

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.



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.

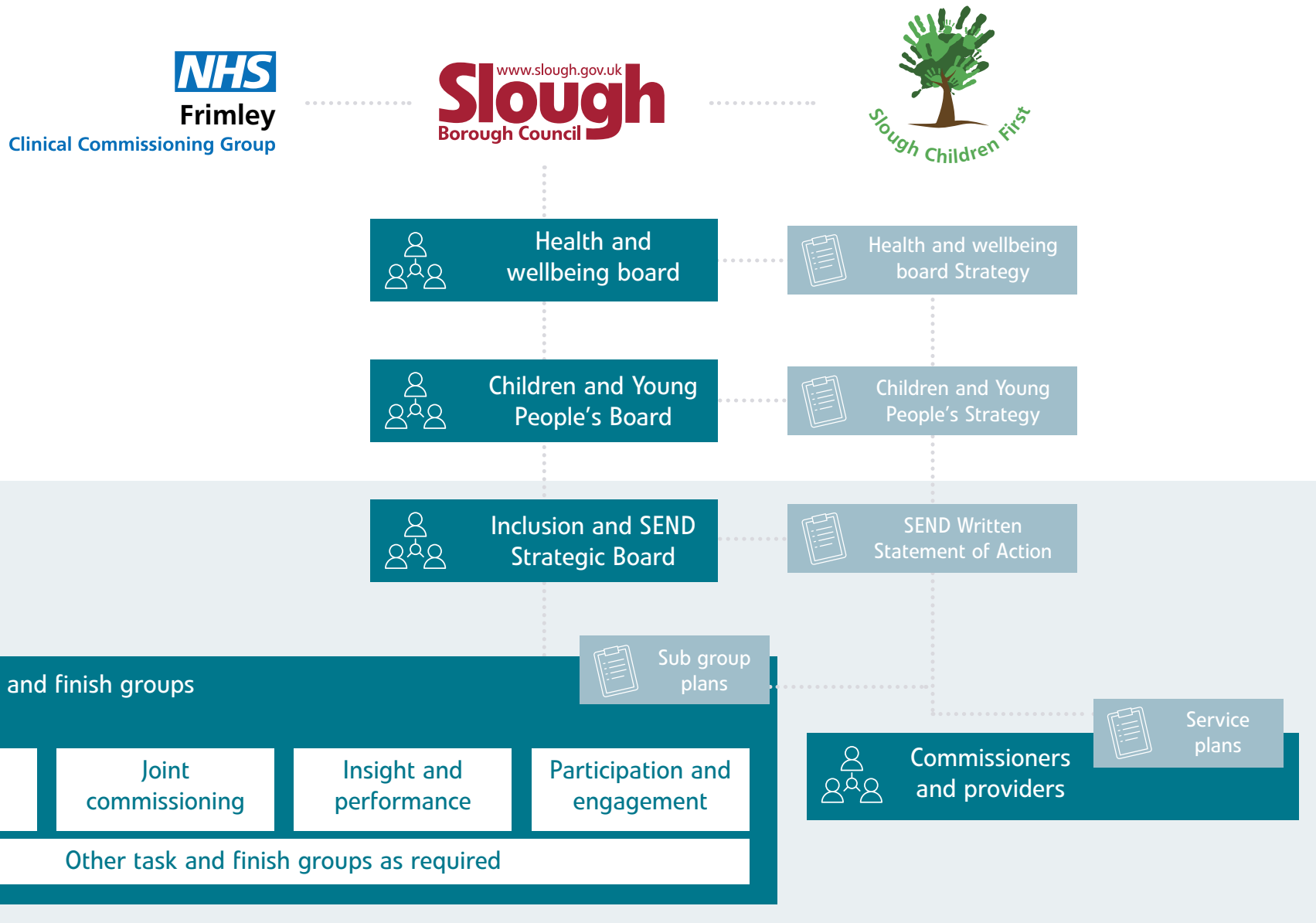
Background

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



**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)

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>1.1.2 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>1.1.3 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>

