

Slough Written Statement of Action

Written statement of Action for SEND Local Area

Introduction /letter from key leaders of Health, Care, Education, Parent voice

In Slough, we are deeply committed to supporting all of our children and young people through the wider lens of inclusion 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 a strong partnership with parents, carers, and professionals, and have the provision required to meet the diverse range of needs for our children and young people.

Our shared ambition as leaders across Slough in partnership with parents' carers and children and young people is to secure real change through our concerted and collective efforts by all of our partners across the local area, underpinned by common purpose and shared values and principles which are embedded in our desire to reduce health inequality and enable children and young people to flourish. This written statement of action has been a truly collaborative effort and signals our intention to collectively ensure that improving the outcomes for children and young people with special educational needs and disabilities within our communities remain our absolute priority.

Background

Between 27 September and 1 October, 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 of Slough Borough Council (education, public health, children's social care, and adult social care), education providers, Frimley Clinical Commissioning Group NHS (CCG) and associated health partners. Although there were strengths identified, they 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.

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**

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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 local 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 part of our own self-assessment process. We had identified areas that needed 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 will strive to ensure we make every improvement in accordance with our commitment and dedication; 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 flourish.

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 which 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, 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

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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, the rest were judged as good.
- 8 secondary schools were judged as outstanding at their most recent Ofsted, 4 as good, 1 as requiring improvement and 1 as inadequate.

The all-through school is awaiting its first inspection.

1 special school was judged good at its most recent Ofsted, 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 inspection in 2019 it was judged as good.

Project Search

Project SEARCH is a one-year transition program 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.

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Vision

As stated in our SEND and Inclusion strategy our vision statement for SEND and Inclusion across the town, 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 service model will ensure appropriate services are in place to meet the population need, will 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.

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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 when 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)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress Red – Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
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 Strategy Document	New SEND strategy produced and distributed. Regular feedback from parents and young people is analysed, evaluated, and acted upon.		

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1.1.2 Review and develop SEND and Inclusion Strategic Board to ensure joint oversight and accountability for the area on a systemic basis	LA SCF CCG	Updated ToR Notes of minutes of each board	Regular meetings Notes of meetings demonstrate progress in areas of WSOA All partners understand roles and responsibilities		
1.1.3 Elected members to ensure strategic oversight and accountability.	Lead Member, Children Education Scrutiny Committee	Cabinet and Scrutiny reports	Elected members have clear strategic oversight and are able to set direction of strategy		
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)					
1.2.1 Review, develop and implement a coherent workforce strategy	LA	Policy produced	Clear strategy understood by all partners CPD and approach shows retention of staff		
1.2.2 Review and develop SEND team structure to ensure it is fit for purpose and has capacity	SEND Service	Redesign of SBC SEND service	Capacity of staff increased More efficiency and better completion of EHC plans within statutory timelines		

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			More consistency in SEND approach through stable workforce		
1.3.1 Update Slough School Effectiveness Strategy to include explicit reference to SEND children	AD Education & Inclusion	Referenced in updated Slough School Effectiveness strategy	All schools clear on roles and responsibilities with regards SEND area approach		
1.3.2 Hold seminars and workshops on SEND for schools. Progress the work started on Whole School Send workshops delivered by the DfE	LA Inclusion Team	Evidenced in workshops held with distribution of resources before and after	Effective practice seen and evidenced in schools		
1.3.3 Review and facilitate school to school support on effective practice in SEND and inclusion support delivery	LA Inclusion Team	Resources distributed Action plans form schools	Effective practice seen and evidenced in schools Reduction in the number of fixed term and permanent exclusions		
1.3.4 Work with schools to ensure they fully understand the SEND code of practice and statutory responsibilities.	LA Inclusion Team	Evidence of resources and workshops being provided.	Better understanding of the legal framework and processes of the SEND code of practice for schools Children’s needs are met by schools and SEND team without the additional support required from external resources		

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1.3.5 Work with schools to understand how they prioritise and raise the profile of SEND and inclusion in their schools	LA Inclusion Team	SEND questionnaire and audit for each school.	Data collection informs strategic approach which is then published and clear		
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)					
1.4.1 Review induction paperwork with partners across all areas to ensure consistency of approach.	LA CCG	Agreed updated paperwork for use in all areas	Consistent approach achieved		
Sharing of 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		Data sharing is in place	<p>Early intervention through delivery of services to support child development reduces 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>		
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					

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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)					
1.5.1 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.	LA Inclusion Team	Strategic document produced that lays out all settings, provision, and specialism. Also, that identifies gaps and how we will address them.	Document informs strategic approach both short and long term.		
Place planning strategy to be updated and include SEND	AD Education & Inclusion	Place planning strategy approved and publicly available,	Strategic approach to SEND place planning and ensuring young people have access to the provision they are best suited		
Focus Area 1.6					
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)					
1.6.1 Work in partnership with schools through the Slough School Effectiveness Strategy to promote the inclusion agenda	LA Inclusion Team and School Effectiveness Team	Slough School Effectiveness Strategy Resources provided Evidence of seminars and workshops including rollout of emotion coaching and attachment needs of children	More positive parental engagement More effective practice in schools Staff value CPD and become better skilled.		

