>May 2022 then ongoing</p>	<p>In progress</p>
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<p><b>1.2.2</b> Review and develop SEND team structure to ensure it is fit for purpose and has capacity</p>	<p>SEND Service</p>	<p>Redesign of SBC SEND service</p>	<p>Capacity of staff increased</p> <p>More efficiency and better completion of EHCPs within statutory timelines</p> <p>Working practices required to meet the LA's statutory obligations (as set out in the SEND code of practice) are more widely understood and are more consistently and coherently implemented and adhered to</p> <p>Show upward trend towards national average of 68% of EHCNAs completed within the statutory timeframe and exceeding this figure</p>	<p>April 2022 then ongoing</p>	<p>In progress</p>
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**Focus Area 1.3**

Not all schools are welcoming of children and young people with SEND. Until very recently, the area's school effectiveness strategy has not prioritised SEND. As a result, area leaders' understanding of which providers have real strengths and which need further support is not comprehensive. There is untapped capacity in schools. Leaders are keen to share expertise. However, arrangements for partnership working between schools have been informal and ad hoc. (1)

<p><b>1.3.1</b> Update Slough School Effectiveness Strategy to include explicit reference to SEND children</p>	<p>AD Education &amp; Inclusion</p>	<p>Referenced in updated Slough School Effectiveness Strategy</p>	<p>All schools clear on roles and responsibilities with regards to the SEND area approach, as evidenced through school visits and feedback</p>	<p>June 2022</p>	<p>In progress</p>
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<p><b>1.3.2</b> Hold seminars and workshops on SEND for schools</p> <p>Progress the work started on Whole School SEND workshops delivered by the DfE</p>	<p>LA Inclusion Team</p>	<p>Evidenced in workshops held with distribution of resources before and after</p>	<p>Effective practice seen and evidenced in schools through feedback, sharing of effective practice and surveys (facilitated by the LA)</p>	<p>March 2022 then ongoing</p>	<p>In progress</p>
<p><b>1.3.3</b> Review and facilitate school-to-school support on effective practice in SEND and inclusion support delivery</p>	<p>LA Inclusion Team</p>	<p>Resources distributed</p> <p>Action plans from schools</p>	<p>Effective practice seen and evidenced in schools</p> <p>Reduction in the number of fixed-term and permanent exclusions of young people with EHCPs and those with SEND support</p> <p>Percentages regularly analysed</p>	<p>Summer term 2022 then ongoing</p>	<p>In progress</p>
<p><b>1.3.4</b> Work with schools to ensure they fully understand the SEND code of practice and statutory responsibilities</p>	<p>LA Inclusion Team</p>	<p>Evidence of resources and workshops being provided</p>	<p>Better understanding of the legal framework and processes of the SEND code of practice for schools, including the EHCNA process</p> <p>Children’s needs are met by schools and SEND team without additional support being required from external resources</p>	<p>Summer term 2022 then ongoing</p>	<p>In progress</p>
<p><b>1.3.5</b> Work with schools to understand how they prioritise and raise the profile of SEND and inclusion in their schools</p>	<p>LA Inclusion Team</p>	<p>SEND questionnaire and audit for each school</p>	<p>Data collection informs strategic approach which is then published and clear</p>	<p>Summer term 2022 then ongoing</p>	<p>In progress</p>



**Focus Area 1.4**

While able to cite some examples of effective information-sharing, early years leaders receive patchy information about children attending their settings and are largely dependent on information from parents about a child’s known SEND needs. Early years settings do not have a link health visitor, thereby missing an opportunity to identify needs. Each setting uses its own induction paperwork, which reflects the apparent lack of a consistent and systematic approach to information-gathering and sharing across the area. (1)

<p><b>1.4.1</b> Review induction paperwork with partners across all areas to ensure consistency of approach</p>	<p>LA CCG</p>	<p>Agreed updated paperwork for use in all areas</p>	<p>Consistent approach achieved to improve information gathering and sharing which allows for more strategic analysis and action</p>	<p>Sept 2022</p>	<p>In progress</p>
<p><b>1.4.2</b> Share 9–12-month and 2-year review data from health to LA for children where early identification suggests support is required to meet developmental milestones</p>	<p>LA S4H</p>	<p>Data sharing is in place</p>	<p>Early intervention through delivery of services to support child development, reducing the number of children requiring SEND support in settings/school</p> <p>Settings are aware of the needs of children from the outset, enabling the required support to be put in place in a timely way that supports children’s progress</p>	<p>Sept 2022</p>	<p>In progress</p>

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**Focus Area 1.5**

Arrangements for securing sufficient school places to cater for the differing needs of children and young people with SEND have been too loose and have contributed to inequity across the area. There are too few specialist places in local schools to meet the needs of the growing numbers of pupils identified with ASD. (1)



<p><b>1.5.1</b> Conduct review of all places and identify gaps in provision in the area to ensure a strategic approach to placing children in the most appropriate setting according to need</p>	<p>LA Inclusion Team</p>	<p>Strategic document produced that lays out all settings, provision and specialisms as well as identifying gaps and outlining how we will address them</p>	<p>Document informs strategic approach, both short and long term</p> <p>Develop resources to place children and young people in the most appropriate specialist provision</p>	<p>May 2022 then ongoing</p>	<p>In progress</p>
<p><b>1.5.2</b> Update Place Planning Strategy and include SEND</p>	<p>AD Education &amp; Inclusion</p>	<p>Place Planning Strategy approved and publicly available</p>	<p>Strategic approach to SEND place planning and ensuring young people have access to the provision best suited to their needs</p>	<p>Summer term 2022</p>	<p>In progress</p>

**Focus Area 1.6**

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While many schools provide effectively for pupils who have SEND, there is too much variation in the quality of support provided. In some cases, high staff turnover or difficulty in recruiting suitably qualified or experienced support staff exacerbates the problem. A general lack of parental confidence in education was conveyed to inspectors through letters, meetings with groups of parents and through the survey. In addition, until recently, the school effectiveness strategy has not had a clear enough focus on meeting the needs of children and young people with SEND. (1)

<p><b>1.6.1</b> Work in partnership with schools through the Slough School Effectiveness Strategy to promote the inclusion agenda</p>	<p>LA Inclusion Team and School Effectiveness Team</p>	<p>Slough School Effectiveness Strategy</p> <p>Surveys</p> <p>Resources provided</p> <p>Evidence of seminars and workshops, including rollout of emotion coaching and attachment needs of children</p> <p>Use of SEND networks</p>	<p>More positive parental engagement with schools, as evidenced by surveys</p> <p>More effective practice in schools</p> <p>Staff value CPD and become more skilled at understanding and supporting young people with SEND</p>	<p>Sept 2022 then ongoing</p>	<p>In progress</p>
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**Focus Area 1.7**

Children and young people’s outcomes are not improving. Weaknesses in joint working, poor and inequitable systems to identify, assess and meet children and young people’s needs, coupled with slow access to therapies are contributory factors. The situation is aggravated by variable implementation of the ‘graduated response’ and schools’ differing attitudes towards inclusion. Standards at the end of key stage 2 for pupils with SEND, both with and without an EHC plan, are below leaders’ expectations. (1)

<p><b>1.7.1</b> Work with schools through the Slough School Effectiveness Strategy and SEND and Inclusion Strategy to ensure ‘graduated response’ is understood and implemented</p>	<p>LA Inclusion Team and School Effectiveness Team</p>		<p>More effective partnership work to identify, assess and meet needs with particular focus on access to therapies</p>	<p>Sept 2022</p>	<p>In progress</p>
<p><b>1.7.2</b> Action to address ‘slow access to therapies’: this is covered in <a href="#">Focus Area 7.2</a></p>					<p>In progress</p>

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**Focus Area 1.8**

Less than 10% of parents who responded to the survey said that their child had been supported by local services to prepare for life as an adult. Pathways into adulthood are limited. While there was some positive feedback regarding ‘Project Search’, an established internship programme, there was negative evidence indicating that other young people circulate through college courses that occupy time but do not recognise the young person’s interests or ambitions for the future. The proportion of adults with a disability in paid employment is low in the Slough area. (1)

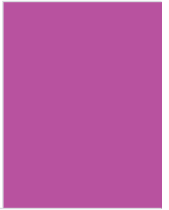
<p><b>1.8.1</b> Review and strengthen access for CYP with SEND to work experiences, supported internships and employment opportunities, from Y10 onwards as part of Preparation for Adulthood</p>	<p>LA</p>	<p>Direct links between our schools and colleges and Slough Business Partners are established/ strengthened</p> <p>A partnership strategy is in place which identifies mechanisms and targets for increasing number of young adults with SEND and disabilities in paid employment</p>	<p>Reduction in NEET figures</p> <p>Targets for increasing number of adults with SEND and disabilities in paid employment are met</p>	<p>Sept 2022 and ongoing</p>	<p>In progress</p>
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<p><b>1.8.2</b> Work with post-16 providers to ensure breadth, quality and sustainability of provision, allowing young people to achieve appropriate outcomes and ambitions for the future</p>	<p>LA</p>	<p>Young people’s outcome targets for post-16 and PFA are consistently met</p> <p>Reduction in the repetition of entry level courses which do not align with outcomes or young people’s interests</p>	<p>Young people and their families report increased levels of satisfaction with the local offer</p> <p>Young people and their families are confident that the post-16 offer meets the needs of SEND students and that their views are heard and taken into account</p>	<p>Sept 2022 and ongoing</p>	<p>In progress</p>
<p><b>1.8.3</b> Establish a multi-agency Transition Pathways Group (TPG) to enable more effective joint commissioning and strategic implementation of the PFA Good Practice Toolkit across all services</p>	<p>LA</p>	<p>Stakeholders from all organisations, alongside CYP family/carer representation, are working in partnership through the TPG to ensure a clear understanding of the PFA ambitions and aspirations of CYP with SEND</p> <p>The PFA Good Practice Toolkit is implemented across all services and is integral to annual reviews from Y9 onwards</p> <p>Increased contribution from social care and health at Y9, post-16 and post-19 transition planning reviews (see also Focus Area 5.3)</p> <p>Pathways and assessment processes related to PFA are clearly outlined and communicated via the local offer, as well as signposted by key professionals</p> <p>There will be a demonstrable link between EHCP data and commissioning of services in adult care and education</p>	<p>CYP and families report increased confidence and satisfaction in the transition process</p> <p>There is an increase in the number of supported internships and apprenticeships that lead to employment for young people with SEND, linked to the strategic targets to be identified through Action 1.8.1</p>	<p>June 2022 and ongoing</p>	<p>To be started</p>



Jointly agreed shared data sets with adult services are in place, so that destinations of all SEND learners with EHCPs are tracked up until age 25 years to inform effective planning and support



## Priority Two

**Statement:** The overlooked voice of the children and young people with SEND and their families and consequent lack of understanding of their lived experiences and the lack of readily available, helpful and accurate information in this regard.

**Outcome:** The voice of children and young people with SEND living in Slough will be clearly identifiable across all services. Children, young people and their families will feel included in decision-making processes. Children, young people and their families will easily be able to access support and guidance and there will be a clear service offer in place via the local offer website.

### Focus Area 2.1

The majority of parents and carers do not feel understood, welcomed or helped. Many parents report ‘fighting’ over years to have their child’s needs identified and supported, without success. Communication with area SEND services is difficult. Parents/carers and professionals rely on people they know. The valiant efforts of individual staff mean that while some families have positive stories to tell, many struggle to find or access the help they need. (2)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress
Page 30 <b>2.1.1</b> Review systems and processes for stakeholder communication with SEND services and parents/carers in particular, with a view to ensuring that they feel welcomed, listened to and supported	SEND Service	Document produced that lays out improved systems and processes  Surveys  Refreshed SEND and Inclusion Strategy, co-produced with all stakeholders	Transparency and accountability in all processes  Positive interaction with SENDIASS and positive survey feedback from partners and parents/carers	Sept 2022	In progress
<b>2.1.2</b> Ensure data is used to capture support and communication between SEND services and parents/carers	SEND Service	Evidence of data capture (e.g., surveys) and analysis discussed and acted upon	Parents/carers report back they receive good communication and feel effectively supported by the SEND Service	Autumn term 2022	In progress





<p><b>2.1.3</b> Ensure a way to capture case studies is used in order to celebrate the positives as well as act on areas for development</p>	<p>SEND Service</p>	<p>Case-study proforma used and discussed at strategic boards</p> <p>Interaction with parent/carers groups</p>	<p>The SEND Service has a deeper understanding of lived experiences and acts on specific feedback where required to improve processes and communication (details of any such actions taken are fed back to all stakeholders)</p>	<p>Autumn term 2022</p>	<p>In progress</p>
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**Focus Area 2.2**

Thresholds for referral and the scope of panels are not well understood by professionals. The information available about services, systems and thresholds is disjointed. There is no clear system of oversight for coordinating and coherently sharing what is available within the area's 'graduated response'. (2)