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>1.2.1 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>1.2.2 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>1.3.1 Update Slough School Effectiveness Strategy to include explicit reference to SEND children</p>	<p>AD Education & 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>1.3.2 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>1.3.3 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>1.3.4 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>1.3.5 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>1.4.1 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>1.4.2 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>

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>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</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>1.5.2 Update Place Planning Strategy and include SEND</p>	<p>AD Education & 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

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>1.6.1 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>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</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>1.7.2 Action to address ‘slow access to therapies’: this is covered in Focus Area 7.2</p>					<p>In progress</p>

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>1.8.1 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>1.8.2 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>1.8.3 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
2.1.1 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
2.1.2 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>2.1.3 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>2.2.1 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>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</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>2.3.1 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>2.3.2 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>2.4.1 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>2.4.2 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>



<p>2.4.3 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
3.1.1 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
3.1.2 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
3.1.3 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)

<p>3.2.1 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>3.2.2 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 Focus Area 7.2</p>	<p>May 2022</p>	<p>In progress</p>



<p>3.2.3 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>3.2.4 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 Priority 4 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 Priority 4</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>3.3.1 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>3.3.2 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>3.3.3 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>3.4.1 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>3.4.2 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>3.5.1 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>3.5.2 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>4.1.1 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 Focus Area 2.4</p>					In progress
<p>4.1.2 Ensure that every parent/carer of a child with SEND knows about local support services such as SENDIASS and Special Voices</p> <p>See Priority Focus Area 2.4 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)

<p>4.2.1 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>4.2.2 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>4.2.3 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>
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In progress



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>4.3.1 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>4.3.2 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>4.4.1 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>4.4.2 'Parental concerns about lack of continuity in education': this point is addressed in Priority 1</p> <p>Concerns about 'the absence of essential therapies': this point is addressed in Priority 7</p>					<p>In progress</p>

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
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, in line with following targets: <ul style="list-style-type: none"> • After 3 months, at least 30% within 20 weeks • After 6 months, at least 45% • After 9 months, at least 60% 	April 2022	In progress
5.1.2 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
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 timescale, reducing pressure on SEND team around 20-week process	June 2022	In progress



<p>5.1.4 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>5.1.5 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>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 (as referenced in 3.5.1) includes:</p> <ul style="list-style-type: none"> • % 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>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>

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>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>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>5.2.2 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>5.2.3 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>



<p>5.2.4 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>5.3.1 Establish a multi-agency Quality Assurance (QA) 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 – 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>5.3.2 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>5.3.3 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>



<p>5.3.4 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>5.3.5 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>



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
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>6.1.3 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>6.1.4 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)

<p>6.2.1 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 Focus Area 6.4 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)

<p>6.4.1 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 action 4.3.2 for more details)</p>	<p>All key roles recruited to by Dec 2022</p>	<p>In progress</p>
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<p>6.4.2 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>6.4.3 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>



<p>6.4.4 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>6.4.5 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>6.5.1 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>7.2.1 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>7.2.2 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>

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>7.3.1 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>7.3.2 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&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)

<p>7.5.1 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>7.5.2 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>7.5.3 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>7.5.4 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>



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>7.6.1 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>7.6.2 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>7.6.3 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>7.7.1 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"> • average wait in weeks • % of CYP seen • < 52 weeks and >52 weeks • longest wait <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>7.7.2 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"> • referrals transferred • assessments in progress • assessments completed <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>7.7.3 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>7.7.4 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"> • average wait in weeks • % of children seen • < 52 weeks and >52 weeks • longest wait 	<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>7.7.5 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"> • % of assessments concluded at 2nd appt • number of appts to reach diagnostic decision <p>ADHD 5-18 yrs – monthly DNA %</p> <ul style="list-style-type: none"> • wait for diagnostic decision (average wait in days from 1st appt to feedback) • wait for medication initiation following completion of assessment (average wait in days) 	<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>

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>7.8.1 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>7.9.1 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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			all key health and care services to empower them to seek support as required	Audit of transfer in contacts to be carried out from Jan 2022– March 2022 with a submission date of 01/04/22	In progress
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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