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		Use of SEND networks			
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)					
1.7.1 Work with schools through the Slough School Effectiveness Strategy and Send and Inclusion Strategy to ensure graduated response is understood and implemented.	LA Inclusion Team and School Effectiveness Team	Improvement in standards at KS2.	More effective partnership work to identify needs with particular focus on access to therapies.		
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)					
1.8.1 Review and strengthen access for CYP with SEND to work experiences, supported internships and employment opportunities, from Y10 onwards		Direct links between our schools and colleges and Slough Business Partners are established/strengthened. Reduction in NEET figures.	Increase in adults with disabilities in paid employment.		

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<p>1.8.2 Work with post-16 providers to ensure breadth, quality, and sustainability of provision, allowing cyp to achieve appropriate outcomes and ambitions for the future</p>		<p>YP's outcomes for post-16 and PfA are consistently met. Reduction in the repetition of entry level courses which do not align with outcomes or yp's interests.</p>	<p>Young people and their families report increased levels of satisfaction with the local offer. Young people and their families are confident that the post 16 offer meets the needs of SEN students and that their views are heard.</p>		
<p>1.8.3 Establish a multi-agency Transition Pathways Group, to enable more effective joint commissioning and strategic implementation of the PfA Good Practice Toolkit across all services</p>		<p>There will be a demonstrable link between EHCP data and commissioning of services in adult care and education. Jointly agreed shared data sets with adult services are in place, so that destinations of all SEND learners are tracked up until age 25 years to inform effective planning & support.</p>	<p>All yp with SEND are following high quality study programmes, which include work placements where appropriate. There is an increase in the number of supported internships and apprenticeships that lead to employment for yp with SEND.</p>		
<p>1.8.4 Promote the importance of joint Annual Reviews from 14 (Y9), ensuring the appropriate range of professionals provide input</p>		<p>Increased attendance, face to face or virtually, from all invited representatives at transition planning reviews.</p>	<p>Educational provision from 16 through into adult life demonstrates a clear link between the 16-19 and 19+ offer, to ensure appropriate routes are open to enable access</p>		

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to assist young people with their transitions within education and into adult life			to employment, leisure, and independent living.		
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Priority 2

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 Red – Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
2.1.1 Review systems	SEND Service	Document produced that	Transparency and		

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and processes for stakeholder communication with SEND services		lays out processes. Refreshed Send and Inclusion Strategy, co-produced with all stakeholders.	accountability in the process. Positive interaction with SENDIASS		
2.1.2 Ensure data is used to capture support and communication between SEND services and parents.	SEND Service	Evidence of data capture (e.g., surveys) and analysis discussed and acted upon	Parents report back they receive good communication with the SEND service		
2.1.3 Ensure that a way to capture case studies. Is used in order to celebrate the positives as well as act on areas for development	SEND Service	Case study proforma used and discussed at strategic boards	Develop deeper understanding of lived experiences and take action accordingly where required		
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)					
2.2.1 Review the governance and develop documentation that clearly lays out to professionals the scope of all panels in the system. This	LA CCG	Document produced and distributed with panels, descriptions, roles, and responsibilities.	Clearer and transparent understanding of the panels by professionals. Panels have the appropriate people to make a positive impact.		

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includes review of panels themselves.					
2.2.2 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.	LA CCG	Evidence of information and events regarding the graduated response, in particular with parent partnerships such as special voices and individual parents. Reflected on Slough's Local Offer	Stakeholders understand the graduated response and are clear as to its purpose. Parents have clear understanding of their roles and responsibilities with regards graduated response. More effective use of the graduated response in practice		
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)					
2.3.1 Review and develop systems to ensure parents have appropriate access to their case worker and there are clear expectations around communication and timeliness of response.	SEND Service	Documentation produced that lays out protocol and expectations Develop escalation protocol	Transparency and accountability in the process		
2.3.2 Ensure surveys with views of parents, children and other	LA SCF CCG	Survey feedback	Understanding of stakeholders' issues		

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stakeholders is captured, analysed, and acted upon			Majority of parents feel listened to and understood		
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)					
2.4.1 Review and redesign the local offer with partners so as to ensure it is well publicised and accessible to parents, young people, and professionals so that they understand what is on offer to meet children’s needs	LA SCF CCG	Changes and redesign of local offer website and documentation. in line with feedback from stakeholders and accessibility standards Use of guidance standards set and approved by strategic board	Stakeholders report back positive experience of use of local offer Stakeholders can access resources and information to help them		
2.4.2 Review all content and information on the local offer to ensure it is updated systemically	LA SCF CCG	Evidence of regular checks and report back on local offer website Timetabled updates using standard templates to be utilised Escalation to Strategic Board where services do not comply with expectations – actions and timescales set	Stakeholders report all content is up to date and a positive user experience		

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Priority Three

Statement; 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.