<p><b>2.2.1</b> Review the governance and develop documentation that clearly lays out to professionals the scope of all panels in the system, including the review of panels themselves</p>	<p>LA CCG</p>	<p>Document co-produced and distributed outlining panels, descriptions, roles and responsibilities</p>	<p>Clearer and transparent understanding of the panels by professionals and a clear understanding of thresholds and scope of the panels</p>	<p>Sept 2022</p>	<p>In progress</p>
<p><b>2.2.2</b> Review and ensure a system for the coordination and sharing of information around the 'graduated response' is in place and that it is understood by all</p>	<p>LA CCG</p>	<p>Evidence of information and events regarding the 'graduated response', with parent partnerships, such as Special Voices, and individual parents/carers</p> <p>Development of a clear infographic explaining the 'graduated response'</p> <p>All above reflected on Slough's local offer website</p>	<p>Stakeholders understand the 'graduated response' and are clear as to its purpose</p> <p>Parents/carers have a clear understanding of their roles with regards to the 'graduated response'</p> <p>More effective use of the 'graduated response' in practice</p>	<p>Sept 2022</p>	<p>In progress</p>



**Focus Area 2.3**

Poor communication, a limited supply of and access to information, and a lack of case worker availability results in many parents and carers feeling angry and frustrated. Too frequently, action hinges on personal contacts and networks, feeding into the area-wide inequity acknowledged by leaders. Around half of the parents and carers who responded to our survey or spoke to inspectors said they did not have access to advice and support about SEND in the area. (2)

<p><b>2.3.1</b> Review and develop systems to ensure parents/carers have appropriate access to their case worker and there are clear expectations around communication and timeliness of response</p> <p>This also includes other stakeholders, such as schools and those without an EHCP</p>	<p>SEND Service</p>	<p>Documentation produced that lays out protocol and expectations</p> <p>Escalation protocol developed</p>	<p>Transparency and accountability in the process</p>	<p>June 2022</p>	<p>In progress</p>
<p><b>2.3.2</b> Ensure surveys with views of parents/carers, children and young people with SEND and other stakeholders on efficacy of access to information is captured, analysed and acted upon</p>	<p>LA SCF CCG</p>	<p>Survey feedback</p> <p>Results published on either termly or annual basis on the local offer website for transparency</p>	<p>Understanding of stakeholders' issues</p> <p>Parents/carers report back positive experiences</p>	<p>Sept 2022</p>	<p>In progress</p>

**Focus Area 2.4**

The local offer is not sufficiently helpful, informative or up to date. A significant proportion of parents and carers were unaware of its existence. Those parents and carers familiar with the local offer website reported that it was of limited help. For example, at a basic level, parents reported phoning the number advertised and never having their call answered. (2)



<p><b>2.4.1</b> Review and redesign the local offer with partners, including children, young people and parent/carers, to ensure it is helpful and accessible to parents/carers, young people and professionals so that they understand what is on offer to meet children’s needs</p>	<p>LA SCF CCG</p>	<p>Changes and redesign of local offer website and documentation in line with feedback from stakeholders and accessibility standards</p> <p>Feedback is systematically collected using a range of formal and informal mechanisms</p> <p>Evidence of developments as a result of feedback and closing feedback loop with ‘you said, we did’ and sharing at engagement events</p> <p>Use of guidance standards set and approved by strategic board</p> <p>Engagement timetable with a plan for annual focus groups with CYP and parents/carers and mystery shop/find-it-first activities</p>	<p>Stakeholders report back positive experience of use of local offer</p> <p>Stakeholders can access resources and information to help them</p>	<p>Sept 2022</p>	<p>In progress</p>
<p><b>2.4.2</b> Ensure that the local offer website is well publicised to parents/carers, children, young people and professionals</p>	<p>LA SCF CCG</p>	<p>Communication and Engagement Plan showing engagement campaigns with parents/carers, children, young people and professionals via schools, early years settings, local authority, voluntary sector organisations and faith groups</p> <p>Range of accessible promotional materials produced</p> <p>Parent/carer survey pre and post implementation of Communication and Engagement plan</p>	<p>Stakeholders report awareness of the local offer website</p> <p>Baseline established and SEND board agreed ambition for % increased visits to local offer website in 6 months’ time and in 12 months’ time (recent data: 5,375 unique page visits from 1 Feb 2020 to 31 Jan 2021; 7,156 unique page visits from 1 Feb 2021 to 1 Feb 2022)</p>	<p>Sept 2022</p>	<p>In progress</p>

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<p><b>2.4.3</b> Review all content and information on the local offer to ensure it is up to date, useful and updated systematically</p>	<p>LA SCF CCG</p>	<p>Evidence of regular checks and report-back on local offer website</p> <p>Timetabled updates using standard templates to be utilised</p> <p>Escalation to Strategic Board where services do not comply with expectations – actions and timescales set</p>	<p>Stakeholders report all content is up to date and a positive user experience</p>	<p>Sept 2022</p>	<p>In progress</p>
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### Priority Three

**Statement:** There is a lack of effective use of meaningful performance information to inform the area’s strategy and planning, as well as to evaluate its effectiveness.

**Outcome:** Organisations will collect and collate meaningful local data to ensure that clear reporting and management information can be generated, tracked and evaluated against measurable benchmarks. This will ensure that a consistent, transparent representation of strengths is maintained and will also be used to self-identify any areas requiring improvement, which can be used to feed into the area’s strategy and planning.

**Focus Area 3.1**

Leaders have not maintained a consistently clear, shared understanding of the effectiveness of the area. Current leaders are realistic in the weaknesses they identify. However, leaders’ self-evaluation does not draw well enough on reliable performance information or the lived experiences of children and young people with SEND and their families. (3)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress
Page 33 <b>3.1.1</b> Review and update the SEF to ensure it is current and accurate and keep it continuously updated	LA SCF CCG	SEF document Evidence of review and update	Stakeholders have a strong understanding of the local area’s strengths and areas for development	April 2022 then ongoing	In progress
<b>3.1.2</b> Ensure SEF includes wider data and overall performance indicators	LA Insight Team	Inclusion of data and performance indicators in SEF	Data is used as key driver for all strategies with targets and KPIs created	April 2022	In progress
<b>3.1.3</b> Ensure SEF includes specific data and reference to the lived experiences of children and young people with SEND and their parents/carers	LA Insight Team	Inclusion of data in SEF Data dashboard (see 3.5.1) set up and is frequently updated and reviewed at board level	Better understanding of experience and feedback from parents/carers and children and young people	Summer term 2022	In progress



Focus Area 3.2

There is insufficient performance information about the difference the area is making to the lives of children and young people with SEND. What information there is, is not analysed systematically to support effective self-evaluation and improvement or to ensure equitable funding decisions. Leaders have not been well-placed to systematically spot and address gaps in current provision or plan effectively to meet future demands. For example, OT services are currently overwhelmed with referrals and requests for contributions to EHC plans, with no effective strategy to address this against measurable benchmarks. Furthermore, area leaders do not possess an accurate understanding of the views of parents and carers. There is no effective system to address long-standing disputes and complaints. (3)

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<p><b>3.2.1</b> Ensure performance data is captured specifically to support equitable and transparent decision-making on funding</p>	<p>SEND Service</p>	<p>Funding decisions are demonstrably equitable and supported by data</p> <p>Performance data used to support funding decisions is made available, e.g., via SEND panel, in consistent, comparable data sets</p> <p>Commissioned contracts</p>	<p>Availability of plentiful, systematically analysed performance data supports equitable funding decisions</p> <p>In feedback, stakeholders understand and welcome consistency and transparency in data-informed decision-making about funding</p>	<p>April 2022</p>	<p>In progress</p>
<p><b>3.2.2</b> Develop a process for capturing and benchmarking data to address areas such as waiting times for therapies and assessments</p>	<p>CCG</p>	<p>Evidence of data captured, e.g., surveys</p> <p>Data captured, including on waiting times, displayed on data dashboard</p>	<p>Stakeholders have clearer understanding of need, driven by data and creation of KPIs</p> <p>Reductions in waiting times mean services less likely to become overwhelmed. OT waiting times are addressed in much more detail in <a href="#">Focus Area 7.2</a></p>	<p>May 2022</p>	<p>In progress</p>



<p><b>3.2.3</b> Develop and review complaints system in order to capture and act more quickly upon parents'/carers' complaints and increase transparency in the whole process</p>	<p>LA SCF CCG</p>	<p>Protocol written and shared</p>	<p>More transparency and understanding of complaints process</p> <p>Majority of complaints resolved to completion in a timely manner</p>	<p>June 2022</p>	<p>In progress</p>
<p><b>3.2.4</b> Develop and implement a system designed to capture and collate a wide representation of parent and carer views and make them available to area leaders</p> <p>See <a href="#">Priority 4</a> for details on the Communication and Engagement Plan and the range of formal and informal mechanisms to be used to capture the views and lived experiences of parents/carers as well as CYP</p>	<p>LA SCF CCG</p>	<p>Communication and Engagement Plan</p> <p>Feedback from surveys, participation groups, interviews and other engagement activities, as outlined in <a href="#">Priority 4</a></p>	<p>Area leaders possess a clear understanding of parent/carers views and proactive steps are taken to address any concerns</p>	<p>December 2022</p>	<p>In progress</p>

**Focus Area 3.3**

Leaders are aware that too many pupils with an EHC plan are absent from school too often. While this is known to leaders, there is a lack of analysis as to why this is the case, and there is no clear plan of action to address the situation. (3)

<p><b>3.3.1</b> Review and develop systems to allow data about pupils with an EHCP who are absent from school and those on a school roll who are persistently absent to be gathered, analysed and insights shared</p>	<p>SBC SEND Service Attendance Service</p>	<p>Protocol for data gathering, analysis and sharing written and shared</p> <p>Better communication of insights with schools so that all stakeholders understand the issues driving absenteeism</p>	<p>Better understanding of why some children are missing school</p>	<p>July 2022</p>	<p>In progress</p>
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<p><b>3.3.2</b> Based on the analysis of data enabling a better understanding of why too many pupils with an EHCP are absent from school too often, draw up and implement an action plan to reduce absences</p>	<p>SBC SEND Service Attendance Service</p>	<p>Data- and insights-informed action plan written and shared and implementation underway</p>	<p>Increase in school attendance</p>	<p>July 2022</p>	<p>In progress</p>
<p><b>3.3.3</b> Investigate the increase in children and young people electively home educated (EHE) to understand the SEND needs</p>	<p>LA</p>	<p>Action plan to address issues</p>	<p>Ensure all children who are EHE are monitored effectively</p>	<p>July 2022</p>	<p>In progress</p>

**Focus Area 3.4**

Slough data indicates that the proportion of young people with SEND without an EHC plan who are participating in education at age 17 has declined and is low at age 19 when compared with statistical neighbours. (3)

<p><b>3.4.1</b> Develop an action plan to increase participation in education for young people with SEND and no EHCP</p>	<p>LA SCF</p>	<p>Action plan with milestones in place</p>	<p>Increased participation for young people at least in line with statistical neighbours</p>	<p>April 2022</p>	<p>In progress</p>
<p><b>3.4.2</b> Use data to track, monitor and assess participation in education in order to measure success, draw out insights about the effectiveness of the action plan and adapt the plan as appropriate if necessary</p>	<p>LA SCF CCG</p>	<p>Data sheets and analysis Evidence of actions taken and of review of action plan measures in line with data</p>	<p>Ongoing cycle of increased participation for young people</p>	<p>April 2022 and ongoing</p>	<p>In progress</p>

**Focus Area 3.5**

Over time, area leaders have not secured a suitable range of performance information and analysis to support accurate self-evaluation in order to prioritise and drive improvement. Wide inconsistencies in service delivery across the area result in inequitable opportunities for children and families. While leaders describe a complex local context, this has not translated into an analysis of the barriers faced by different communities or different geographical areas of Slough. (3)



<p><b>3.5.1</b> Develop and implement a comprehensive and systemic data and performance dashboard that will drive improvement, set priorities and inform strategy</p>	<p>LA Insight Team</p>	<p>Protocol written and shared</p> <p>Examples of Slough LA data dashboard gathered as evidence</p> <p>Setting of priorities based on data</p>	<p>Strategy informed by data</p> <p>Stakeholders have laser-sharp understanding of the local area in order to be able to prioritise and drive improvement</p> <p>KPIs and actions plans created</p>	<p>Summer term 2022</p>	<p>In progress</p>
<p><b>3.5.2</b> Ensure effective management information system (MIS) is in place to extract specific data on all children and young people, such as primary need, in order to inform current and future strategy</p>	<p>LA School Information Team</p>	<p>Evidence of data use and extraction</p> <p>Protocol for use of MIS written and shared</p>	<p>Improved understanding of the cohort of children and young people with an EHCP in order to drive strategy</p>	<p>Summer 2022</p>	<p>In progress</p>





## Priority Four

**Statement:** There are limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services.

**Outcome:** Empowering and supporting children and young people with SEND and their parents/carers to influence local SEND policy and service design and review services so provision can be delivered in a way that better meets their needs.