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 Red – Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
3.1.1 Review and update the SEF to ensure it is current and accurate. Also, that it is continuously updated	LA SCF CCG	SEF document Evidence of review and update	Stakeholders have a strong understanding of the local area strengths and areas for development		

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3.1.2 Ensure SEF includes wider data and overall performance indicators	LA Insight Team	Inclusion of data in SEF	Data is used as key drivers for all strategies with targets and KPIs created		
3.1.3 Ensure SEF includes specific data and reference to child and parental experience	LA Insight Team	Inclusion of data in SEF	Better understanding of experience and feedback from parents and young people		
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)					
3.2.1 Ensure performance data is captured specifically to analyse funding decisions in order to ensure transparency.	SEND Service	Data on funding decisions captured an available e.g., SEND panel in consistent comparable data sets Commissioned contracts	Stakeholders understand the consistency and transparency in decision making for funding.		
3.2.2 Develop a process for capturing and bench marking data to address areas such as waiting times	CCG	Evidence of data e.g., surveys	Stakeholders have clearer understood of need, driven by data and creation of KPIs		

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for therapies and assessments					
3.2.3 Develop and review complaints system in order to capture and act upon complaints and resolutions made by parents	LA SCF CCG	Protocol written and shared	More transparency and understanding of complaints process Majority of complaints resolved to completion in a timely manner		
3.2.4 Review of current use of short breaks and potential growth through market engagement	Commissioning Lead SCF	Exploration of potential to develop offer with schools who support children with EHCP. Mapping of potential community-based providers to promote inclusion	Options for DPS arrangement allowing for increased personalisation of arrangements and satisfaction. Improved levels of inclusion support Increased choice	Progress on track through to business case	Amber
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)					
3.3.1 Review and develop systems for tracking children with EHC plans who are absent from schools and those on a school roll who are persistently absent	SBCSEND Service Attendance Service	Protocol written and shared Evidence of actions taken	Understand better why some children are missing school Increase in attendance to school	July 2022	Amber
3.3.2 Ensure data for children absent from	SBCSEND Service Attendance Service	Protocol written and shared	As above		

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school and those on roll who are persistently absent is gathered, analysed, shared, and acted upon		Evidence of actions taken Better communication with schools so that all stakeholders understand the issues			
3.3.3 Investigate the increase in Children electively home educated, to understand the SEND needs	SBC	Outcome of the review and action plan	Ensure all children who are EHE are receiving the support for their assessed needs	March 2022	Amber
Focus Area 3.4					
Slough data indicates that the proportion of young people with SEND without an EHC plan and not participating in education at age 17 has declined and is low at age 19 when compared with statistical neighbours. (3)					
Develop an action plan to increase participation for young people with SEND an no EHC plans	LA SCF	Action plan with milestones in place	Increased participation for young people at least in line with statistical neighbours		
Use data to track, monitor and assess participation in order to measure success	LA SCF CCG	Data sheets Evidence of actions taken	As above		
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)					
3.5.1 Develop and implement a	LA Insight Team	Protocol written and shared	Strategy informed by data.		

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comprehensive and systemic data and performance dashboard that will drive improvement, set priorities, and inform strategy		Examples of data dashboard gathered as evidence Setting of priorities based on data	Stakeholders have laser sharp understanding of the local area KPIs and actions plans created		
3.5.2 Ensure effective management information system is in place to extract specific data on all children, such as primary need, in order to inform current and future strategy.	LA School Information Team	Evidence of data use and extraction Protocol for use of MIS written and shared	Improved understanding of the cohort of children on EHCP in order to drive strategy		

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 parent/carers to influence local SEND policy and service design so provision can be delivered in a way that better meets their needs.

Focus Area 4.1

Information on the local offer webpages 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 (EHC) plan. However, parents who have accessed and used these services praise the support and advice they have received. (4)

Action to Implement	Lead	Evidence	Impact Measures	Completion Date	Progress
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					Red – Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
Ensure that every Parent/carer knows about the local offer website.	LA	* Comms and engagement plan showing engagement campaigns with parent/carers, schools SBC staff, Early Years, and vol sector orgs, faith groups, range of promotional materials produced.	*Pre and post parent survey, *Increased visits to local offer website, *Increased calls to family information service		
Ensure that every Parent/carer of a child with SEND knows about local support services like SENDIASS, Special Voices, GEMS.	LA	*Comms and engagement plan showing engagement campaigns with parent/carers, schools SBC staff, Early Years, and vol sector orgs, faith groups, range of promotional materials produced. *Special Voices, GEMS and SENDIASS are featured more prominently on local offer homepage including full range of contact details available.	*Increase in referrals to SENDIASS, GEMS, Special Voices		

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		<p>*Review of points during a family's journey to signpost to support services e.g., general queries to Family information team or SEND team, when EHCP is first requested, if plan is declined or offered, upon completion, annual reviews, before making onward health referrals.</p> <p>*Seek consent from families at first contact to share information/newsletter on local services.</p>			
All information on local offer website is up to date and useful.	LA	<p>Evidence of website development and improvement- e.g., see examples from LINK such as date for when page was last updated, prompt in back end for page reviews, easier way to give feedback on an individual page basis like 'was this page useful?' question and comment box prompt.</p>	<p>*Increase in visit to website, *Increase in positive feedback received, *Increased number of positive votes,</p>		
Local offer website is improved with the feedback and help of children and young people with SEND and parent/carers	LA	<p>* Use of existing feedback on local offer e.g., from Kids SEND Event, * Engagement timetable with a plan for regular (annual?) focus groups with</p>	<p>*Increase in visit to website, *Increase in positive feedback received,</p>		

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		<p>CYP and parent/carers and mystery shop/find it first activities.</p> <p>* Feedback is systematically collected using a range of formal and informal mechanisms and used to improve local offer website,</p> <p>*Evidence of developments as a result of feedback and closing feedback loop with 'you said, we did', engagement events</p>			
Focus Area 4.2					
<p>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)</p>					
<p>A wide range of opportunities are on offer for children and young people including children with SEND and for parent/carers to participate both individually and strategically</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 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>*Increased representation on existing universal forums like Slough Youth Parliament, Reach Out Group, Young Health Champions reflective of the local population,</p> <p>*Participation groups have improved links to SEND specific forums and Parent/carers forums</p>	<p>Dec 2022</p>	

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		*Parent/carer voice & youth voice is a standing item at SEND board meetings			
Ensure young people with SEND, parents/carers have accessible information about engagement opportunities and understand how they can get involved and that it is their right to participate and be included	LA	*Joint Participation strategy in place, * Comms and engagement plan showing engagement campaigns with parent/carers, SBC staff, Early Years, Schools and vol sector orgs, faith groups, range of promotional materials produced.	*Increased representation at universal participation groups	Dec 2022	
Children and young people with SEND, parent/carers are effectively supported to participate meaningfully	LA	Evidence that: *Young people have equal access to engagement activities, whatever their impairment, * Activities are appropriate to the age, abilities and access requirements of the young people and planned with young people, *Input outside of formal meetings e.g., coffee mornings, schools, surveys, social media, * Feedback is systematically collected using a range of formal and informal mechanisms and used to	*Increased representation at universal participation groups, *Participants, report they receive the required support to access engagement opportunities and understand how their contributions will be used, *Participants report that they are satisfied that their views have been listened to and acted upon, *Participants report that they have gained something (skills, confidence, new experiences) from their involvement,	March 2023	

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		<p>improve activities and services,</p> <ul style="list-style-type: none"> *Participants have regular opportunities to meet with strategic decision-makers, *Engagement takes place at operational, strategic, and individual levels *Engagement is built into activities in a proactive and planned way, *Participants receive training and support to understand their rights to take part in decision-making, *Staff are equipped with the knowledge, tools, and skills to promote and support participation, *'You said, we did' <p>Evaluation reports</p>	<ul style="list-style-type: none"> *Participants are rewarded and recognised for their contributions, *% of staff receiving disability equality training, * Increased staff across MDT's attending participation training 		
Focus Area 4.3					
<p>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>					
A Slough wide commitment to participation including the participation of children and young people with SEND, parent/carers individually,	LA CCG BHFT SFC	<ul style="list-style-type: none"> *Short term- *Commitment to SEND Participation via a joint charter, *Youth voice is included in SBC's refreshed youth offer, *Refresh of SBC MOU with special voices, *Menu of 	<ul style="list-style-type: none"> *Increased opportunities to take part in different types of decisions e.g., planning, service delivery, evaluation, communications, *Increased representation at universal forums and or 	Short term goals by Dec 2022, Long term by April 2023	

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<p>operationally, and strategically</p>		<p>opportunities exists with associated support, *Longer term- a Consolidation of existing strategies e.g., SCST participation strategy into a joint Slough wide strategy identifying the group and structures that underpin participation in Slough and including a commitment for children with SEND to influence 'mainstream' or 'universal' services not just those specifically focused on disability, *Practitioners and young people have a shared understanding of the opportunities available, levels of participation and the purpose of young people's participation, *Objectives have been designed with children and young people, parents/carers *There are mechanisms to ensure that universal participation groups link strategically and sustainably with local SEND organisations/teams, CYP via</p>	<p>creation of SEND participation group</p>		
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		surveys, schools or SEND participation groups.			
The current programme to redesign commissioned short breaks by SCF and change arrangements for use of DP has co-production as a central focus.		<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 fit 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 22 – April 2023</p>	Amber
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)					
Commitment to seek	SBC LA	*Neurodiversity network	*Increased parents/carers	March 2023	