### Focus Area 4.1

Information on the local offer website is not consistently easy to find, useful or up to date. Avenues for support such as the SEND information, advice and support service (SENDIASS) and the parent/carer forum, Special Voices, are not universally known about or accessible to parents, including those of a child or young person with an education, health and care plan (EHCP). However, parents who have accessed and used these services praise the support and advice they have received. (4)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress
<p><b>4.1.1</b> Ensure that parents/carers, CYP and professionals know about the local offer website, and that information is useful, up to date and improved with their help</p> <p>This action is addressed in <a href="#">Focus Area 2.4</a></p>					In progress
<p><b>4.1.2</b> Ensure that every parent/carer of a child with SEND knows about local support services such as SENDIASS and Special Voices</p> <p>See <a href="#">Priority Focus Area 2.4</a> for actions relating specifically to improvements to the local offer website</p>	LA	<p>Communication and Engagement Plan showing engagement campaigns with parents/carers, children, young people and professionals via schools, early years settings, local authority, voluntary sector organisations and faith groups</p> <p>Range of accessible promotional materials produced; SENDIASS and Special Voices are featured more prominently on local offer homepage, including full range of contact details available</p> <p>Seek consent from families at first contact to share information on local services and review all the other points during a family’s journey to signpost to support services, e.g., When EHCP is first requested, if plan is declined, upon completion, annual reviews</p>	<p>Stakeholders are informed of support services</p> <p>Baseline established and SEND board agreed ambition for increase in number of parents/carers supported by SENDIASS and Special Voices in 6 months’ time and in 12 months’ time</p>	December 2022	In progress



Focus Area 4.2

Collaborative work between professionals and children and their families to plan services, known as co-production, is weak. Parental representation is largely limited to a representative of Special Voices attending key decision-making groups. There is no strategic arrangement in place for consulting and co-producing services with children and young people who have SEND. (4)

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<p><b>4.2.1</b> Ensure a wide range of opportunities are on offer for children and young people, including children with SEND, and for parents/carers to participate both individually and strategically, including representation at strategic boards as well as on task and finish subgroups and/or implementation groups</p>	<p>LA</p>	<p>Evidence that engagement happens in a range of different services and settings, not just those specifically focused on SEND</p> <p>Opportunities for children and young people with SEND and parents/carers to take part in different types of decisions, e.g., planning, service delivery, evaluation, communications</p> <p>A varied approach and range of different delivery models and methods are used, including seeking input outside of formal meetings</p> <p>Parent/carer voice and youth voice are standing items at SEND strategic board meetings</p>	<p>Increased representation on existing forums that reflect the local population, such as Slough Youth Parliament, Reach Out Group, Young Health Champions</p> <p>Participation groups have improved links to SEND-specific forums and parent/carer forums</p>	<p>Dec 2022</p>	<p>In progress</p>
<p><b>4.2.2</b> Ensure young people with SEND and parents/carers have access to information about engagement opportunities and understand how they can get involved and that it is their right to participate and be included</p>	<p>LA</p>	<p>Joint Participation Strategy in place</p> <p>Communication and Engagement Plan outlining engagement campaigns with children, young people, parents/carers and professionals via schools, early years settings, local authority, voluntary sector organisations and faith groups</p> <p>Range of accessible promotional materials produced</p>	<p>Participation groups are supported to be more inclusive and are more representative, with increased representation at universal groups such as Youth Parliament and Young Health Champions</p>	<p>Dec 2022</p>	<p>To be started</p>



<p><b>4.2.3</b> Ensure children and young people with SEND and their parents/carers are effectively supported to participate meaningfully</p>	<p>LA</p>	<p>Young people have equal access to engagement activities</p> <p>Activities are appropriate to the age, abilities and access requirements of the young people and planned with young people</p> <p>Input outside of formal meetings, e.g., coffee mornings, schools, surveys, social media</p> <p>Feedback is systematically collected using a range of formal and informal mechanisms and is used to improve activities and services</p> <p>Participants have regular opportunities to meet with strategic decision-makers</p> <p>Engagement takes place at operational and strategic levels and at an individual levels</p> <p>Engagement is built into activities in a proactive and planned way</p> <p>Participants receive training and support to understand their right to take part in decision-making</p> <p>Staff are equipped with the knowledge, tools and skills to promote and support participation</p> <p>'You said, we did' evaluation reports</p>	<p>Participants report they receive the required support to access engagement opportunities and understand how their contributions will be used</p> <p>Participants report that they are satisfied that their views have been listened to and acted upon</p> <p>Participants report that they have gained something (skills, confidence, new experiences) from their involvement</p> <p>Participants are rewarded and recognised for their contributions</p> <p>% of staff receiving disability equality training</p> <p>Increased staff across MDTs attending participation training</p>	<p>March 2023</p>	<p>In progress</p>
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Service transformation in areas such as design, service delivery, evaluation and communications is planned and/or in implementation with the involvement of parents/ carers and CYP as equal partners

Engagement takes place at operational and strategic levels (e.g. through representation on implementation groups, task and finish sub groups and/or strategic boards), as well as at an individual level'

In progress

**Focus Area 4.3**

The involvement of children and young people with SEND and their families in co-production is very limited. Although they are often consulted about individual services, their voice is not heard or influential at a strategic level in the planning, design, delivery or evaluation of the local area's offer. Consequently, the full range of services available in the area is not well known to parents and carers. (4)



<p><b>4.3.1</b> Implement a Slough-wide commitment to participation, including the participation of children and young people with SEND and parents/carers individually, operationally and strategically</p>	<p>LA CCG BHFT SFC</p>	<p>Short-term ambition Commitment to SEND participation via a joint charter; youth voice is included in LA’s refreshed youth offer</p> <p>Refresh of LA’s MOU with Special Voices</p> <p>Menu of opportunities exists with associated support</p> <p>Longer-term ambition A consolidation of existing participation strategies into a joint, Slough-wide strategy identifying the group and structures that underpin participation in Slough and including a commitment for children with SEND and parents/carers to influence ‘mainstream’ or ‘universal’ services, not just those specifically focused on disability</p> <p>Practitioners, young people and parent/carers have a shared understanding of the opportunities available, levels of participation and the purpose of their participation</p> <p>Objectives have been designed with children and young people and parents/carers</p> <p>There are mechanisms to ensure that universal participation groups link strategically and sustainably with local SEND organisations/teams and CYP via surveys, schools or SEND participation groups</p>	<p>Parents/carers and CYP are key partners in service transformation and meaningfully contributing to different types of decisions, e.g., planning, service delivery, evaluation, communications</p> <p>Increased representation at universal forums and/or creation of SEND participation group</p>	<p>Short-term ambitions met by Dec 2022; longer-term ambitions by April 2023</p>	<p>To be started</p>
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<p><b>4.3.2</b> Ensure the current programme to redesign commissioned short breaks by SCF and change arrangements for the use of direct payments (DP) has co-production as a central focus</p> <p>(see also Action 6.4.1 and 6.4.5)</p>	<p>SCF</p>	<p>Project plan has built-in timescale to allow for effective consultation and engagement throughout selection</p> <p>Commissioners have linked with SBC task and finish group</p> <p>In addition, commissioners have liaised with the CCG to ensure that they are linked into the task and finish group around the personalisation agenda that is being pursued through that avenue</p> <p>SCF to streamline the work required to fill the gaps between the two task and finish groups, ensuring both a holistic and streamlined offer to families as well as no duplication of work</p>	<p>Improved satisfaction in the way DP can be used</p> <p>Increased transparency in access</p> <p>Offer is influenced by stakeholder opinion and choices</p>	<p>Monitoring and initial data collection is in place</p> <p>Further work to benchmark and model is required to progress commissioning from April 2022–April 2023</p>	<p>In progress</p>
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**Focus Area 4.4**

Only 40% of parents and carers who expressed their views feel that their child’s outcomes are improving. Parents expressed wide-ranging concerns relating to a lack of continuity in education and mental health support, as well as the absence of essential therapies. Parents say that these weaknesses have affected their children’s overall progress in a negative way. (4)



<p><b>4.4.1</b> Make a commitment to seek out the views of parents/carers to better understand their concerns and improve services with their help, including a review of parent/carer concerns about mental health support</p>	<p>LA BHFT</p>	<p>Parent/carer involvement and feedback via the Neurodiversity Network</p> <p>Service feedback is systematically collected using a range of formal and informal mechanisms and is used to improve activities and services</p> <p>Parent/carer feedback in the joint Local Transformation Plan for CYP wellbeing, mental health and neurodiversity</p> <p>Information from individual decision-making processes (such as assessments or reviews) feed into strategic processes</p> <p>Evidence of developments because of parent/carer feedback and closing feedback loop with 'you said, we did' engagement events</p>	<p>Parents/carers report that they are satisfied that their views have been listened to and acted upon</p> <p>Concerns are being addressed via service transformation with parents/carers contributing as equal partners</p> <p>Reduction in complaints (about both services and EHCPs)</p>	<p>March 2023</p>	<p>In progress</p>
<p><b>4.4.2</b> 'Parental concerns about lack of continuity in education': this point is addressed in <a href="#">Priority 1</a></p> <p>Concerns about 'the absence of essential therapies': this point is addressed in <a href="#">Priority 7</a></p>					<p>In progress</p>

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## Priority Five

**Statement:** The timeliness with which EHC plans are produced and updated, particularly nearing transition points, and the absence of systematic processes for the quality assurance of EHC plans.

**Outcome:** All EHC plans will be produced and updated to a consistently high standard and completed within the statutory assessment and review timescales. There will be robust systematic processes in place, internally, for quality assurance.

### Focus Area 5.1

Statutory assessment processes are not completed efficiently enough, and the area takes too long to produce EHC plans. This compromises effective and timely placement within and beyond early years and impacts negatively on transition across all phases. (5)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress
<b>5.1.1</b> Complete review of current operating model and capacity within statutory SEND team, with focus on caseload management and compliance with statutory EHCNA timescales and responsibilities	SEND Service	Deficits in resource and capacity identified  Operating model for processing EHCNAs updated	Sufficient SEND officers in post to ensure caseloads are set at a level that consistently produces EHCPs within statutory timescales, in line with following targets: <ul style="list-style-type: none"> <li>• After 3 months, at least 30% within 20 weeks</li> <li>• After 6 months, at least 45%</li> <li>• After 9 months, at least 60%</li> </ul>	April 2022	In progress
<b>5.1.2</b> Recruit additional capacity within SEND team to fully implement new operating model	SEND Service	Staff recruited and additional capacity embedded	Sufficient SEND manager capacity in place to ensure compliance and monitor delivery of new operating model	June 2022	In progress
<b>5.1.3</b> Address current vacancies in Educational Psychology service to increase capacity for statutory EHCNA work	Inclusion Team	Recruitment to current vacancies has been successful	Psychological advice for EHCNA completed within statutory 6-week timescale, reducing pressure on SEND team around 20-week process	June 2022	In progress



<p><b>5.1.4</b> Develop a local recruitment and retention strategy for SEND and Educational Psychology to attract and retain high quality staff within Slough</p>	<p>Inclusion Team</p>	<p>Factors including staff experience of working in Slough and local market are fully understood and measures identified to address them</p>	<p>Level of ongoing vacancies is minimised, and staff report benefits of improved stability and morale</p>	<p>April 2022</p>	<p>In progress</p>
<p><b>5.1.5</b> Implement and embed new operating model for processing and completing EHCNAs, incorporating IT solutions that enable an electronic EHCP 'portal' platform as part of model</p>	<p>SEND Service</p>	<p>A clearly defined 20-week process is in place, which embeds efficiencies appropriately while maintaining quality and person-centred practice</p> <p>Appropriate IT platform for electronic EHCPs is identified and implementation plan ensures quality and compliance are not negatively impacted</p>	<p>EHCNAs completed within 20-week timescales in line with targets in 5.1.1</p> <p>CYP, parents/ carers and professionals are able to contribute to and check progress of EHCNA process online</p> <p>Stakeholders report improvements in levels of responsiveness, transparency and co-production</p>	<p>June 2022</p>	<p>In progress</p>
<p><b>5.1.6</b> Develop use of data platforms to ensure EHCNA data is used to fullest capacity to identify trends (volume, need, timeliness) and manage performance</p>	<p>SEND Service</p>	<p>SEND data dashboard (as referenced in 3.5.1) includes:</p> <ul style="list-style-type: none"> <li>• % whether to assess decisions within 6 weeks</li> <li>• % EP advice completed within timescale</li> <li>• % health advice completed within timescale</li> <li>• % social care advice completed within timescale</li> <li>• % whether to issue decisions made within 16 weeks</li> <li>• % EHCPs finalised within 20-weeks</li> </ul>	<p>Data provides a detailed overview of each step of the 20-week process, and all agencies who contribute to EHCNAs work together to improve performance regarding timely completion of EHCPs</p>	<p>May 2022</p>	<p>In progress</p>

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**Focus Area 5.2**

Requested changes to EHC plans following annual reviews are not completed in a timely manner. Many children and young people are in possession of extremely outdated plans. High levels of staff turnover and the associated relative inexperience of new staff have exacerbated the situation. (5)



<p><b>5.2.1</b> Complete review of current operating model and capacity within statutory SEND team, with focus on caseload management and compliance with annual review and phase transfer timescales and responsibilities</p>	<p>SEND Service</p>	<p>Operating model for processing annual reviews and phase transfers is updated</p> <p>Deficits in resource and capacity identified – to date an additional manager post has been identified and will go to advert in February 2022</p> <p>Proposals are also already prepared for additional interim staff and permanent additional data officer and assistant case officers</p>	<p>Sufficient SEND officers in post to ensure caseloads are set at a level that consistently processes annual reviews to update EHCPs within statutory timescales</p> <p>Sufficient SEND manager capacity in place to ensure compliance and monitor delivery of new operating model</p>	<p>April 2022</p>	<p>In progress</p>
<p><b>5.2.2</b> Recruit additional capacity within SEND team to fully implement new operating model</p>	<p>SEND Service</p>	<p>Staff recruited and additional capacity embedded</p>	<p>Sufficient SEND officers in post to ensure caseloads are set at a level that consistently processes annual reviews to update EHCPs within statutory timescales</p> <p>Sufficient SEND manager capacity in place to ensure compliance and monitor delivery of new operating model</p>	<p>June 2022</p>	<p>In progress</p>
<p><b>5.2.3</b> Implement and embed new operating model for processing and completing annual reviews and updating EHCPs, incorporating IT solutions that enable an electronic EHCP ‘portal’ platform as part of model</p>	<p>SEND Service</p>	<p>A clearly defined annual review process is in place, which embeds efficiencies appropriately while maintaining quality and person-centred practice</p> <p>Appropriate IT platform for electronic EHCPs is identified and implementation plan ensures quality and compliance are not negatively impacted</p>	<p>Annual reviews and updating of EHCPs completed within statutory timescales</p> <p>CYP, parents/ carers and professionals able to contribute to and check progress of annual review online</p> <p>Stakeholders report improvements in levels of responsiveness, transparency and co-production</p>	<p>June 2022</p>	<p>In progress</p>