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<p>out the views of parent/carers and improve services with their help</p>	<p>BHFT</p>	<p>*Service feedback is systematically collected using a range of formal and informal mechanisms and used to improve activities and services, *Information from individual decision-making processes (such as assessments or reviews) feed into strategic processes, * Evidence of developments because of Parent/carer feedback and closing feedback loop with 'you said, we did', engagement events.</p>	<p>report that they are satisfied that their views have been listened to and acted upon *Reduction in complaints (both services and with EHCP's)</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.

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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 Red - Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
5.1.1 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. Sufficient SEND manager capacity in place to ensure compliance and monitor delivery of new operating model.		

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5.1.2 Recruit additional capacity within SEND team to fully implement new operating model	SEND Service	Staff recruited and additional capacity embedded.			
5.1.3 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 timescales, reducing pressure on SEND team around 20-week process		
5.1.4 Develop a local recruitment and retention strategy for SEND and Educational Psychology to attract and retain high quality staff within Slough	Inclusion Team	Factors including staff experience of working in Slough and local market are fully understood and measures identified to address them.	Level of ongoing vacancies is minimised, and staff report benefits of improved stability and morale		
5.1.5 Implement and embed new operating model for processing and completing EHNAs, incorporating IT solutions that enable an electronic EHCP 'portal' platform as part of model	SEND Service	A clearly defined 20-week process is in place, which embeds efficiencies appropriately while maintaining quality and person-centred practice. Appropriate IT platform for electronic EHCPs is identified and implementation plan ensures quality and compliance are not negatively impacted.	EHNAs completed within 20-week timescales. CYP, families and professionals able to contribute to and check progress of EHCNA process online Stakeholders report improvements in levels of responsiveness and co-production.		

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<p>5.1.6 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' includes: % Whether to assess decisions within 6-weeks % EP advice completed within timescale % Health advice completed within timescale % Social Care advice completed within timescale % Whether to issue decisions made within 16-weeks % EHCPs finalised within 20-weeks</p>	<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 with regard to timely completion of EHCPs.</p>		
<p>Focus Area 5.2</p>					
<p>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>					
<p>5.2.1 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>Deficits in resource and capacity identified. Operating model for processing Annual Reviews and Phase Transfers is updated.</p>	<p>Sufficient SEND officers in post to ensure caseloads are set at a level that consistently processes Annual Reviews within statutory timescales. Sufficient SEND manager capacity in place to ensure compliance and monitor delivery of new operating model.</p>		

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5.2.2 Recruit additional capacity within SEND team to fully implement new operating model		Staff recruited and additional capacity embedded.			
5.2.3 Implement and embed new operating model for processing and completing Annual Reviews, incorporating IT solutions that enable an electronic EHCP 'portal' platform as part of model		A clearly defined Annual Review process is in place, which embeds efficiencies appropriately while maintaining quality and person-centred practice. Appropriate IT platform for electronic EHCPs is identified and implementation plan ensures quality and compliance are not negatively impacted.	Annual Reviews completed within statutory timescales. CYP, families and professionals able to contribute to and check progress of Annual Review online Stakeholders report improvements in levels of responsiveness and co-production.		
5.2.42 Develop use of data platforms to ensure Annual Review data is used to fullest capacity to identify trends (volume, need, timeliness) and manage performance	SEND Service	SEND data 'dashboard' includes: % Annual Reviews completed within statutory timescale (i.e., convened by education provider within 12 months and LA decision /amendments made within 4 weeks)	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., amendments, LA decisions required, consultations).		
Focus Area 5.3					

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<p>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>					
<p>5.3.1 Establish a multi-agency Quality Assurance Framework for EHCPs to ensure effective and sustainable mechanisms to evaluate quality as well as compliance.</p>	<p>SEND Service</p>	<p>Voice of the child is clear, and parents can recognise their child/yp can recognise themselves within the plan. Health and social care needs and provision are identified and defined, underpinned by an evidence base. Quantification and specificity of provision in plans. Language is specific and accessible. Plans describe appropriate provision over and above Quality First Teaching and resources normally available to mainstream settings.</p>	<p>Multi-agency QA framework and all activities linked to it are embedded. Stakeholders report improvements in levels of satisfaction, quality, consistency, and co-production.</p>		
<p>5.3.2 Review and strengthen supervision of casework for SEND Officers and establish KPIs against which to</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>Systems are embedded to monitor individual/team performance and the quality of EHCP delivery. Practitioners feel supported and quality of practice improves.</p>		

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identify and address performance issues.			Complaints have reduced.		
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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)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress Red - Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
	SCF Head of targeted Early Help	Minutes from SEND Meetings	Sign posting and provision of need for all children	February 2022	Amber

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<p>Joint working processes ensure that social care needs (non-statutory) are considered with representation from set up and sustained between SCF, including Early Help at, Youth Justice and SEND Panel Team</p>	<p>SBC</p>	<p>Utilisation of the Local Offer</p> <p>Feedback from Parents and Carers</p> <p>National pilot for Virtual Schools for all children with a social worker may provide some capacity, if extended nationally after March 22</p>	<p>Children</p>		
<p>Find mechanisms to actively listen to families and school staff if they feel social care complexity has been overlooked, and act on them. are set up and sustained between SEND Team and Early Help to ensure that there is a graduated approach for support</p>	<p>SCF Head of Targeted Early Help and SBC Head of SEND</p>	<p>Processes in Place</p>	<p>Children's needs are identified earlier and provision in place</p>	<p>February 2022</p>	<p>Amber</p>
<p>Focus Area 6.2</p>					
<p>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)</p>					
<p>See 1.8 and see below 6.4</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)					
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)					
Review the provision of quality, cost effective short breaks that promote children’s outcomes	Commissioning Lead SCF	<p>Focused programme of compliance re DP resolved</p> <p>Robust processes for package work within DFE to include review of care with increased number of accredited providers</p> <p>Business case for sufficiency, access, transparency, and impact to inform procurement of short break services on track from 2023</p> <p>Effective review of all paperwork /procedures to promote access and equity across cohorts</p> <p>Engagement of Commissioning Lead</p>	<p>Options for delivery will be shared formally within a business case by March 22</p> <p>DP audit identifies issues of concerns and promotes improved compliance Q3 2021-22</p> <p>Regular contract monitoring of commissioned services improves data and analysis</p> <p>Programme of consultation to include young people and their families by June 22 to inform new commissioned arrangements by April 23</p>	<p>December 2022 All key roles recruited to.</p> <p>Backlog of compliance re DP resolved</p> <p>Robust processes for package of care with increased number of accredited providers</p> <p>Business case for procurement of short break services on track</p> <p>Effective working with partners across SEN, virtual school, and disabilities to promote shared understanding of opportunities/risks</p>	Amber

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		<p>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 SEN services to review joint working arrangements to avoid unnecessary accommodation</p>			
<p>Review of current arrangements for direct payments to include options for pre-payment cards and more flexible parameters for use. Potential collaboration with adult services and CCG is 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 July 22</p>	<p>Parents and carers have flexibility in support and opportunities</p> <p>Compliant use of DP</p> <p>Reduced challenge/complaints impacting officer time</p> <p>Increased take up reducing more expensive options</p>	<p>July 2022 Options appraisal and business case on track</p>	<p>Amber</p>

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<p>Accreditation of new providers will ensure differentiated offer and improved costs generating confidence in 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 are provided to provide ongoing support and also to support emergency situations and avoid accommodation</p> <p>Average monthly spend on DP and hours provided has risen. from £1,112 in 2020 to £5,421</p>	<p>Improved choice for parents and children</p> <p>Improved flexibility and access to include short/ time sensitive services</p> <p>Reduced unit cost</p>	<p>On track –ongoing market engagement and response to request</p> <p>Work to improve oversight and support to families has</p>	<p>Green</p>
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		<p>in 2021. The total number of hours per week of DP requested during term time in 2020 was 17 and this has now risen to 84 in 2021.</p>		<p>improved compliance and stakeholder satisfaction.</p> <p>Improved confidence in DP as effective delivery mechanism</p>	
<p>Development of 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>Placement at local school maintained for children</p> <p>Contact with family/community maintained and promoted</p>	<p>On track to point of procurement</p>	<p>Amber</p>
<p>Review the provision of quality, cost</p>	<p>Commissioning Lead SCF</p>	<p>Focused programme of work within DFE to</p>	<p>Options for delivery will be shared formally within a</p>	<p>All key roles recruited to.</p>	<p>Amber</p>

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<p>effective short breaks that promote children's outcomes</p>		<p>include review of sufficiency, access, transparency, and impact to inform procurement from 2023</p> <p>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 Virtual school and SEN services to review joint working arrangements to avoid unnecessary accommodation. All key roles recruited to.</p> <p>Backlog of compliance re DP resolved</p> <p>Robust processes for package of care with increased number of accredited providers</p>	<p>business case by March 22</p> <p>DP audit identifies issues of concerns and promotes improved compliance Q3 2021-22</p> <p>Regular contract monitoring of commissioned services improves data and analysis</p> <p>Programme of consultation to include young people and their families by June 22 to inform new commissioned arrangements by April 23</p>	<p>Backlog April 2023 of compliance re DP resolved</p> <p>Robust processes for package of care with increased number of accredited providers</p> <p>Business case for procurement of short break services on track</p> <p>Effective working with partners across SEN, virtual school, and disabilities to promote shared understanding of opportunities/risks</p>	
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		<p>Business case for procurement of short break services on track</p> <p>Effective working with partners across SEN, virtual school, and disabilities to promote shared understanding of opportunities/risks</p>			
Focus Area 6.5					
<p>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>					
<p>Development of sufficient accommodation and support arrangements for young people 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>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</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 reduce</p>	<p>Tender has been issued</p> <p>Implementation working group is being developed to ensure robust processes for joint working April 2023</p>	<p>GREEN</p>