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<p><b>5.2.4</b> Develop use of data platforms to ensure annual review data is used to fullest capacity to identify trends (volume, need, timeliness) and manage performance</p>	<p>SEND Service</p>	<p>SEND data dashboard (see 3.5.1) includes % annual reviews completed within statutory timescale (i.e., convened by education provider within 12 months and LA decision / EHCP amendments made within 4 weeks)</p>	<p>Data provides a detailed overview of annual review process and is used to improve performance with regard to timely completion and identification of next steps (i.e., EHCP amendments, LA decisions required, consultations)</p>	<p>May 2022</p>	<p>In progress</p>
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**Focus Area 5.3**

EHC plans are produced and amended far too slowly. There is no consistent auditing of EHC plans across the area. Therefore, the quality and consistency of EHC plans are not routinely assured. The absence of social care provision where this is required due to the child or young person’s identified needs, as well as the variable inclusion and quality of health information, means that children and young people with SEND in the Slough area do not have their needs reliably assessed or met. (5)

<p><b>5.3.1</b> Establish a multi-agency Quality Assurance (QA) Framework for EHCPs to ensure effective and sustainable mechanisms to reevaluate quality as well as compliance</p>	<p>SEND Service</p>	<p>Voice of the child is clear – parents/carers can recognise their child and the young person can recognise themselves within the plan</p> <p>Health and social care needs and provision are identified and defined, underpinned by an evidence base</p>	<p>Multi-agency QA framework and all activities linked to it are embedded</p> <p>Stakeholders report improvements in levels of satisfaction, quality, consistency and co-production</p>	<p>June 2022</p>	<p>In progress</p>
<p><b>5.3.2</b> Develop more effective joint working between social care practitioners and SEND officers, to ensure consistency of contribution to EHCNA process</p>		<p>Quantification and specificity of provision in plans</p> <p>Language is specific and accessible</p>	<p>Consistency of social care contribution to EHCPs improves</p> <p>CYP and families report improvements in the experience of how assessments are co-ordinated to produce a holistic EHCP</p>	<p>May 2022</p>	<p>In progress</p>
<p><b>5.3.3</b> Develop more effective joint working between health practitioners and SEND officers, to ensure consistency of contribution to EHCNA process</p>		<p>Plans describe appropriate provision over and above Quality First Teaching and resources normally available to mainstream settings</p>	<p>Consistency of health contribution to EHCPs improves</p> <p>CYP and families report improvements in the experience of how assessments are co-ordinated to produce a holistic EHCP</p>	<p>May 2022</p>	<p>In progress</p>

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<p><b>5.3.4</b> Review and strengthen supervision of casework for SEND officers and establish KPIs against which to identify and address performance issues</p>	<p>SEND Service</p>	<p>Gaps in skills and practice have been identified and a programme of high-quality CPD is in place</p> <p>Feedback from QA process is applied to ongoing cycle of improvement</p>	<p>Systems are embedded to monitor individual/team performance and the quality of EHCP delivery</p> <p>Practitioners feel supported and quality of practice improves</p> <p>Stakeholder satisfaction has increased and complaints have reduced</p>	<p>April 2022</p>	<p>In progress</p>
<p><b>5.3.5</b> Review and strengthen transition review processes to ensure consistency of contribution, co-production and quality of amended plans</p>	<p>SEND Service</p>	<p>Voice of the child is clear – parents/carers can recognise their child and the young person can recognise themselves within the plan</p> <p>Health and social care needs and provision are identified and defined, underpinned by an evidence base</p> <p>Quantification and specificity of provision in plans</p> <p>Language is specific and accessible</p> <p>Plans describe appropriate provision over and above Quality First Teaching and resources normally available to mainstream settings</p>	<p>Stakeholders report improvements in levels of satisfaction, quality, consistency and co-production</p> <p>CYP and families report improvements in the experience of how transition reviews are co-ordinated to produce a holistic amended EHCP</p>	<p>April 2022</p>	<p>In progress</p>

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## Priority Six

**Statement:** The absence of social care considerations in EHC plans, for children and young people not known to children’s social care, and in services in the area, including the lack of age-appropriate social opportunities for children and young people and limited offer of short-break or respite services for parents and carers.

**Outcome:** The social care needs of children and young people with SEND will be correctly identified, assessed, and met enabling children and young people with SEND to participate on an equal footing with their peers. Children and young people with SEND will not miss out on any ordinary childhood experiences. There will be effective timely transition planning for children and young people with SEND moving into adult care as well as opportunities to develop independence skills in preparation for adulthood.

### Focus Area 6.1

The social care needs of children and young people with SEND are not routinely or reliably identified, assessed or met unless they are known to children’s social care. While some statutory elements are stronger, such as the linking of child protection and child in need plans to EHC plans, statutory disability assessments are not consistently completed. Care needs such as travel training or support to engage in leisure activities are absent. (6)

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Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress
6.1.1 Progress all statutory assessments for children in need with additional needs through the Front Door of SCF and identify appropriate support	SCF	Outcomes from referrals  Core audits from contact to CWD service are completed to identify quality of interventions	All children and young people who require a statutory child in need assessment for their additional needs will have their case progressed in a timely way in order for their needs to be met	Feb 2022	On track
6.1.2 Develop joint working processes to ensure that social care needs (non-statutory) are considered with representation set up and sustained between SCF (including Early Help), Youth Justice and SEND Panel Team	SCF Head of Targeted Early Help SBC	Minutes from SEND meetings  Utilisation of the local offer  Feedback from parents and carers	Signposting and provision of social care needs for all children and young people with SEND	March 2022	In progress



<p><b>6.1.3</b> Find mechanisms to actively listen to families and school staff if they feel social care complexity has been overlooked, and an agreed approach between SEND and Early Help is followed</p>	<p>SCF Head of Targeted Early Help SBC Head of SEND</p>	<p>Processes in place for compliments and complaints</p>	<p>Children’s needs are identified earlier and provision in place</p>	<p>March 2022</p>	<p>In progress</p>
<p><b>6.1.4</b> Develop and review travel training for young people</p>	<p>LA transport team</p>	<p>Training schedule. Updated travel strategy</p>	<p>Young people able to access transport more independently</p>	<p>Sept 2022</p>	<p>In progress</p>

**Focus Area 6.2**

Preparation for adulthood is weak. Less than 10% of parents who responded to the survey felt that their child had been supported by local services to prepare for life as an adult. Parents, carers, children and young people reported on a lack of provision for short breaks. As a result, children and young people with SEND are missing out on many ordinary childhood experiences, as well as opportunities to develop independence skills and to prepare well for adulthood. (6)

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<p><b>6.2.1</b> Review current transitions process for all children and young people open to SCF to ensure effective preparation for life as an adult</p> <p>See <a href="#">Focus Area 6.4</a> for details on the provision of short breaks</p>	<p>SCF Head of CLA and Support Services</p>	<p>Skills for life routinely used for all children and young people with SEND as they reach 16</p> <p>Relaunch the skills for life programme so all staff are aware of it</p>	<p>Children and young people have opportunity to prepare for adulthood and to live independently if appropriate</p>	<p>July 2022</p>	<p>In progress</p>
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**Focus Area 6.3**

The social care needs of children and young people with SEND are rarely considered or provided for unless they are known to children’s social care. There are too few opportunities to participate in local clubs and activities and to experience social aspects of childhood on an equal footing with peers. (6)

Refer to [Priority Focus Area 2.4](#)



Focus Area 6.4

There is limited access to short breaks. Children and young people with SEND are unable to participate in the area on an equal footing with their peers. Social care elements of EHC plans are not considered. Consequently, children and young people’s opportunities to develop wider interests, to socialise beyond school and to develop independence are hindered and opportunities to strengthen outcomes are lost. Few families take up the possibility of personal budgets to support their child’s needs. Some parents are unaware of what a personal budget is, while others feel it will be too complicated to navigate. (6)

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<p><b>6.4.1</b> Review the current provision of quality, cost-effective short breaks that promote children’s outcomes</p>	<p>Commissioning Lead SCF</p>	<p>Robust processes for package work within DfE to include review of care with increased number of accredited providers</p> <p>Effective review of all paperwork /procedures to promote access and equity across cohorts</p> <p>Engagement of Commissioning Lead within SEND Board meetings from January 2021</p> <p>Collaborative working with partners across SEN, virtual school and disabilities to promote shared understanding of opportunities/risks</p> <p>SEN services to review joint-working arrangements to avoid unnecessary accommodation</p> <p>Promote the use of placement outcomes forms to ensure we can identify the progress individual children are making within a setting</p>	<p>Options for delivery will be shared formally within a business case by March 2022 Regular contract monitoring of commissioned services improves data and analysis</p> <p>Programme of consultation to include young people and their families by June 2022 to inform new commissioned arrangements by April 23 (see <a href="#">action 4.3.2</a> for more details)</p>	<p>All key roles recruited to by Dec 2022</p>	<p>In progress</p>
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<p><b>6.4.2</b> Review of current procurement processes and potential for growth in short-break provision through market engagement</p>	<p>Commissioning Lead SCF</p>	<p>Business case for sufficiency, access, transparency and impact to inform procurement of short-break services on track</p> <p>Exploration of potential to develop offer with schools who support children with EHCP</p> <p>Mapping of potential community-based providers to promote inclusion</p>	<p>Clear path to procuring more short-break provision</p> <p>Improved choice for parents and children</p>	<p>April 2023</p>	<p>In progress</p>
<p><b>6.4.3</b> Ensure accreditation of new providers (in addition to existing providers) allows for a differentiated offer and improved costs, generating confidence in and increased take-up of this model of support</p>	<p>Commissioning Lead SCF</p>	<p>Since April 2021 there has been a growth in the number of packages and families supported from 37 to 77</p> <p>Growth in provider numbers</p> <p>Initial analysis shows that the monthly average spend has risen from £ 1,370 in 2020 to £25,827 in 2021. This is across ten providers. The total number of hours per term-time week provided has risen during the same time period from 45 to 273.</p> <p>Short breaks provide ongoing support and also support emergency situations and avoid unnecessary accommodation</p> <p>Average monthly spend on DP and hours provided has risen from £1,112 in 2020 to £5,421 in 2021. The total number of hours per week of DP requested during term time in 2020 was 17 – this rose to 84 in 2021.</p>	<p>Improved choice for parents and children</p> <p>Parents/carers have greater confidence in this model of support and take-up increases</p> <p>Improved flexibility and access to include short/time-sensitive services</p> <p>Reduced unit cost</p> <p>Work to improve oversight and support to families has improved compliance and stakeholder satisfaction.</p> <p>Improved confidence in DP as effective delivery mechanism</p>	<p>On track – ongoing market engagement and response to request</p>	<p>In progress</p>

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<p><b>6.4.4</b> Develop local sufficiency: residential respite</p>	<p>Commissioning Lead SCF</p>	<p>Work alongside consultants has identified potential for improved procurement opportunities and increased volume</p> <p>Two local providers have been accredited to provide residential short-break respite and there is ongoing market engagement to build more exclusive arrangements</p> <p>Review of in-house provision to model impact of extended use and beds</p>	<p>Provision in local school and at home so that contact with family/community is maintained and promoted</p>	<p>On track to point of procurement</p>	<p>In progress</p>
<p><b>6.4.5</b> Review of current arrangements for direct payments (DP) to include options for pre-payment cards and more flexible parameters for use (potential collaboration with adult services and CCG is also being discussed)</p>	<p>Commissioning Lead SCF</p>	<p>An audit of DP has indicated that families require additional support to manage services safely and the need for support has been built into growth bids and the need for translation into specification for new service offer by July 2022</p>	<p>Parents and carers have flexibility in support and opportunities and increased personalisation of arrangements</p> <p>Compliant use of DP</p> <p>Reduced challenge/complaints and increased parent/carer satisfaction</p> <p>Take-up of personal budgets increased by 20%, reducing more expensive options</p>	<p>Options appraisal and business case on track by July 2022</p> <p>Backlog of compliance re. DP resolved by March 2022</p>	<p>In progress</p>

**Focus Area 6.5**

Transition planning for children and young people with SEND moving into adult care and health services is weak. While examples of good work to promote timely and comprehensive transition do exist, these are isolated. Typically, planning lacks detail and is insufficiently timely. Aware of this, area leaders have acted to commission additional resource to help identify and fill gaps. (6)



<p><b>6.5.1</b> Develop sufficient accommodation and support arrangements for young people with SEND aged 16–25 in Slough</p> <p>This will provide opportunities for young people who are accommodated and care leavers not meeting the threshold of ASC to receive support post 16 allowing transition into independence</p>	<p>Commissioning Lead SCF</p>	<p>New tender due for implementation 1.8.22 allows for differentiated support by stage not age:</p> <p>42 additional beds in total – 20 x supported 24/7; 20 x supported through community-based in-reach; and 2 x emergency 16–18yrs</p> <p>Implementation of the new pathway for management of referral into and out of the accommodation – new mechanism for holistic management of young people who are Looked After or care leavers</p> <p>Development of joined-up practices across housing, social care, AMH and ASC and Health</p> <p>Young people can access levels of support in their accommodation or community as needed according to assessed need</p> <p>Referral management in line with St Basils pathway allows for in-reach from community-based services and ASC/AMH</p>	<p>Young people requiring additional support to build independence skills can transition between arrangements as necessary avoiding ‘cliff edge’ at 18</p> <p>Plans for a ‘curriculum based’ training package from age 16 are being developed across the whole offer to enable skill enhancement, resilience building and tenancy sustainability, reducing eviction/arears</p> <p>Levels of NEET reduced to statistical neighbours and best-practice levels (baseline and target to be set by implementation working group)</p>	<p>Tender has been issued</p> <p>Implementation working group is being developed to ensure robust processes for joint working by April 2023</p>	<p>In progress</p>
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## Priority Seven

**Statement:** There is inequitable access to SALT and OT services, excessive waiting lists and waiting times and the absence of a dysphagia service for those aged five and over.