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		pathway allows for in reach from community-based services and ASC/AMH	Confidence levels within young people transitioning into independence rises		
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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 Parent/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 Red - Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started

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)

NEURODEVELOPMENTAL Working towards a maximum wait of 12 months by the end of March 2023. New investment enabling service	BHFT			March 2023	
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expansion – extending capacity through expanding BHFT AAT & ADHD teams and working in partnership with external providers					
BHFT, Frimley CCG and 3 x Local Authorities in East Berkshire to work in partnership to review and agree the joint commissioning of integrated therapies (physio, OT, and SLT)	BHFT Frimley CCG Local Authority				
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)					
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.	BHFT Frimley CCG Local Authority	Jointly agreed paper outlining need in Slough for school age speech and language therapy service for CYP with eating and drinking needs.			
All CYP in Slough with eating and drinking needs will be able to access timely specialist support.	BHFT Frimley CCG Local Authority	All CYP in Slough able to access service. CYP seen within 2 weeks for urgent assessment and 6 weeks for	Reduction in number of CYP presenting at a & e for swallowing assessments.		

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		routine assessment of eating and drinking needs.			
Focus Area 7.4 – this links with 7.6					
The area does not comply with the requirements set out in many EHC plans. 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)					
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 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)					
OT Action Plan in place -Reduction of waiting times for assessment for routine referrals to maximum wait of 12 months. <ul style="list-style-type: none"> BHFT undertake a comprehensive demand capacity modelling exercise with the aim of informing future planning/commissioning. In the short to medium term, BHFT were requested to recommend approximate additional resource required to	BHFT	Monthly highlight report with key metrics and, progress to date	Number of CYP waiting for Asst. Avg. wait, longest wait, % tracking of CYP waiting longer than 53 weeks and % tracking of CYP waiting 52 wks. or less.	March 31, 2023	Amber

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<p>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 which has been completed and shared.</p>					
<p>Improved compliance with EHCA 6-week target – 95% of all EHCA requests are completed within the 6-week target</p> <ul style="list-style-type: none"> • Recently agreed EHCA/EHCP management process introduced as agreed with partners. • Introduction of new EHCA request process for CYP not known to the service agreed in partnership with the CCG and 3 LAs 	<p>BHFT</p>	<p>Monthly reporting of key metrics</p> <p>SEND Dashboard Report</p> <p>Termly review with CCG and 3 LA's</p> <p>Monthly reporting (Highlight Report)</p>	<p>Number of EHCA requests received per month for children known and not known.</p> <p>Number of EHCA reports due in month, Number of EHCA breaches in month for CYP known to the service and not known to the service. Total number of outstanding EHCA requests</p>	<p>March 31,2023</p>	<p>Amber</p>

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<p>within our triage service</p> <p>Clear the current backlog of EHCA requests that have breached the 6-week target</p>					
<ul style="list-style-type: none"> Ensure that health representation is supported on the SEN panels for a period of one year to support the work required to strengthen the Graduated Response and to apply learning in the longer term within the Integrated Therapies project. 	BHFT	Feedback, Agree Key metrics to monitor.			Pink
<p>Reduction in time taken to triage initial referrals by reducing the backlog in triage so that there are no more than 25 referrals waiting at any one time.</p>	BHFT	Monthly reporting	Referral trends, number of referrals triaged per month, outcome of the triage	March 31, 2023	Amber

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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)					
All CYP within the 17 mainstream schools covered by the current commissioned contract with BHFT will have been seen for a review/up to date assessment of their needs by March 2023. 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.	BHFT	All 180 CYP who attend the 17 schools covered by the current contract who 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.	Reduction of number of CYP with identified speech and language therapy on EHCPs not yet seen by the CYPIT service. CYP in Slough attending 1 of 17 schools will have the speech and language therapy needs identified on their EHCPs met.	March 2023	
All CYP who attend Arbour Vale School and have identified speech and language therapy needs on their EHCP needs will have been	BHFT Local authority	All 157 CYP not yet seen by the current CYPIT service will have been seen for a review/reassessment of their needs and up	Reduction of number of CYP with identified speech and language therapy on EHCPs not yet seen by the CYPIT service.	March 2023	

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seen and their needs reviewed/reassessed by March 2023. As of 19.1.22 157 CYP have identified speech and language therapy needs on their EHCPs but have not yet been seen by CYPIT services.		to date advice and recommendations provided for their EHCPs.	CYP in Slough attending 1 of 17 schools will have the speech and language therapy needs identified on their EHCPs met.		
Universal and targeted training to be delivered to all 18 schools in the currently commissioned contract to support school staff in implementing the graduated response.	BHFT	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.	Fewer CYP will be referred for an EHCA as their needs will have been met at a universal and targeted level.	July 2022	
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)					
Maximum wait of 12m EXPAND WORKFORCE to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration)	BHFT	Monthly update to CCG (Highlight report) with key metrics and summary of progress Includes WTE recruited to date (and % of target workforce)	<ul style="list-style-type: none"> • <i>Average wait in weeks</i> • <i>% Of CYP seen < 52 weeks and >52 weeks</i> <i>Longest wait</i>	March 2023	Amber
Maximum wait of 12m	BHFT	Monthly update to CCG (Highlight report)	In addition to the above metrics:		Green

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<p>PARTNERSHIP WORKING to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration)</p>		<p>Contracts, monthly reporting</p>	<ul style="list-style-type: none"> • <i>Referrals transferred</i> • <i>Assessments in progress</i> • <i>Assessments completed</i> 		
<p>Maximum wait of 12m ALL AGE AUTISM AND ADHD PROCUREMENT to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration)</p>	<p>BHFT</p>	<p>In progress – not yet out to tender</p>	<p>In progress</p>	<p>September 2022</p>	<p>Amber</p>
<p>Maximum wait of 12m TRANSFORMATION Under 5 autism: Implementation of agreed standardised model for autism assessments to increase clinical capacity for new assessments</p>	<p>BHFT</p>	<p>Monthly reporting (Highlight Report)</p>	<ul style="list-style-type: none"> • <i>Average wait in weeks</i> • <i>% Of CYP seen</i> • <i>< 52 weeks and >52 weeks</i> • <i>Longest wait</i> 	<p>March 31 2022</p>	<p>Amber</p>

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<p>Maximum wait of 12m</p> <p>QUALITY IMPROVEMENT PROJECTS To ensure service operating at optimal efficiency</p> <p>Autism 5-18y</p> <ol style="list-style-type: none"> 1. Number of appts to reach diagnostic decision <p>ADHD</p> <ol style="list-style-type: none"> 2. DNA 3. Wait for diagnostic decision 4. Wait for medication initiation 	<p>BHFT</p>	<p>Project highlight reports/Countermeasure summaries</p>	<p>Autism 5-18y</p> <ol style="list-style-type: none"> 1. % Of assessments concluded at 2nd appt <p>ADHD</p> <ol style="list-style-type: none"> 2. Monthly DNA % 3. Wait for diagnostic decision (average wait in days from 1st appt to feedback) <p>Wait for medication initiation following completion of assessment (average wait in days)</p>	<p>Review date April 2022</p>	<p>Amber</p>
<p>COVID-19 Impact of Covid-19 on autism assessments</p> <p>New ways of working and updated risk assessment</p>	<p>BHFT</p>	<p>Assessments concluded using blended offer with digital solutions provided by BHFT and as part of partnership working</p>	<p><i>Number of assessments concluded</i></p> <p><i>% Of assessment concluded at 2nd appt</i></p>	<p>New ways of working: ongoing</p> <p>Risk assessment update: once Omicron variant has peaked and risk reducing</p>	<p>Amber</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)					
Ensure robust DSG management plan in place to oversee High Needs Block spending and ensure value for money approach.	LA	DSG Management Plan	More effective use of finance and distribution within the High Needs Block.		
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)					
1) That all children under the age of 5 who transfer into Slough who are eligible or request a contact with the Health Visiting service will receive one in a timely manner.	Frimley CCG Solutions 4 Health	Operational; Assurances will be sought regarding the 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)	That 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)	Achievable completion dates to be agreed with Solutions 4 Health. Agreed full submission of current policy, updated policy and audit by 01/04/2022	Amber Initial meeting booked with Solutions 4 Health for 25.01.2022 Update 25/01/2022 Update. <i>S4H currently reviewing transfer in pathway. Current pathway to be submitted by 01/02/2022 and reviewed/updated pathways to be submitted on completion.</i>
2) That all Parent/Carers of children					

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<p>under the age of 5 who transfer into Slough will receive information about how to access health and care services within Slough.</p>		<p>Audit of transfer in contacts against the pathway to include % of identified targeted contacts offered, % of families that receive local information regarding health and care services.</p>	<p>requiring additional support receives the correct support in a timely manner.</p> <p>That the Parents/Carers of all children under the age of 5 who transfer into Slough have access to information about how to contact all key health and care services to empower them to seek support as required.</p>		<p><i>Audit of transfer in contacts to be carried out from January 2022-March 2022 with a submission date of 01/04/2022.</i></p>
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