**Outcome:** That all our children and young people in Slough will have equitable and timely access to health services resulting in significantly improved short- and long-term health outcomes. How these services are delivered will be driven by the voices of our children, young people and their parents/carers, who will feel supported and included in the shaping and improvement of all future local health services.

### Focus Area 7.1

Joint commissioning is not developed well enough. Habitual ‘spot purchasing’ in response to crises and/or individual needs or petitions has compromised the effective use of funding, including high needs funding. (7)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress
7.1.1 We will have a joint commissioning strategy which all partners will be aware of and can adhere to	CCG	There will be a clear and comprehensive strategy, which will identify how services are jointly commissioned	There will be clear evidence of effective joint commissioning which will be supported by clear feedback	July 2022	In progress

### Focus Area 7.2

The CCG recognises that waiting times for assessment of occupational therapy (OT) and neurodevelopmental needs are unacceptably long. For some services, funding has been allocated to reduce waiting times to a maximum of 12 months, but these are not set against clear, deliverable benchmarks. (7)





<p><b>7.2.1</b> Re. waiting times for assessment of neurodevelopmental needs: new investment enabling service expansion – extending capacity through expanding BHFT’s AAT and ADHD teams and working in partnership with external providers</p>	<p>BHFT</p>	<p>Reporting data</p>	<p>Maximum wait of 12 months by the end of March 23</p>	<p>March 2023</p>	<p>In progress</p>
<p><b>7.2.2</b> BHFT, Frimley CCG and the three East Berkshire local authorities to work in partnership to review and agree the joint commissioning of integrated therapies (physio, OT and SALT)</p>	<p>BHFT Frimley CCG LA</p>	<p>There will be effective jointly commissioned integrated therapies across east Berkshire</p>	<p>Successful development and implementation of the Village Model approach</p>	<p>March 2023</p>	<p>In progress</p>

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**Focus Area 7.3**

There is no dysphagia (people who experience difficulties swallowing, eating and/or drinking) service commissioned for children aged over five. These children are not provided with preventative or developmental eating and drinking support. This means they do not have their needs met in a planned and coordinated way and can only access treatment through emergency departments when experiencing a severe difficulty in swallowing. (7)

<p><b>7.3.1</b> Carry out scoping of service required for CYP aged over five who are likely to require dysphagia (eating and drinking support) – this will enable costing to be undertaken</p>	<p>BHFT Frimley CCG Local Authority</p>	<p>Jointly agreed paper outlining need in Slough for speech and language therapy service for school-age CYP with eating and drinking needs</p>	<p>Provision expanded to over 5s’</p>	<p>March 2022</p>	<p>In progress</p>
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<p><b>7.3.2</b> Ensure all CYP in Slough with eating and drinking needs are able to access timely specialist support</p>	<p>BHFT Frimley CCG LA</p>	<p>All CYP in Slough able to access service  CYP seen within 2 weeks for urgent assessment and 6 weeks for routine assessment of eating and drinking needs</p>	<p>Reduction in number of CYP presenting at A&amp;E because they are experiencing a severe difficulty in swallowing</p>	<p>March 2022</p>	<p>In progress</p>
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**Focus Area 7.4 – see Focus Area 7.6**

The area does not comply with the requirements set out in many EHC plans (EHCPs). For example, a significant number of pupils of school age are not receiving the speech and language therapy identified. Access to speech and language therapy for school-aged children is inequitable across the area. (7)

The actions required are covered in the **Focus Area 7.6** actions

**Focus Area 7.5**

Too many children are waiting too long for OT assessment. 172 children have been waiting for over a year. Occupational therapists are unable to contribute to EHC plans (EHCPs) within statutory timeframes. There is increasing demand for contributions to EHC plans and for assessments by the OT service. Children awaiting assessment are triaged and prioritised according to urgency of need. This means that EHC plans are delayed and that many children do not access the service in a timely way. (7)

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<p><b>7.5.1</b> Implement OT action plan in place aimed at reducing waiting times for assessment for routine referrals to a maximum wait of 12 months</p>	<p>BHFT</p>	<p>Monthly highlight report with key metrics and progress to date  BHFT have undertaken a comprehensive demand-capacity modelling exercise with the aim of informing future planning and/or commissioning  Additional resource has been allocated to BHFT to address the current backlogs in service provision, reduce and support the sustainability of wait times at 12 months or less and meet the needs of the current caseload – this has been completed and shared</p>	<p>Data available on number of CYP waiting for assessment, average wait, longest wait, % tracking of CYP waiting longer than 53 weeks and % tracking of CYP waiting 52 wks or less  Fewer children and young people are waiting more than 12 months for assessment for a routine referral</p>	<p>End of March 2023</p>	<p>In progress</p>
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<p><b>7.5.2</b> Improve compliance with EHCA 6-week target</p>	<p>BHFT</p>	<p>Monthly reporting of key metrics (including number of: EHCA requests received for children known and not known; EHCA reports due; EHCA breaches for CYP known and not known; and total outstanding EHCA requests)</p> <p>SEND Dashboard Report</p> <p>Termly review with CCG and 3 LAs</p> <p>Monthly reporting (Highlight Report)</p> <p>EHCA/EHCP management process introduced as recently agreed with partners</p> <p>Introduction of new EHCA request process for CYP not known to the service, as agreed in partnership with the CCG and 3 LAs within our triage service</p>	<p>Current backlog of EHCA requests that have breached the 6-week target is cleared</p> <p>95% of all EHCA requests are completed within the 6-week target</p>	<p>End of March 2023</p>	<p>In progress</p>
<p><b>7.5.3</b> Ensure that health representation is supported on the SEN panels to support the work required to strengthen the 'graduated response' and to apply learning in the longer term within the Integrated Therapies project</p>	<p>BHFT</p>	<p>Feedback</p> <p>Agree key metrics to monitor</p>	<p>There will be improved evidence of cohesive consistent working between all agencies involved in the SEN decision and planning process to better meet the needs of children and young people</p>	<p>End of March 2023</p>	<p>To be started</p>
<p><b>7.5.4</b> Ensure initial referrals are triaged more quickly by reducing the backlog in triage</p>	<p>BHFT</p>	<p>Monthly reporting</p> <p>Referral trends, number of referrals triaged per month, outcome of the triage</p>	<p>Referral backlog reduced resulting in reduction in time taken to triage initial referrals</p> <p>No more than 25 referrals waiting at any one time</p>	<p>End of March 2023</p>	<p>In progress</p>

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**Focus Area 7.6**

The speech and language therapy (SALT) service has been commissioned to work with 18 schools to assess children with EHC plans. Many of these children have not previously been known to the service. In one special school alone, over 150 children are awaiting assessment. Many children recently assessed are not receiving the SALT they require. The approach taken means that many children’s needs are not known and, where needs are identified, children and young people do not routinely receive the support that they require. (7)

<p><b>7.6.1</b> Ensure all CYP with EHC plans within the 17 mainstream schools covered by the current commissioned contract with BHFT are seen for a review/up-to-date assessment of their needs by March 23</p> <p>As of 19.1.22, 184 CYP are already on the active SALT caseload in Slough attending one of the 17 schools and 180 CYP have an unidentified speech and language therapy need but have not yet been seen by CYPIT services</p>	<p>BHFT</p>	<p>All 180 CYP who attend the 17 schools covered by the current contract and have identified speech and language therapy needs will have been seen for a review/ assessment of their needs and up-to-date advice and recommendations provided for their EHCPs</p>	<p>Reduction in number of CYP with identified speech and language therapy needs on EHCPs not yet seen by the CYPIT service</p> <p>CYP in Slough attending one of the 17 schools will have the speech and language therapy needs identified on their EHCPs met</p>	<p>March 2023</p>	<p>In progress</p>
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<p><b>7.6.2</b> Ensure all CYP who attend Arbour Vale School and have identified speech and language therapy needs on their EHCP are seen and have their needs reviewed/ reassessed by March 2023</p>	<p>BHFT Local authority</p>	<p>All 157 CYP with identified speech and language therapy needs not yet seen by the current CYPIT service will have been seen for a review /reassessment of their needs and up-to-date advice and recommendations provided for their EHCPs</p>	<p>Reduction in number of CYP at the school with identified speech and language therapy on EHCPs not yet seen by the CYPIT service</p> <p>CYP in Slough attending one of 17 schools will have the speech and language therapy needs identified on their EHCPs met</p>	<p>March 2023</p>	<p>In progress</p>
<p><b>7.6.3</b> Deliver universal and targeted training to all 18 schools in the currently commissioned contract to support school staff in implementing the 'graduated response'</p>	<p>BHFT</p>	<p>School staff in all 18 schools will be able to implement strategies within the classroom to support CYP requiring universal and targeted levels of support</p>	<p>Fewer CYP will be referred for an EHCA as their needs will have been met at a universal and targeted level</p>	<p>July 2022</p>	<p>In progress</p>

**Focus Area 7.7**

Children and young people are waiting too long for an assessment for autism spectrum disorder (ASD) or attention deficit disorder. Although parents and young people are informed of support services and can access support from clinicians while waiting, the plan to address the wait times has no key deliverable measures. This means that children and young people can be waiting for over two years and young adults over three years. (7)

<p><b>7.7.1</b> Expand workforce to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration) with the aim of reaching a maximum wait of 12 months</p>	<p>BHFT</p>	<p>Monthly update to CCG (Highlight Report) with summary of progress and key metrics, including:</p> <ul style="list-style-type: none"> <li>• average wait in weeks</li> <li>• % of CYP seen</li> <li>• &lt; 52 weeks and &gt;52 weeks</li> <li>• longest wait</li> </ul> <p>Includes WTE recruited to date (and % of target workforce)</p>	<p>Clinical capacity for new assessments increased</p> <p>Waiting times for ASD or attention deficit disorder assessments are reduced</p>	<p>March 2023</p>	<p>In progress</p>
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<p><b>7.7.2</b> Introduce more partnership working to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration) with the aim of reaching a maximum wait of 12 months</p>	<p>BHFT</p>	<p>Monthly update to CCG (Highlight Report) – in addition to the metrics in 7.7.1, this will include:</p> <ul style="list-style-type: none"> <li>• referrals transferred</li> <li>• assessments in progress</li> <li>• assessments completed</li> </ul> <p>Contracts, monthly reporting</p>	<p>Clinical capacity for new assessments increased</p> <p>Waiting times for ASD or attention deficit disorder assessments are reduced</p>	<p>March 2022</p>	<p>On track</p>
<p><b>7.7.3</b> Introduce all-age autism and ADHD procurement to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration) with the aim of reaching a maximum wait of 12 months</p>	<p>BHFT</p>	<p>Service specification</p>	<p>Clinical capacity for new assessments increased</p> <p>Waiting times for ASD or attention deficit disorder assessments are reduced</p>	<p>Sept 2022</p>	<p>In progress</p>
<p><b>7.7.4</b> Implement agreed standardised model for autism assessments for the under 5s to increase clinical capacity for new assessments with the aim of reaching a maximum wait of 12 months</p>	<p>BHFT</p>	<p>Monthly reporting (Highlight Report) with key metrics, including:</p> <ul style="list-style-type: none"> <li>• average wait in weeks</li> <li>• % of children seen</li> <li>• &lt; 52 weeks and &gt;52 weeks</li> <li>• longest wait</li> </ul>	<p>Clinical capacity for new assessments increased</p> <p>Waiting times for ASD assessments for the under 5s are reduced</p>	<p>March 2022</p>	<p>In progress</p>



<p><b>7.7.5</b> Implement quality improvement projects to ensure service operating at optimal efficiency with the aim of reaching a maximum wait of 12 months</p>	<p>BHFT</p>	<p>Project Highlight Reports/ countermeasure summaries</p> <p>Data includes:                      Autism 5-18 yrs –</p> <ul style="list-style-type: none"> <li>• % of assessments concluded at 2nd appt</li> <li>• number of appts to reach diagnostic decision</li> </ul> <p>ADHD 5-18 yrs – monthly DNA %</p> <ul style="list-style-type: none"> <li>• wait for diagnostic decision (average wait in days from 1st appt to feedback)</li> <li>• wait for medication initiation following completion of assessment (average wait in days)</li> </ul>	<p>Service operating at optimal efficiency</p> <p>Waiting times for ASD or attention deficit disorder assessments are reduced</p>	<p>Review date                      April 2022</p>	<p>In progress</p>
<p>Note on the impact of COVID-19 on autism assessments</p>	<p>BHFT</p>	<p>Data to show: total number of assessments concluded and % of assessments concluded at 2nd appt</p>	<p>New ways of working: assessments were concluded using blended offer with digital solutions provided by BHFT and as part of partnership working</p>	<p>New ways of working: ongoing</p> <p>Risk assessment update: to be done once Omicron variant has peaked and risk is reducing</p>	<p>In progress</p>

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**Focus Area 7.8**

Funding and joint commissioning are not used well to meet the needs of children and young people with SEND across the area. Management of high needs block funding has not been tight enough to ensure that funding is used as efficiently and effectively as possible. Leaders recognise that, although there are SEND funding pressures evident in all areas, historical weaknesses have compounded the issue in Slough. (7)





<p><b>7.8.1</b> Ensure robust DSG management plan in place to oversee High Needs Block spending and ensure value-for-money approach</p>	<p>LA</p>	<p>DSG Management Plan</p>	<p>More effective use of finance and distribution within the High Needs Block</p>	<p>November 2022</p>	<p>In progress</p>
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**Focus Area 7.9**

Families with children under the age of five years moving into the area are not routinely seen and assessed by the health visiting service. The area has a highly transient population and high levels of need. This means that a key opportunity to assess children’s needs and offer support is missed. (7)

<p><b>7.9.1</b> Ensure that all children under the age of 5 who transfer into Slough who are eligible or request a contact with the Health Visiting service receive this in a timely manner and that their parents/carers receive information about how to access health and care services within Slough</p>	<p>Frimley CCG Solutions 4 Health</p>	<p>Review of current service offer around the transfer in contact to ensure that those children identified as requiring assessment and additional support are in receipt of it (copy of the transfer in policy/pathway)</p> <p>Provisional target to be set at 95% (to be agreed with Solutions 4 Health)</p> <p>Audit of transfer in contacts against the pathway to include % of identified targeted contacts offered and % of families that receive local information regarding health and care services</p>	<p>All children under the age of 5 who transfer into Slough will be offered the appropriate level of service delivery based upon their identified level of need (e.g., universal, universal plus, universal partnership plus/universal, targeted, specialist)</p> <p>Any child under the age of 5 who transfers into Slough who is identified as requiring additional support receives the correct support in a timely manner</p> <p>Parents/carers of all children under the age of 5 who transfer into Slough have access to information about how to contact</p>	<p>Full submission of current policy, updated policy and audit by 01/04/22</p> <p>Current pathway to be submitted by 01/02/22 and reviewed/ updated pathways to be submitted on completion</p>	<p>In progress</p>
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			<p>all key health and care services to empower them to seek support as required</p>	<p>Audit of transfer in contacts to be carried out from Jan 2022– March 2022 with a submission date of 01/04/22</p>	<p>In progress</p>
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**Abbreviations:**

**AAT** autism assessment team

**ADHD** attention deficit hyperactivity disorder

**AMH** adult mental health

**ASC** autistic spectrum conditions

**ASD** autistic spectrum disorder

**BHFT** Berkshire Healthcare Foundation Trust

**CCG** clinical commissioning group

**CLA** children looked after

**CPD** continuing professional development

**CQC** Care Quality Commission

**CWD** child with disabilities (service)

**CYP** children and young people

**CYPIT** children and young people's integrated therapies

**DP** direct payment

**DSG** dedicated schools grant

**ECHA** education health care assessment

**EHCNA** education, health and care needs assessment

**EHCP** education, health and care plan

**EP** educational psychology

**HMCI** Her Majesty's Chief Inspector

**KPI** key performance indicator

**LA** local authority

**MIS** management information system

**MDT** multi-disciplinary team

**MOU** memorandum of understanding

**NEET** (young person) not in education, employment or training

**OT** occupational therapy

**PfA** preparing for adulthood

**QA** quality assurance

**SALT** speech and language therapy

**SBC** Slough Borough Council

**SCF** Slough Children First

**SEF** self-evaluation form

**SEND** special educational needs and disabilities

**SENDIASS** special educational needs and disability information, advice and support service

**S4H** Solutions for Health

**ToR** terms of reference

**TPG** Transition Pathways Group

**WSOA** Written Statement of Action

10 March 2022

Andrew Fraser  
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Slough Borough Council  
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Slough, Berkshire  
SL1 2EL

Email: [Andrew.fraser@slough.gov.uk](mailto:Andrew.fraser@slough.gov.uk)

Tracey Faraday, Executive Managing Director, Frimley CCG

Dear Mr Fraser and Ms Faraday

This letter is written in accordance with The Children Act 2004 (Joint Area Reviews) Regulations 2015<sup>1</sup> to inform Slough Borough Council and Frimley Clinical Commissioning Group, as principal authorities, that Ofsted and the Care Quality Commission have jointly evaluated the written statement of action submitted to us on 18 February 2022.

The statement of action is deemed to be fit for purpose in setting out how the local area will tackle the significant areas of weakness identified in the published report letter.

I note that the statement of action addresses each separate area for development and outlines how improvements will be measured. The statement of action also outlines how different stakeholders will work strategically together to bring about change and maintain their accountability for the area's SEND provision. It is encouraging to see that some planned actions are already underway and that appropriately planned investment in strengthening services is included. Most planned actions are focused centrally on the impact of services of children and young people and their families. In particular, the proposed actions to improve SEND provision in the area's schools are thorough and focused on positive change for children and young people. However, I have identified some points for improvement in other parts of the statement of action.

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<sup>1</sup> The Children Act 2004 (Joint Area Reviews) Regulations 2015  
[www.legislation.gov.uk/uksi/2015/1972/regulation/4/made](http://www.legislation.gov.uk/uksi/2015/1972/regulation/4/made).

The statement of action does not address strongly enough how the area will tackle the legacy of parental frustration and struggles to have their children's needs identified and supported. The proposals in the statement of action focuses on how the area will review its communication systems rather than how it will bring about cultural change in terms of listening to families and learning about the lived experiences of children and young people. In addition, the statement of action does not specifically identify exactly how the area will survey parents – including those who may be harder to reach – to gather their feedback on the improved service. The area's response to the second, fourth and seventh priorities identified in the inspection are not sufficiently coherent in terms of timeliness, focus and how success will be achieved and measured. Plans to improve resemble a menu of ideas about engagement and co-production and some of the impact measures outlined in the statement are not sufficiently quantifiable. Proposed actions to reduce waiting times and waiting lists for assessments and provision of therapies do not include measurable targets, percentages or benchmarks. Given the scale of what needs to be improved in this aspect of the area SEND provision, a more staged and systematic approach to ensuring that children's and families' voices are heard would be likely to be more successful.

The statement of action proposes that data and performance information will be collected to support the area's self-evaluation. However, it is not clear enough exactly what data will be collected and what this will look like. For example, the statement of action does not make sufficient specific reference to how parental satisfaction will be used to measure improved performance.

The written statement of action must be published on local websites<sup>2</sup>, so that parents, carers, children and young people can understand the actions you are taking to improve the effectiveness of the local area in identifying and meeting needs, and improving outcomes for children and young people who have special educational needs and/or disabilities.

Yours sincerely,

Matthew Purves  
Regional Director

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<sup>2</sup> Regulation 4 (5); [www.legislation.gov.uk/ukxi/2015/1792/regulation/4/made](http://www.legislation.gov.uk/ukxi/2015/1792/regulation/4/made)

## EQUALITY IMPACT ASSESSMENT TEMPLATE

**PLEASE ENSURE YOU READ THE GUIDANCE NOTES BEFORE COMPLETING THIS TEMPLATE**

Completing an EIA is the simplest way to demonstrate that the Council has considered the equality impacts of its decisions and it reduces the risk of legal challenge. EIAs should be carried out at the earliest stages of policy development or a service review, and then updated as the policy or review develops. EIAs must be undertaken when it is possible for the findings to inform the final decision.

### SECTION 1:

<b>Title</b>	SEND Written Statement of Action
<p>What are you analysing?</p> <ul style="list-style-type: none"> <li>• What is the policy/project/activity/strategy looking to achieve?</li> <li>• Who is it intended to benefit? Are any specific groups targeted by this decision?</li> <li>• What results are intended?</li> </ul>	<ul style="list-style-type: none"> <li>- The LA is responsible for the delivery of Special Education</li> <li>- The SEND Written Statement of Action (WSOA) is a joint action plan by the CCG and the LA to address the poor Ofsted/CQC inspection that took place in September 2021. The report identified significant weaknesses and highlighted areas for development</li> <li>- The benefit and intended results of the WSOA is to improve services for children with Special Education Needs and Disabilities (SEND), who are the target group.</li> </ul>
Details of the lead person completing the screening/EIA	<p>(i) Full Name: Johnny Kyriacou            (ii) Position: AD – Education &amp; Inclusion            (iii) Unit: People (Children)            (iii) Contact Details: Johnny.kyriacou@slough.gov.uk</p>
Date sent to Finance	
Version number and date of update	V1
<p><i>You will need to update your EIA as you move through the decision-making process. Record the version number here and the date you updated the EIA. Keep all versions so you have evidence that you have considered equality throughout the process. However <u>only</u> the most updated version will be saved in the Equalities SharePoint folder.</i></p>	



**SECTION 2: Do you need to complete a full Equality Impact Assessment (EIA)?**

Not all proposals will require a full EIA, the assessment of impacts should be proportionate to the nature of the project/policy in question and its likely impact. To decide on the level of detail of the assessment required consider the potential impact on persons with protected characteristics.

<b>2.1</b>	<p><b>Please provide an overview of who uses/will use your service or facility and identify who are likely to be impacted by the proposal</b></p> <ul style="list-style-type: none"> <li>• <i>If you do not formally collect data about a particular group then use the results of local surveys or consultations, census data, national trends or anecdotal evidence (indicate where this is the case). Please attempt to complete all boxes.</i></li> <li>• <i>Consider whether there is a need to consult stakeholders and the public, including members of protected groups, in order to gather information on potential impacts of the proposal</i></li> </ul>																																																		
	<p>How many people use the service currently? What is this as a % of Slough's population?</p>	<ul style="list-style-type: none"> <li>- There are 1,695 people aged 0-25 on an Education, Health and Care Plan (EHCP).</li> <li>- Of the 1,695, there are 1,526 aged between 3-19.</li> <li>- There are 35,000 children in total in Slough Schools aged 3-19</li> <li>- The % of children on an EHCP compared to school population is 4%</li> </ul>																																																	
	<p>Gender</p>	<ul style="list-style-type: none"> <li>- 447 Female</li> <li>- 1,248 Male</li> </ul>																																																	
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		MWAI - White and Indian	9	
		BNGN - Black Nigerian	9	
		ASLT - Sri Lankan Tamil	5	
		OEGY - Egyptian	1	
		BGHA - Black Ghanaian	4	
		AKPA - Kashmiri Pakistani	20	
		WEUR - White European	64	
		WITA - Italian	4	
		MWBA - White and Black African	18	
		AAFR - African Asian	5	
		BCRB - Black Caribbean	33	
		WIRI - White Irish	7	
		MWAP - White and Pakistani	9	
		WIRT - Traveller - Irish Herit	6	
		WROO - Other Gypsy/Roma	5	
		BSLN - Black Sierra Leonean	1	
		WTUR - Turkish/Turkish Cypriot	2	
		OFIL - Filipino	4	
		WROR - Roma	2	
		OLAM - Latin/South/C American	1	
		BEUR - Black European	1	
		BCON - Black Congolese	1	
		WALB - Albanian	3	
		ANEP - Nepali	3	
		ASRO - Sri Lankan Other	1	
		MWCH - White and Chinese	1	
		WPOR - Portuguese	2	
		ASNL - Sri Lankan Sinhalese	2	
		CMAL - Malaysian Chinese	1	
		Not recorded	106	
		<b>Total</b>	<b>1695</b>	
	Disability	Disability		
		<b>Primary Need</b>		
		<b>SPL</b>	43	
		<b>ASD</b>	611	
		<b>SLC</b>	289	
		<b>SLD</b>	40	
		<b>HI</b>	55	
		<b>M</b>	66	
		<b>MLD</b>	115	
		<b>PMLD</b>	28	
		<b>OTH</b>	15	
		<b>VI</b>	24	
		<b>BESD</b>	81	
		<b>MSI</b>	5	
		<b>GDD</b>	24	
		<b>SMEH</b>	132	
		<b>PD</b>	58	
		<b>ADHD</b>	16	
		<b>UA</b>	1	

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	Sexual orientation	N/A																														
	Age	N/A																														
	Religion or belief	N/A																														
<p><b>2.2 Are there any groups with protected characteristic that are overrepresented in the monitoring information relative to their size of the population? If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal</b></p>	<p>This entire EIA is exclusively on children people with disabilities and therefore protected characteristics. Therefore the strategy affects the outcomes of this group.</p>																															

service.

**2.3 Are there any groups with protected characteristics that are underrepresented in the monitoring information relative to their size of the population? If so, this could indicate that the service may not be accessible to all groups or there may be some form of direct or indirect discrimination occurring.**

N/A

**2.4 Does the project, policy or proposal have the potential to disproportionately impact on people with a protected characteristic? If so, is the impact positive or negative?**

	None	Positive	Negative	Not sure
Men or women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of a particular race or ethnicity (including refugees, asylum seekers, migrants and gypsies and travellers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled <sup>1</sup> people (consider different types of physical, learning or mental disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups (consider in particular children, under 21s and over 65s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are intending to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact due to pregnancy/ maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Disability discrimination is different from other types of discrimination since it includes the duty to make reasonable adjustments.

<p><b>If any of the answers to the questions above is, “negative” or “unclear” you will need to undertake a detailed impact assessment.</b></p>					

<b>2.5</b>	<b>Based on your responses, should a full, detailed EIA be carried out on the project, policy or proposal</b>
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>2.6</b>	<b>Provide brief reasons on how have you come to this decision?</b>
	The Written Statement of Action is based on an external inspection which has detailed the weaknesses which impact on children and young people with disabilities and the WSOA is a direct response to that, Therefore this detail has already been carried out and the response is contained in the cabinet report and WSOA itself.

**SECTION 3: ASSESSING THE IMPACT**

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be. Using the evidence gathered in section 2, explain what the potential impact of your proposal might be on the groups you have identified. You may wish to further supplement the evidence you have gathered using the table below in order to properly consider the impact.

The mitigations are all included in the Written Statement of Action which is a direct response to ensuring children and young people with SEND will be supported.

**SECTION 4: ACTION PLAN**

**4.1** Complete the action plan if you need to reduce or remove the negative impacts you have identified, take steps to foster good relations or fill data gaps.

*Please include the action required by your team/unit, groups affected, the intended outcome of your action, resources needed, a lead person responsible for undertaking the action (inc. their department and contact details), the completion date for the action, and the relevant RAG rating: R(ed) – action not initiated, A(mber) – action initiated and in progress, G(reen) – action complete.*

**NB. Add any additional rows, if required.**

Page 78	Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
	Please see the Written Statement of Action						
	<i>Enter additional rows if required</i>						



**THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER**

**SIGNATURE:** .....

**FULL NAME:** Johnny Kyriacou

**UNIT:** People – Children (Education & Inclusion)

**EMAIL & TELEPHONE EXT:** .....

**DATE (DD/MM/YYYY):** 31/1/22

**WHAT NEXT?**

**It is the responsibility of the service to complete an EIA to the required standard and the quality and completeness of EIAs will be monitored by Strategic Finance Board.**

**All EIAs for proposed changes to levels of service arising from budget proposals must be completed by (insert date).**

**All completed EIAs should be sent to TO BE INSERTED**

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** People Scrutiny Panel      **DATE:** 31 March 2022

**CONTACT OFFICER:** *Jane Senior, Associate Director People Strategy and Commissioning*  
*Suzanne Binns, Group Manager Purchasing*

**(For all Enquiries)** 07545 065 447

**WARD(S):** All

**PART I****FOR COMMENT & CONSIDERATION****RE-PROCUREMENT OF DOMICILIARY CARE CONTRACTS****1. Purpose of Report**

To seek comment and consideration of the model agreed at Cabinet concerning the re-procurement of domiciliary care.

**2. Recommendation(s)/Proposed Action**

People Scrutiny Panel is requested to:

Comment upon and consider whether the recommended model ensures best value in securing a sufficiency of good quality supply of domiciliary care in the local area.

**3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan****3a. Slough Wellbeing Strategy Priorities**

The provision of good quality domiciliary care enables individuals with assessed care and support needs to remain living at home, thus promoting independence and reducing the need for more expensive residential care.

Domiciliary care providers play an essential role within the health and social care system. Not only by delivering care to those who are assessed as requiring it, but also by enabling timely discharge from hospital, freeing up hospital bedspaces and getting people back home. It is essential that there are enough contracted providers in the local area to meet demand.

The Joint Strategic Needs Assessment, informing the Slough Wellbeing Strategy 2020-2025, contains the following data which is most relevant to the re-procurement of domiciliary care:

- a) 1% of Slough's population were in very bad health, and 3.5% in bad health. Healthy life expectancy at birth for males in Slough is 58.1 years, and for females is 59.8 years. The percentage of the population whose daily

activities were limited a lot is 6.1% and daily activities limited a little is 7.3%. (ONS Census 2011)

- b) The percentage of adults aged 18-64 years with a learning disability known to the local council who are recorded as living in their own home or with parents is 78.3% for females and 78.4% males.
- c) Life expectancy in Slough is less than the South east, and England, with males living on average to 78.4 years and females to 82.5 years of age.
- d) The disability-free life expectancy at birth for females is 61.1 years and for males 60.3 years. (ONS 2017-19)

The re-procurement of domiciliary care meets the following priority contained within the Health and Wellbeing Strategy:

Priority 2 – Integration (relating to Health and Social Care)

- a) To increase the proportion of people living independently at home, and decrease the proportion living in care homes.
- b) To reduce the amount of attendees and admissions to hospital, and the length of those stays.
- c) To reduce delayed transfers of care.

3b. **Five Year Plan Outcomes** (Compulsory Section)

The re-procurement of domiciliary care services will deliver against Outcome 2 and Outcome 5 of Slough's Five Year Plan.

- Outcome 2: Our people will be healthier and manage their own care needs.

Effective domiciliary care services support people to live in their own homes and to manage their long-term health conditions without the need to live in a care home or hospital settings.

- Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents

By using the Dynamic Purchasing System, Slough has been able to attract new domiciliary care agencies into the area for the supply of services in Slough.

Domiciliary care services are locally provided services and registered agencies predominantly employ local residents to deliver the services.

4. **Other Implications**

(a) Financial

Homecare providers are legally required to pay care workers National Living Wage, and this is a rate that is subject to inflationary increments. The council has

budgeted an additional £2m for care purchasing (including Domiciliary Care) inflation in 2022/23.

As a demand led provision, Domiciliary Care expenditure will need to be monitored very closely to ensure sustainability within the budget envelope. The Adult Social Care transformation project initiatives to diverting demand at front door and ensuring competitive “target price” for care provisions should mitigate against any adverse budgetary effects.

*(b) Risk Management*

Risks associated with the re-procurement of domiciliary care contracts as recommended to Cabinet in March 2022 are considered in the table below.

Risk	Assessment of Risk	Mitigation	Residual Risk
Suppliers do not bid.	Medium  Existing providers will be keen to retain their customer base and a number of new providers have registered on the Dynamic Purchasing System.	The Dynamic Purchasing System has been administered so that new entrants are able to register.  A Prior Information Notice (PIN) notice will be issued directing interested parties to apply for registration on the DPS	Low
Suppliers bid at excessive and unaffordable hourly rates.	Medium / High  The market is facing significant economic pressures. This includes increases in national insurance contributions, inflationary pressures and wage competition from other sectors.	The instructions to tender will include reference to the scoring mechanism in relation to the price evaluation.  Information will also be included in relation to how service users will be allocated to providers i.e. according to an individual’s need, availability of staffing and price.  Price will dictate the order of approach of suppliers, with the most cost effective approached first. Providers will in all likelihood be mindful of Adult Social Care Reforms and the Fair Cost of Exercise which will need to be undertaken this year.  Approaches to inflationary uplifts will be included within tender documents.	Low / Medium

<p>Suppliers bid at rates which are higher than those currently. Placing a pressure on Adult Social Care budgets.</p>	<p>High</p> <p>The market is facing significant economic pressures. This includes increases in national insurance contributions, inflationary pressures and wage competition from other sectors.</p>	<p>The instructions to tender will include reference to the scoring mechanism in relation to the price evaluation.</p> <p>Information will also be included in relation to how service users will be allocated to providers i.e. according to an individual's need, availability of staffing and price.</p> <p>Price will dictate the order of approach of suppliers, with the most cost effective approached first.</p> <p>Providers will in all likelihood be mindful of Adult Social Care Reforms and the Fair Cost of Exercise which will need to be undertaken this year.</p> <p>Approaches to inflationary uplifts will be included within tender documents.</p> <p>There is likely to be a difference in how the market operates – between the tendering of Tranche 1 and Tranche 2 – particularly when the impact of the Adult Social Care Reforms and the Fair Cost of Care Exercises are known.</p>	<p>Medium</p>
<p>Loss of continuity of supply for service users if existing suppliers do not bid or bid at excessive price</p>	<p>Medium</p>	<p>All new packages of care will be set up with the most cost-effective organisation.</p> <p>TUP(E) will apply to any transfer of service from one provider to another. Service users whose packages of care are identified as potentially requiring transfer will receive a service review to determine whether their individual needs can be met by the new provider.</p>	<p>Low</p>
<p>Providers offering a</p>	<p>Medium</p>	<p>Providers will be required to be registered with the CQC</p>	<p>Low</p>

<p>lower price will result in a lower quality</p>		<p>who regulate activity.</p> <p>Each contract will contain a clear set of KPIs which will be monitored.</p> <p>Care providers are also monitored by the Quality Assurance and issues are discussed at the Care Governance Board with improvement plans being submitted to ensure that clear turnaround initiatives are implemented.</p> <p>There is facility to not place with providers who do not meet the appropriate quality standards.</p> <p>A suite of KPIs will be included within contracts and suppliers will be required to report against these.</p>	
<p>Care staff will not be adequately paid as providers seek to offer competitive prices.</p>	<p>Medium</p>	<p>There is competition in the market sector for staffing. This means that pay rates are competitively set.</p> <p>The lower fee rates are enabled by new entrants to market who have lower overheads during their start up. Most are family owned businesses with the owners directly managing the service.</p> <p>A breakdown of fees including direct wage costs are included in the Pricing Schedule at Tender. These are checked for viability at evaluation.</p>	<p>Low</p>

(c) Human Rights Act and Other Legal Implications

Domiciliary Care Services are provided in people's own homes and therefore where residents are living with members of their family the service supports the ability of individuals to have the right to family life.

Due to the nature of domiciliary care, there is always the possibility for care workers to be subject to Modern Day Slavery and therefore the Quality Assurance



team works closely with immigration and customs services to ensure any matters that are brought to the attention of the council are reported.

Any agency instances of poor practice in this area are reported through the Care Governance Board process and where appropriate embargos put in place and termination of contracts are considered through the Safeguarding Provider Concerns process.

(d) Equalities Impact Assessment

An Initial Equalities Impact Assessment has been undertaken and will be further developed through engagement with various groups and through workshops including the co-production network. Providers will be required to set out how they will meet equalities requirements through the tendering process. This includes meeting the diverse cultural and language needs within the borough and seeking to recruit sufficient male carers to meet demand.

(e) Workforce

There are no Council workforce implications.

In respect of the domiciliary care workforce, carers are paid at least a living wage and are also paid travel time.

Government has issued two rounds of Workforce Retention and Recruitment grants to local authorities. Slough received £349,004.00 (round 1) and £644,316.00 (round 2) with a requirement to spend these by 21st October 2021 and 31st March 2022. Providers have been allocated a proportion of grants which they have been able to spend on a number of initiatives in keeping with grant conditions. These have included: one off bonuses to staff, enhanced payments and meeting advertising costs for new recruits.

A Fair Cost of Care exercise will be undertaken over the new financial year. £162M has been made available to Local Authorities in 2022-23 in order to prepare markets for reform (including undertaking the Assessment), with a further £600M being made available in each of 2023-24 and 2024-25, to be funded through the Health and Social Care Levy. The Council has been allocated £348K in 2022-23 and is likely to receive £1m in each of 2023-24 and 2024-25.

Inflationary uplifts will also be awarded to providers up to a maximum of 3% upon submission of a full and sufficient business case.

5. **Supporting Information**

- 5.1 Domiciliary Care plays an essential role within the health and social care system. Care workers provide care and support to individuals with assessed needs within their own homes, to enable them to stay independent for longer. Domiciliary care providers enable people to return home after a hospital stay, thus ensuring that hospital discharge takes place on time and that individuals do not need to stay in hospital longer than necessary. Local authorities are required, under s5 of the Care Act 2014, to ensure a diverse and sustainable market to meet eligible assessed care needs including care at home for those who require it. This includes provision of directly commissioned care as well as provision for those in receipt of Direct Payments and self-funders.

- 5.2 The Council currently contracts 22 providers registered with the Care Quality Commission to deliver domiciliary care services within the borough. As at March 2022, 1 is rated outstanding by the Care Quality Commission, 19 are rated good, 1 is rated as requires improvement and 1 has not yet been rated. Contracts have been procured in three tranches by means of the Dynamic Purchasing System. This approach has been successful at maintaining a sufficiency and diversity of good quality supply secured at competitive prices.
- 5.3 Details concerning total packages of care, weighted average hourly price and total annual expenditure are set out in the table below.

<b>Contract Expiry Date</b>	<b>Total packages of care</b>	<b>Weighted Average Hourly Price</b>	<b>Total annual expenditure</b>
<b>Tranche 1 July 2022</b>	642	£18.21	£3.5m
<b>Tranche 2 December 2022</b>	386	£18.06	£1.6m
<b>Tranche 3 Beyond 2022</b>	443	£17.21	£1.7m
<b>Totals</b>	<b>1471</b>	<b>£17.91</b>	<b>£6.8m</b>

These give an indication of the annual costs which might be achieved through retendering. However prevailing market factors should also be noted. These include: workforce shortages, rises in national insurance and inflationary costs.

- 5.4 In considering the full range of procurement opportunities available to the Council in regard to the re-tendering of domiciliary care contracts, the following options were considered:

<b>Procurement Strategic Approach</b>	<b>Consideration</b>	<b>Recommended</b>
Option 1 Use of Suppliers engaged through mini-competition stage on the ASC Dynamic Purchasing System (DPS)	<p>The approach allows for regular refresh of the list of contracted suppliers at any time, as and when required, via advertisement of mini-competitions.</p> <p>New suppliers to the local market are engaged through application to join the DPS at any time with the knowledge that there will be opportunity to apply at mini-competition stage for supply contracts.</p> <p>Early engagement with suppliers successful on joining the DPS allows organisations to understand</p> <p>The DPS also allows a time</p>	<p>Yes.</p> <p>Offers time efficient and flexibility for refresh of suppliers for generic and specialist services.</p> <p>Maintains sufficiency of supply and new entrant competition in the market.</p>

Procurement Strategic Approach	Consideration	Recommended
	efficient process for specific specialist services to be procured.	
Option 2 One or Sole Supplier	<p>Whilst in theory there may be opportunities for economies of scale, there are increased overheads for supporting larger services leading to increased fee levels. The local market becomes uncompetitive. The provider is unlikely to be able to compete with other providers for workforce – as other providers outcompete in terms of wage payments. There are no suppliers present in the local market who would be capable of performing the role of sole supplier. Local authorities are moving away from this model due to the experience with supplier failures.</p>	<p>No.</p> <p>High risk of supply failure and lack of sufficiency of supply.</p> <p>Removes new entrant supplier competition in the market.</p>
Option 3 One Lead Supplier with subcontractors/consortia	<p>The home care market is highly competitive with individual providers competing for market share and for supply to other local authorities. The lead provider is unable to compete with the subcontractors for staffing and this leads to a service failure by the Lead supplier. Most often this requires further procurement to directly contract with alternative providers. Equally consortia arrangements are not sustainable due to the competing interests of the constituent parties.</p>	<p>No.</p> <p>High risk of supply failure and lack of sufficiency of supply.</p>
Option 4 Small Number of Suppliers – each with restricted geographical area of operation	<p>The referral and service demand patterns across the borough is not conducive for geographical areas of operation. On consultation with providers they have indicated that this is an operational option which is likely to fail. Workforce retention issues and</p>	<p>No.</p> <p>High risk of supply failure and lack of sufficiency of supply.</p>

Procurement Strategic Approach	Consideration	Recommended
	supplier failure is highly likely leading to supply failure and the need to re-procure.	
Option 5 Fixed Framework of larger number of providers	Experience within the borough has indicated that the number of viable providers reduces over the lifetime of the framework leading to shortage of supply. This results in the need to reopen the framework or purchase off framework. The length of time required for the procurement opportunity to be open is longer than alternative methods, lengthening the timescale for procurement and alternative supply. The opportunity for new more competitive suppliers to enter the framework is restricted and the likelihood of failed procurement exercise is heightened.	No.  High risk of supply failure over time, with decreased ability to bring new entrants into the local market and maintain competition in the market.  Supplier failure leading to lack of sufficiency of supply.
Option 6 Joint Procurement with other neighbouring local authorities/E Berkshire.	Neighbouring authorities have set their rates for current procurement of domiciliary care at a fixed hourly rate. Both areas have historically operated without using the DPS approach. One authority is now going to utilise a DPS approach after failure of a lead provider approach. Both areas have experienced sufficiency difficulties.	No – would not be beneficial. Rates can be pitched too low – so that providers do not bid. Or, too high so as not to generate sufficient competition.

Option 1 was considered the best option and recommended to Cabinet as it spreads risk and ensures best value in securing a sufficiency of supply of domiciliary care in the local area

## 6. Comments of Other Committees

A report concerning the re-procurement of domiciliary care contracts was considered at Cabinet on 21 March 2022. Cabinet agreed to the retendering of two tranches of domiciliary care contracts via the Council’s dynamic purchasing system, on a three year basis with scope for two extensions of one year each.

Cabinet requested that quality considerations are factored into service specifications and the re-procurement process, including clear opportunities for service users and families to be able to provide feedback concerning quality.

Further reports seeking approval of contract award are scheduled to be presented to Cabinet in June 2022 for tranche 1 and November 2022 for tranche 2 contracts.

7. **Conclusion**

Further to consideration and comments provided by the People Scrutiny Panel, the People Strategy and Commissioning team will progress the re-procurement of domiciliary care in accordance with the timetable set out within the background paper. This will commence with the publication of a Prior Information Notice on 4 April 2022 and an Invitation to Tender and Mini Competition being posted on the dynamic purchasing system on 4 May 2022 for the first tranche of contracts.

Reports concerning contract award will be presented to Cabinet in June 2022 for tranche 1 contracts and November 22 for tranche 2 contracts.

8. **Appendix Attached**

'A' PowerPoint Presentation – Re-procurement of domiciliary care contracts.

9. **Background Papers**

'1' Report to Cabinet 21 March 2022 - Re-procurement of adult social care domiciliary care contracts

# People (Adults) Directorate re-procurement of Domiciliary Care

# ➤ Domiciliary care

- Domiciliary care providers play an essential role within the health and social care system.
- Deliver care to individuals with an assessed need – enable them to remain independent at home/ at home for longer.
- Domiciliary care includes activities such as:
  - Personal care – washing, toileting, getting dressed.
  - Transfers eg from bed to chair.
  - Administration of medication.
- Supports timely discharge from hospital
- Cheaper than residential care
- Local authorities are required to ensure a diverse and sustainable market to meet eligible assessed care needs, including care at home for those who require it (Section 5 of the Care Act 2014)
- Domiciliary care is accessed by individuals receiving commissioned services, direct payments and self-funders.



## **What we are doing...**

- Re-procure domiciliary care services to replace contracts that are coming to the end in July and December this year.

## **How are we doing this....**

- It is recommended that we re-procure in tranches through the Adult Social Care Dynamic Purchasing System

## **Aims...**

- To ensure sufficiency of local domiciliary care supply
- To encourage new entrants to the local supply chain
- To provide services that meet our population demographic diversity
- To work with local providers to improve quality of provision
- To obtain good value for money services

# Domiciliary care market – National picture

- Challenging picture nationally.
- Economic pressures affecting the market:
  - Inflationary increases (fuel costs, uniform, equipment, overheads)
  - Increases in National Insurance (for employers and employees as of April 2022)
  - Wage competition from other sectors
- Other factors affecting the market:
  - EU Exit
  - Impact of Pandemic
  - Mandate (now being reversed)
- Consequences nationally:
  - Reduced hours / handing back packages
  - Quality issues
  - Business viability
- Mitigations
  - Grants – Workforce Recruitment and Retention – Rounds 1 and 2 – to be spent by March 22.
  - SBC will also award inflationary uplifts (supported by sufficient business case from providers)

# Domiciliary care market - local Picture

- 22 providers contracted to deliver care
- CQC regulated – 1 Outstanding, 18 Good, 2 Requires Improvement, 0 Inadequate, 1 awaiting inspection.
- Quality is monitored through QA Team and overseen by the Care Governance Board
- Providers have responded well to the challenges of the pandemic.
- Positive partnership working – hospital discharge, engagement at Provider forums etc.
- Council will be undertaking Fair Cost of Care Assessment over the coming months under ASC Reforms.

# Domiciliary care market - local Picture

- Over previous 12 months – 1471 packages of care at a total cost of £6.8M and an average cost of £17.91 per hour. Care workers are paid at least National Living Wage and also travel time.
- Providers procured using DPS – different tranches.

<b>Contract Expiry Date</b>	<b>Total packages of care</b>	<b>Weighted Average Hourly Price</b>	<b>Total annual expenditure</b>
<b>July 2022</b>	642	£18.21	£3.5m
<b>December 2022</b>	386	£18.06	£1.6m
<b>Beyond 2022</b>	443	£17.21	£1.7m
<b>Totals</b>	<b>1471</b>	<b>£17.91</b>	<b>£6.8m</b>

# Domiciliary care market – Options Considered

Options	Pros	Cons
Option 1 – Do not retender	Reduce resource pressure on teams	Limited number of contracted suppliers – might not have capacity to deliver services. People would be required to transfer to another provider. Lead to non-compliant purchasing activity.
Option 2 – Retender via DPS on a staggered basis <b>Recommended to Cabinet</b>	Maintains sufficiency and diversity of supply. Meets Best Value requirements – competition. Spreads risk Process allows for further competition when securing individual packages of care. Flexibility for providers – to deliver as many packages safely as workforce allows.	Economic pressures placed on providers – likely to have an impact upon the market.
Option 3 - Retender using a different method eg block contracts (see more options on next slide)	Positive impact for providers – surety of income and can plan business more effectively.	Concentration of risk with limited number of suppliers If demand fluctuates below block level – pay for unused hours.
Option 4 - Retender both tranches at the same time	Reduce resource pressure on teams	Contracts have different end dates – cannot extend tranche 1 or bring forward end date for tranche 2. Does not spread the risk Would be retendering both tranches in advance of further information being released around Fair Cost of Care.

# Procurement options considered

Procurement Strategic Approach	Consideration	Recommendation
Option 1 - Use of Suppliers engaged through mini-competition stage on the ASC Dynamic Purchasing System (DPS)	Periodic refresh of suppliers permitted.  Can attract new suppliers / market entrants  Time efficient process	Yes – maintains a sufficiency of supply and permits the maintenance of a diverse market.  Resource / Time efficiency for officers.
Option 2 - Sole supplier	On face value it may appear as though there are economies of scale. However larger scale overheads offset this to some degree.	No – High risk of supply failure. Removes opportunity for new entrants. Market and sufficiency concerns.
Option 3- One Lead Supplier with Subcontractors / Consortia	The market is highly competitive with suppliers competing for market share and staffing resource. Competing interests of constituent parties.	No – High risk of supply failure and lack of sufficiency of supply.
Option 4 - Small number of suppliers – operating in geographical areas.	Service demand patters across the borough are not conducive to geographical constraints. Consultation with local suppliers has indicated this model is highly likely to fail .	No – High risk of supply failure and lack of sufficiency of supply

# Procurement options considered

Procurement Strategic Approach	Consideration	Recommendation
Option 5 - Fixed framework of larger number of suppliers.	Experience in the borough has shown that the number of viable suppliers reduces over the lifetime of the contract leading to a shortage in supply. This can lead to having to reopen the framework or purchase off framework. Longer procurement time also required.	No – High risk of supply failure over time and less agility in replenishing supply and encouraging new entrants. Longer procurement timescales. Can lead to purchasing outside of framework.
Option 6 – Joint procurement with other neighbouring authorities / East Berkshire	Other local authorities have used different methods. One E Berks authority now operating DPS. Different contract end dates across different local authorities.	No. SBC has managed to secure sufficiency of supply at competitive rates through adopting this method.



# RISKS OF MODEL Recommended to Cabinet

Risk	Assessment	Mitigation	Residual Risk
Risk 1 -Suppliers do not bid	Medium  Existing suppliers keen to retain customer base. Although might be attracted to other areas.	The DPS permits new entrants to register.  A PIN will be issued to direct new interested parties to register on the DPS.	Low
Risk 2 - Suppliers bid at excessive and unaffordable hourly rates.	Medium / High  The market is facing significant economic pressures (see Slide 3)	Instructions to tender will include scoring mechanism concerning price evaluation.  Information concerning service allocation will also be issued – based upon need / price.  Inflationary uplifts information will be included in tender documents.	Low / Medium
Risk 3 – Suppliers bid at rates which are higher than those currently secured.	High  The market is facing significant economic pressures (see Slide 3)	As above.  Risks are understood.	Medium

# RISKS OF PROPOSED MODEL

Risk	Assessment	Mitigation	Residual Risk
Risk 4 – Loss of continuity of supply and carers if existing suppliers do not bid/ bid too high.	Medium  Existing suppliers keen to retain customer base. Although might be attracted to other areas.	TUPE.	Low
Risk 5 – Suppliers offering a lower price will result in lower quality.	Medium	All suppliers be required to register with the CQC. Delivery against KPIs. Care Governance Board Existing quality in the borough.	Low
Risk 6 – Care staff not adequately paid.	Medium	Breakdown of fees including direct wage costs are included in the Pricing Schedule. New market entrants have lower overheads.	Low

# CONCLUSION

Proposed model:

Takes account of market conditions

Best option for ensuring sufficiency of supply at competitive rates

Support new entrants to market and diversity of supply

Spreads risks

Time / resource efficient method of securing supply.

ANY QUESTIONS ?

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**MEMBERS' ATTENDANCE RECORD 2021/22**  
**PEOPLE SCRUTINY PANEL**

<b>COUNCILLOR</b>	<b><u>30/06/21</u> <b>CANCELLED</b></b>	<b>16/09/21</b>	<b><u>28/10/21</u> <b>MOVED TO</b> <u>11/11/21</u></b>	<b>11/11/21</b>	<b>02/12/21</b>	<b>31/01/22</b>	<b>31/03/22</b>
Qaseem (Chair)		P		P	P	P*	
Kelly (Vice-Chair)		P		P	P	P	
Ajaib		P		P	Ap	P	
Basra		P		P	P	P	
Begum		P		P	P	P	
Brooker		P		P	Ap	Ap	
Matloob		P		P	P	P	
Mohammad		P		P	P	P	
Sandhu		P		P	P	P	

P = Present for whole meeting    P\* = Present for part of meeting    Ap = Apologies given    Ab = Absent, no apologies given

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